

PROCEEDINGS

*of the Fortieth and Forty-first Annual Sessions of the
International Hahnemannian Association*



The Metropolitan, Asbury Park, N. J., June 23-24-25, 1919

Hotel Statler, Cleveland, Ohio, June 24-25-26, 1920



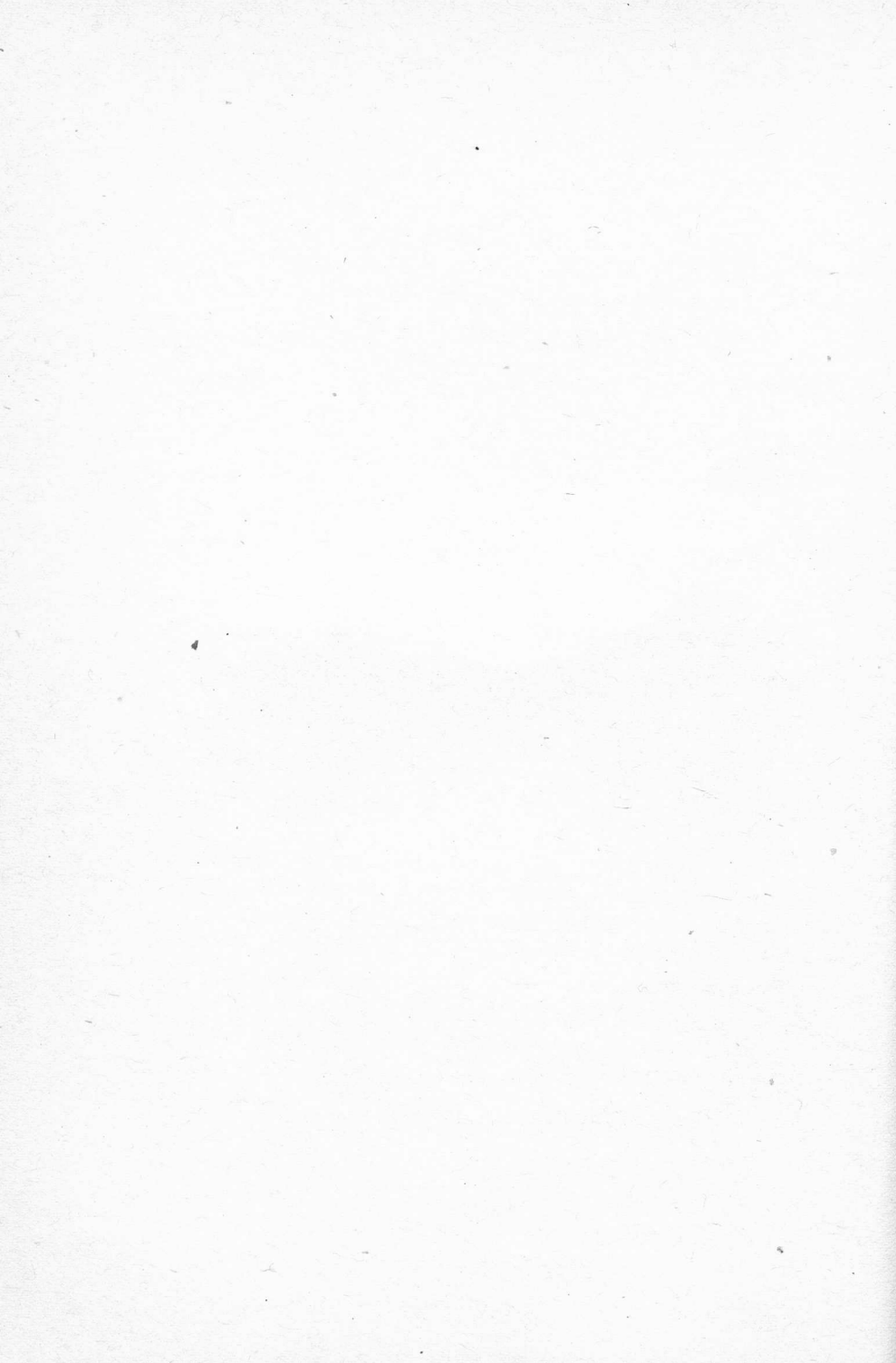
OFFICERS.

GUY B. STEARNS, New York City.....	<i>President</i>
D. C. McLAREN, Ottawa, Canada.....	<i>Vice-President</i>
WM. W. WILSON, Montclair, N. J.....	<i>Treasurer</i>
WM. W. WILSON, Montclair, N. J.....	<i>Secretary</i>
GEO. E. DIENST, Aurora, Ill.....	<i>Cor. Secretary</i>
EDWARD RUSHMORE, Plainfield, N. J.....	<i>Necrologist</i>

C. M. BOGER, <i>Chairman</i>	Parkersburg, W. Va.
GUY B. STEARNS.....	New York City
JOHN B. CAMPBELL.....	Brooklyn, N. Y.
S. L. GUILD-LEGGETT.....	Syracuse, N. Y.
ERASTUS E. CASE.....	Hartford, Conn.

BOARD OF PUBLICATION.

FRANK W. PATCH, Framingham, Mass.....	1 year
R. F. RABE, New York City.....	2 years
JULIA M. GREEN, Washington, D. C.....	3 years
WM. W. WILSON, Montclair, N. J.....	<i>ex officio</i>



PROCEEDINGS
OF THE
FORTIETH ANNUAL SESSION
OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION
HELD AT
THE METROPOLITAN HOTEL, ASBURY PARK, N. J.
JUNE 23rd, 24th and 25th, 1919.

BUSINESS PROCEEDINGS.

The fortieth annual session of the International Hahnemannian Association was called to order in the parlor of the Metropolitan Hotel, Asbury Park, N. J., at eleven o'clock A. M., June 23rd, 1919, by the President of the Association, Dr. Guy Beckley Stearns.

The President called for the reading of the report of the Secretary and the Secretary, Dr. Wm. W. Wilson, read the appended report:

FELLOW MEMBERS:

The Secretary's office has been a fairly quiet one this year. Routine correspondence and the getting out of the Transactions have been the principal duties.

Owing to an unavoidable delay in getting the transcription of the work of last year's session, we were unable to get the discussions into the hands of the members for correction and so were unable to get at the publication of Transactions so that the volumes would be in the hands of the members before this session.

At the suggestion of Dr. Rabe, and the concurrence of Dr. Patch the publication of the proceedings was put in the hands of the Examiner Publishing Company of Lancaster, Penn. and I feel sure you will agree with me that the volume is very satisfactory.

A delay of ten days in the delivery of the books by the express company has ultimately hindered me in getting the books to you. Volumes are now here ready to be delivered to those whose dues are paid for the year 1917-18.

Notice of the death of four of our members has come to the Secretary during the year.

Dr. Erastus E. Case who was with us at the last session and was so full of interest for the welfare of our Association, passed away during the last winter.

Dr. W. B. Gillespie of Rockville, Conn.

Dr. John H. Sutfin of Kansas City, Mo., and

Dr. Guernsey P. Waring of Alhambra, Calif. also passed away during the year.

In the deaths of Dr. Case and Dr. Sutfin we lose two of our Honorable Seniors.

The Necrologist has been notified of these deaths and will render his report on them later.

Two resignations have been sent in during the year and should be acted upon during New Business. These are Dr. Carrie Newton of Brewer, Me. and Dr. Edw. C. Sayre of Chicago, Ill.

One member has withdrawn from the Association, but has not settled his back dues. This is Dr. H. C. Schmidt of Calif.

Through being Treasurer this year as well as Secretary I have come into closer contact with our membership list than

heretofore and this causes the Secretary to again bring before the Association the question of membership.

During the year we have only had response from sixty-one of our members in payment of dues. Some of these have paid up back dues and squared themselves on the books.

We have 164 names on our present list. This includes the names of members of the Society of Homœopathicians whom we voted to membership at the Chicago meeting in 1917.

Of the twenty-six names on the list of Homœopathicians only two (2) have accepted membership in the I. H. A.; one (1) has repudiated the action of the I. H. A. while three (3), whose addresses are incomplete or incorrect have had their letters returned from the Dead Letter Office. This leaves twenty (20) from whom no response has been received. It is for you to decide what will be done with these members from the Homœopathicians.

Of our regular members forty-seven are in arrears from one to ten years. I would suggest that a committee go over this list as submitted and clean up our membership list and get down to a paying list.

It pleases me to report that the 1918 Transactions have been printed and that we have sufficient money in the treasury to pay for the work.

The only unfinished business left from last year is that of changing Article V of the Constitution, combining the offices of Secretary and Treasurer and making the article read: "The officers shall consist of a president, vice-president, *secretary-treasurer* and a corresponding secretary."

As directed by the 1917 session, the secretary has been in correspondence with Dr. King of Chicago who had custody of all of the old volumes of Transactions. Dr. King has sent all of the old volumes to me so that now the secretary has in his possession all of the volumes of Transactions of the Association.

Some of the issues are all gone but Dr. Krichbaum has in his possession five full sets of Transactions.

Of the old volumes there are none of the years 1884, '85, '86, '87, '89, '90, '91, '93, 1906, '08.

One volume each of the combined years 1881, '82, '83 and also of 1892, '95, 1904, '07.

Two volumes of 1898 and 1900.

Three volumes of 1888, '94, '99, 1903.

Four volumes of 1897, 1902, 1910.

Five volumes of 1905.

Six volumes of 1896.

Nine volumes of 1911.

Eleven volumes of 1901 and 1909.

Most of these are in good condition and many are still in their original wrappers.

With these items and suggestions the secretary submits his report.

On motion and the passage of the motion, the Secretary's report was ordered accepted.

President called for the reading of the Treasurer's report and Dr. Wm. W. Wilson, the Treasurer, read his report.

REPORT OF THE TREASURER FOR 1919.

Dr. Wm. W. Wilson,

In account with the International Hahnemannian Association.

RECEIPTS.

June 25, 1918, Balance on Hand . . .	\$324.34
Received from sale of Transaction and Exchange	19.00
1916 Publication Fund	268.92
Dues, Interest, etc.	616.40
	<hr style="width: 10%; display: inline-block; vertical-align: middle;"/> \$1,228.66

EXPENDITURES.

Printing 1916 and 1917 Transactions .	\$594.80	
Stenographer	75.00	
Expressage	12.32	
1918 Programs	21.00	
Secretary's Bill, 1918	16.10	
Postage 1918-1919	32.13	
Hektograph	3.75	
Exchange on Canadian Checks85	
Supplies	8.45	
Trip to Philadelphia to see Mr. Carl Hering at instruction of Publica- tion Committee	8.25	
Secretary's Bill, 1919	7.75	
		<hr/>
		\$780.40
Balance on Hand		<hr/>
		\$448.26

On motion the Treasurer's report was referred to an auditing committee, consisting of Drs. Sloan, Clark and Farrington.

The Necrologist, Dr. Edward Rushmore then read his report and on motion the Necrologist's report was accepted.

REPORT OF NECROLOGIST.

ERASTUS E. CASE, M. D.

Erastus Ely Case, M.D., son of Norton and Eliza Case was born on the 28th of May, 1847, in Canton Centre, Conn.; he was lineal descendant of John Case, the first settler of Simsbury, Conn. He was educated in the public schools of his native town and in Williston Seminary from which he was graduated in 1868, and from Yale College in 1872, and from the New York Homœopathic Medical College in 1874. In 1874 he married Sarah M. Griswold, who died in 1883, leaving three

children. In 1886 he was married to Mrs. Emorette Holcomb. They had one child. He had been President of the Conn. Homœopathic Medical Society, and after serving five years as Secretary of this Association was its President in 1901-02. He was also a member of the American Institute of Homœopathy. He died on the 27th of October, 1918, of influenza and pneumonia after having practiced medicine in Hartford more than forty-four years.

Dr. Case worthily enjoyed the esteem and affection of his colleagues in this Association to an extraordinary degree. So highly did they prize his work that they requested him to publish in book form his numerous contributions to medical literature, a work which he performed in 1916 under the title of "Clinical Experiences." He was esteemed alike for moral and intellectual excellencies. The former gave him his distinguished attachment and fidelity to the principles of his honored profession, and the gentleness and modesty which won affection wherever he moved. The latter the acumen to discover and successfully apply the remedy. He was faithful beyond most in his adherence to those precepts of Homœopathy which often call for a painstaking search for every element in the patient and his sickness; he was no less faithful in individualizing the remedy according to the law of similarity and these fidelities were rewarded in his striking successes even in cases thought to be incurable.

Permit me to transcribe for preservation in this memorial an estimate of his published book by one of our members, Dr. Stuart Close. He says, "It is safe to say that no more valuable and important illustration and verification of the principles and methods of Homœopathy has ever been published. Every case reported is a model of clearness, conciseness and completeness. The characteristics of each remedy and the results of its action are vividly brought out. The brief comments are always illuminating. The method by which the case was analyzed and the remedy selected is often given. Many verifications of new or rarely used medicines are presented in most attractive form. Through it all shines the modesty, the tender sympathy with

men and animals, the love for his work and the fidelity to principle which characterized the man in all his relations."

GUERNSEY P. WARING, M.D.

Guernsey P. Waring, M.D. was born in Ridgeway, Mich., on the 31st of August, 1852, the son of Joshua and Ruth Ann Waring, both natives of Newburgh, Orange Co., New York. He died at Alhambra, California, on the 29th of July, 1918. He was graduated from the High School of Tecumseh, Michigan. In 1880 he was elected to his State legislature and became active in politics.

He was married in 1886 to Ella, daughter of Richard Cadmus. In 1892 he moved to Harvey, Ill. and in 1900 to Evanston, Ill., and in 1909 to Alhambra, Calif. He is survived by his wife and a son and daughter.

He was a graduate of Dunham Medical College. For several years he was lecturer in Hering Medical College. He was an active member of the American Institute of Homœopathy and of this Association. He died suddenly having appeared in usual health the morning on which he died.

JOHN H. SUTFIN, M.D.

Doctor Sutfin was born August 25th, 1835, in Monroe Co., Ind., and was educated there. His father, James Sutfin, was a native of New York and his mother, Sally Henderson, a native of Kentucky. At age of seventeen years he moved with his parents to Fairfield, Iowa. He was married in 1855 to Electa J. Crowell, who with one daughter survive him. He had four other children, now deceased. He served in the war between the states. After its close he received his medical education at the Homœopathic Medical College of Missouri. He practiced at St. Charles, Mo., but for the last thirty-three years at Kansas City. He was a member of the Missouri Institute of Homœopathy, of the American Institute of Homœo-

pathy and of this Association. He is described as a tireless student and as very successful in the use of the higher potencies, especially in chronic diseases. His death occurred on the 15th of July, 1918, aged nearly eighty-four years.

EDWARD RUSHMORE, M.D.

On account of the absence of several of the elected Board of Censors, the President appointed the following members to act as Board of Censors: Drs. C. M. Boger, Geo. E. Dienst, Lawrence Stanton and P. E. Krichbaum.

The matter of the amendment of Article V of the Constitution, which had been presented to the meeting last year, was taken up and on motion was adopted.

The Article V will now read: "The officers shall consist of a president, vice-president, *secretary-treasurer* and corresponding secretary.

The resignation of Drs. Carrie Newton of Brewer, Maine and Edward C. Sayre of Chicago, Ill. were read and accepted.

Bills for the printing of the 1918 Transactions, the printing of the 1919 programs, bill-heads and application blanks were read and ordered paid.

On motion the Board of Censors and the secretary-treasurer were authorized to go over the list of delinquent members and determine those who should be dropped.

The Board of Censors recommended that the following applicants be elected to membership:

Drs. Martha I. Boger of Portsmouth, N. H.; Hubert E. Maynard, of Winchester, Mass.; Fredericka Moore, of Winchester, Mass.; Alonzo J. Shadman, of Boston, Mass.; Eugene Underhill, of Philadelphia, Pa.; Eugene Underhill, Jr., of Swarthmore, Pa.

The Secretary was instructed to cast the ballot for the applicants and by the ballot they were duly elected to membership.

Dr. T. G. Sloan, Chairman of the Auditing Committee, reported that his committee had audited the Treasurer's books

and found them correct. The report of the Auditing Committee was unanimously adopted.

A motion was made and carried that the President's address be deferred until later in the session.

On motion the work of the Bureau of Homœopathic Philosophy was taken up.

MONDAY EVENING, JUNE 23.

Meeting was called to order and the Vice-President, Dr. D. C. MacLaren of Ottawa, Canada, was called to the chair while the President, Dr. Stearns, read his address.

PRESIDENT'S ADDRESS.

Forty years ago, a group of physicians founded the International Hahnemannian Association and the principles for which they worked have never changed, for these principles belong to the immutable laws of creation. We should keep constantly in mind that we are strictly a therapeutic society and that all of our endeavors should be to improve our ability to heal the sick, in accord with the law of cure.

There are six subjects on each of which I would like to say a very few words: Endocrines, Modern Medicine, Propaganda, Research, Teaching, and Vaccines and Sera.

Teaching: In order to inspire confidence, the teacher of Materia Medica must have the knowledge of his subject that comes only from years of study, besides an adequate clinical knowledge and diagnostic ability.

The best way to make of a fine homœopathist a finer homœopathist is for him to take a post-graduate course in some old school institution, where he can for awhile forget prescribing and do nothing except study disease and diagnosis.

One of the most astounding lacks in our homœopathic hospitals is the lack of reference-works for prescribing. It is as preposterous for a hospital staff to attempt to do good homœopathic prescribing without a Materia Medica and a Repertory as it would be for a physician not to have those books in his

consulting-room, and the right place to have them in a hospital is on the ward. With a *Materia Medica* and a *Repertory* on each ward, the prescribing could be nearly one hundred per cent accurate. As our hospitals are now conducted, much of the offhand prescribing is dubious, the results are poor, and all sorts of palliatives and physiological mixtures are used.

Modern Medicine: Although there is nothing in the science of Medicine quite equal to the working out of the similar remedy, and our chief concern is to become adept in the use of Homœopathy, we must open our eyes to what is being employed along other lines. As to drugs, there is little outside of Homœopathy to interest us, because old school drug therapy, with some exceptions, has not advanced far during the past fifty years. There is, however, much in old school pharmacology that ought to engage our attention. In that branch, the hopeful advances are along the line of drugs which have a chemotaxic relation to certain disease-organisms. The best examples of these are Salvarsan in syphilis and Acriflavine in gonorrhea.

Don't misinterpret me as advocating indiscriminate use of these drugs but when we hear of a case like one mentioned by Dr. O. S. Haines of Philadelphia, in which a man became like an idiot and then, with a few treatments of Salvarsan, was restored to health, we should study, with the special knowledge afforded by Homœopathy, the remedy which produces that cure.

Research: The foundation of Homœopathy is in the proving of drugs.

All provings should be made under the direction of a man who is familiar with Hahnemann's original method, and who is a practical prescriber in Hahnemann's way.

Most modern provings, especially those of the laboratory variety, are dead and useless things, for the experimenter who is not trained in careful homœopathic prescribing fails to elicit the life and soul of the symptoms, which lie in the modalities.

In every epidemic we ought to, both as individual outside practitioners and in our hospitals, quickly work out the epidemic group of remedies that cover the cases which have a fatal tendency, and these ought to be published immediately.

Many patients die only because the similimum is not found early enough in the attack, whereas, were our combined experiences available for reference, we would be put on our guard before these cases reached the incurable stage.

Endocrins: The most notable recent advances in the science of medicine have been in the use of the endocrines. Cures with these substances have been as striking as those made with the similimum, and most interesting of all is the fact that Hahnemann's psora is practically identical with what modern observers call "thyrotropic conditions." Syphilis is pituitary in its manifestations, while sycosis disturbs the adrenogonardal system. As Sajous says, "It is marvelous how Hahnemann, more than one hundred years ago, accurately observed what modern scholars are only commencing to realize."

Vaccines and Sera: The use of specific vaccines and serums is losing ground because it has been found that any foreign protein introduced into the blood increases phagocytic action, so that in many instances improvement follows the employment of even plain horse-serum. All of this branch of medicine is first cousin to Homœopathy, particularly the auto-genetic branch represented by Duncan's Autotherapy and by Rogers' autohaemic treatment.

The ideal immunization is that of those individuals who never acquire infective diseases and it is toward the inducing of that state that we should direct our study. This is an embodiment of the homœopathic principle of individualization.

Propaganda: To be efficient, propaganda must be organized effort to create demand for something which can be continually supplied.

In one of our states, the liquor interests maintained a bureau where, on a map of the state, every community that supported a newspaper was designated. It was the purpose of the liquor interests to control the editorials of every paper, and to accomplish this they either bought the paper, or paid for the privilege of writing editorials, or, in the case of those newspaper owners who refused to sell out, they started a rival paper to put the stubborn one out of business. This represents efficient pro-

paganda, and equally efficient means are feasible for our propaganda, to wit: We can, as individuals, do better work than any other physicians in our neighborhoods. We can keep accurate records and, from time to time, collect and publish them.

In a symposium on acute articular rheumatism, a clinician of wide experience and honest convictions said that the incidence of chronic valvular disease of the heart was the same whether the patient had homœopathic or other treatment. The only way to determine this is to study the results in a few hundred of our cases and then to compare these with the verified statistics of the old school. My own opinion is that the Homœopathist is culpable who treats a case of acute articular rheumatism from the start and then has a permanent valvular disease following.

In the recent epidemic of influenza, statistics of more than sixteen thousand cases treated by members of the International Hahnemannian Association showed only sixty-seven deaths, i.e., about two-fifths of one per cent. The percentage of deaths among the general homœopathic profession, as shown by Dean Pearson of Philadelphia, in more than twenty-six thousand cases, was one and five-tenths.

Dr. Sarah Hobson suggests that we change our name—the International Hahnemannian Association—to one which would present us as an international materia medica association, thus removing the suggestion that we are a rival organization to the American Institute of Homœopathy. I submit the proposition with no comment except that it is worth consideration. Dr. Hobson said, also, that she would gladly publish notice of the International Association meeting in the *Journal of the A. I. H.* and I recommend that a notice be sent her next year to be put in the *Journal* simultaneously with the notice and the programme of the A. I. H.

I have talked with many members of the A. I. H., and several of them would have attended our meeting had they known about it in time. I obtained six new members at the A. I. H. meeting and two pledges for next year.

I suggest also that an organized effort be made each year to

gain new members from the American Institute, and that we reciprocate by going as often as possible to their meetings. This matter ought to be, I believe, one of the duties of the officers and of the directors.

In closing, I desire to thank you for the honor conferred on me in making me President. I have worked to the best of my ability to advance our interests, but as the year draws to its close I realize that many things could have been better done, and I am going to make some recommendations.

By the time your President has learned how some of his policies might have been improved upon, his service ends and a new man goes over the same period of learning. I suggest, therefore, that a standing body of directors be appointed or elected, consisting of three members from each of our large centres, these appointees to serve for a period of, let us say, three years; one man of each group to go out each year and a new man to come in; the various local committees to confer with the new executive within one month of the time of his election and to advise with him concerning the policies for the ensuing year.

In case a bureau chairman finds difficulty in filling his programme the President may call on the various groups to help him, and he may also call on them for assistance in any direction.

When the Surgeon-General called for fifteen hundred medical men from the homœopathic school the fifteen hundred were supplied, but no organized effort was made to have the homœopathic remedies supplied and consequently in most cases our men were not permitted to use them.

I recommend therefore that this association pass a resolution calling to the attention of Congress the remarkable difference in the death rates between the influenza cases treated homœopathically and the influenza cases treated with other drugs, and requesting of Congress that our polycrest remedies be added to the Manual of Drugs used in all army and navy hospitals and that we as a School be recognized in government service. I recommend that this resolution be submitted through the Sec-

retary of the American Institute of Homœopathy, because I believe that in that way it will have the most weight.

One more thing I have to bring before you. For years our colleges have not taught the kind of Homœopathy in which we believe. Now these institutions are in financial difficulties, and we have an opportunity to shape the policies of their reconstruction. If we can raise a sum of money as an endowment for homœopathic teaching, and have that money so controlled that its income will go only to that institution which teaches pure Homœopathy, we can be properly represented in all our colleges.

After the reading of the address the Vice-President referred it to a committee consisting of Drs. Sloan, Boger and Rabe.

On motion the meeting adjourned to Tuesday morning.

TUESDAY MORNING, JUNE 24th.

The President called for an additional report of the Board of Censors and the name of Dr. James S. Barnard of Rochester, N. Y., was presented.

On motion, Dr. Barnard was unanimously elected to membership.

A committee of three members, consisting of Drs. Patch, Sloan and Rabe was appointed to draft resolutions on the death of Dr. Erastus E. Case.

Dr. MacLaren was recalled to the chair while Dr. Sloan reported for the Committee on President's Address.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

The Committee on President's Address wishes to commend the true and excellent recommendations contained in the address of our President.

We especially commend his suggestion as to the placing of reference books in the wards of our Homœopathic hospitals.

These books should include not only the *Materia Medica* but our Standard Repertories as well.

His suggestions as to homœopathic research work are likewise excellent and we especially favor the suggestion that drug proving in accordance with Hahnemannian methods be encouraged.

We likewise commend the suggestion as to the finding of the epidemic remedies during such epidemics as the recent one of influenza and the early publication of this knowledge so that homœopathic physicians everywhere may avail themselves of it.

His suggestion as to modern medicine that we should keep abreast of the pharmacological advances of the old school is also to be commended.

We concur heartily with his observation regarding the actual homœopathic bases for the use of vaccines and sera.

We commend his attitude toward the therapeutic use of the ductless glands and suggest that their homœopathic proving be urged upon our research workers.

The President has made several suggestions which concern radical changes in the policies of this association.

Your committee looks with favor upon these suggestions but believes that they should be carefully considered by a special committee on resolutions, consisting of five members, before presentation to this Association for final action.

Your committee further suggests that this Special Committee on Resolutions shall consist of two ex-Presidents, two Censors and the Secretary-Treasurer. This committee to report at the business session to-morrow morning.

In regard to the President's recommendation that this Association bring to the attention of the Congress of the United States the marked difference in the death rates, in the recent epidemic, homœopathic and the old school, a difference strikingly in favor of the former school of medicine, we suggest that Congress be requested, through the proper channels, that our poly-crest remedies be added to the manual of drugs now used by the Medical Department of the Army and Navy and that

we as a School of Medicine be recognized in government service.

Your committee further suggests that if this resolution be adopted, it shall be transmitted through the Secretary of the American Institute of Homœopathy.

In regard to our President's suggestion that an endowment fund for homœopathic teaching be raised, we suggest that this fund be raised by and through the several Alumni Associations of our colleges.

It was moved and carried that the report of the committee be adopted.

Meeting adjourned until afternoon.

TUESDAY AFTERNOON, JUNE 24th.

On motion the election of officers was taken up.

Dr. Dienst was nominated for President. It was moved and carried that nominations be closed, and that the Secretary be instructed to cast the ballot for Dr. Dienst. The Secretary cast the ballot for Dr. Dienst as President.

•Dr. Sloan was nominated for Vice-President. It was moved that nominations be closed and the Secretary be instructed to cast the ballot for Dr. Sloan as Vice-President. The Secretary cast the ballot for Dr. Sloan.

Dr. W. W. Wilson was nominated for Secretary-Treasurer. It was moved and carried that nominations for Secretary-Treasurer be closed. The President cast the ballot for Dr. Wilson as Secretary-Treasurer.

Dr. MacAdam was nominated for Corresponding Secretary. It was moved and carried that nominations for Corresponding Secretary be closed, and that the Secretary be instructed to cast the ballot for Dr. MacAdam. The Secretary then cast the ballot for Dr. MacAdam as Corresponding Secretary.

Dr. Rushmore was nominated for Necrologist. As there were no other nominations for Necrologist, Dr. Rushmore was elected.

Drs. Rabe and Stevens were nominated for the Board of Censors. There were no other nominations, and both were elected to the Board of Censors.

Dr. Patch was elected to the Board of Publication to serve three years.

It was moved and carried that the selection of a place of meeting be left to the Executive Committee.

It was moved and carried that the Association go into a committee of the whole to consider the possibility of federation with the American Institute of Homœopathy. This action finally resolved itself into the appointment of a committee of which Dr. Patch was made chairman, said committee to study the question and report later.

Later in the afternoon this committee reported as follows:—

Your committee recommends that it be requested by this Association to inquire of the Board of Trustees of the American Institute of Homœopathy, through its chairman, upon what basis federation between the American Institute of Homœopathy and the International Hahnemannian Association may be established, the chairman to report his findings to the session next year.

Meeting adjourned to Wednesday morning, June 25th.

WEDNESDAY MORNING, JUNE 25, 1919.

Meeting called to order by the President.

Committee on Resolutions presented the following letter to be sent to Mrs. Case, relative to the death of our late fellow member, Dr. Erastus E. Case.

Mrs. E. E. Case,

My Dear Mrs. Case:—The International Hahnemannian Association is at present in session at Asbury Park, New Jersey. For the first time in many years your late husband, our honored associate and friend, is absent. To tell you that we miss his genial face and forceful voice in our deliberations very inadequately expresses the sense of loss that we feel in his death.

Faithful to our work over a long period he has ever been, both in the counsels of this Association and in his private practice, a power for good and an inspiration to all those who have sought to follow in the footsteps of Samuel Hahnemann.

Few men could look back over a more honored career. We deeply deplore his loss and earnestly desire to extend to you our utmost sympathy and respect.

Very sincerely yours,

FRANK W. PATCH,
RANDOLPH RABE,
THOMAS G. SLOAN.

The Committee on Resolutions submitted the following resolution which was unanimously adopted:—

Whereas, during the great war now happily and victoriously ended, many homœopathic physicians and surgeons have served in the army and navy medical corps of the country, and

Whereas, experience during the recent epidemic of influenza has shown, that the mortality rate under homœopathic treatment in more than forty-two thousand cases, has been not higher than one and five-tenths (1.5) per cent, and

Whereas, no provision is made in the army or navy manuals for homœopathic medicines, be it resolved by the International Hahnemannian Association, in annual meeting assembled, at Ashbury Park, N. J., June 23 to 25, 1919, that the Surgeon-General of the United States, be respectfully requested to provide for and incorporate in the body of the army and navy manuals, such remedies as are commonly employed by homœopathic physicians in their treatment of the sick; and be it further resolved, that a copy of these resolutions be sent by the secretary to the Surgeon-General of the United States Army, at Washington, D. C.

It was moved and carried that the President be authorized to appoint advisory boards, of three members each, in each of the large centers of the country.

The President made the following appointments:—

New York—Drs. Stearns, Rabe, Stanton.

Boston—Drs. Patch, Kimball, Houghton.

Chicago—Drs. Dienst, Taylor, Farrington.

Philadelphia—Drs. Thacher, Macfarlan, Burgess-Webster.

Toronto—Drs. K. A. MacLaren, Chas. Becker, W. A. McFall.

No further business appearing, the meeting adjourned to meet in 1920 at a place and time to be selected by the Executive Committee.

Bureau of Homœopathic Philosophy

DR. MAURICE W. TURNER, BOSTON, MASS., CHAIRMAN.

DR. THOS. G. SLOAN, S. MANCHESTER, CONN., VICE-CHAIRMAN.

SIMPLIFIED PRESCRIBING.*

BY MAURICE WORCESTER TURNER, M.D., BROOKLINE, MASS.

It seems obvious, to me at least, that a most helpful thing to the spread of Homœopathy would be a system of simplified prescribing which would enable the physician to select, with a certain degree of accuracy, and ease, the indicated remedy for most cases. This wish or idea may be Utopian but it is, nevertheless, an ideal well worth striving for.

If a method of simplified prescribing were available the ease of medical practice which Allopathy is now thought to offer would largely vanish, and that together with the better results in homœopathic therapeutics would tend to enlarge the opportunity of Homœopathy for service to the sick and suffering.

The answers I received from my circular letter on this subject indicated, as I expected to find, that either the writers had not thought of this matter, or, if they had considered it, that it had not appealed to them as at all feasible.

*Chairman's address, Bureau of Homœopathic Philosophy.

One answer, typical of many, was as follows:—"Simplified prescribing is to me a mis-nomer. If I knew enough *Materia Medica*, and could educate every patient so that he would and could describe his symptoms, then prescribing would be reduced to its simplest terms. But so long as patients are ignorant and secretive, and we poor mortals short on our knowledge of our art, I fear the long road will be the one most frequently travelled if success is achieved."

Some put the matter aside with,—“There is nothing in simplifying our prescribing that appeals to me,”—which suggests that the doctor failed to grasp the importance of the subject.

Again the answers came,—“As to simplified prescribing I must confess that no method is known to me. I fear that I cannot give you a hint, but shall be deeply grateful, to get one from you,”—and also the frequent explanation of prescription methods,—“in acute cases the key-note method seems enough but in the chronic more work has to be done, as you know,”—and the same thing, only more elaborately stated, in this one,—“The only method I know of simplified prescribing is in being able to determine the symptoms that are rare, strange and peculiar, which one might call therapeutic, apart from those symptoms that are common to the provings of many remedies or that are found in most cases of sickness. In other words the knowledge of the relative value of symptoms has been the greatest aid to me in rapid and accurate prescribing.”

On the other hand here are three answers which show how closely the methods of Hahnemannians, in prescribing, run together. “I cannot say anything about a simplified method of prescribing because it is so hard to analyze the processes that one’s mind goes through in deciding on the remedy; it almost seems like doing it instinctively and when I try to find the method, it eludes me.” Next—“I have nothing original in the way of helps in prescribing. I must dig for all I get and though I use Kent am tying more and more to Boenninghausen.” And third—“I have no hint on simplified prescribing. Yet prescribing is very simple if one can read and properly interpret symp-

toms and conditions and know just what will satisfy them intelligently."

The last answer, which I will quote, is so full of helpful suggestions that it is here given in full. Not that it gives any hint as to where to find the key to the lock which guards the secret of simplified prescribing, which we are now in search of—on the contrary it does not do that—yet at the same time it cannot fail to be of service to us all. "I have always been an advocate of finding the symptom peculiar to each case and depending almost wholly upon that for the decision in the remedy. The two most obvious difficulties in doing this are the finding out of the peculiarities and finding their medicinal counterparts in the text; either one may be very difficult or even impossible. In the latter case we can fall back on the generalities which in turn is often no easier than the former method, for the reason that a ready way of throwing them in opposition is not available to most Homœopaths. Here the Margaret Tyler, or its improved form the Welch Repertory, is, so far, the best and most rapid aid, although neither is perfect. Personally I use both methods and get the best results when they are used conjointly; either taking the general picture first and seeing how it comes out with the Welch cards and then finding under which one of the appearing remedies the peculiarities or singular symptoms are present. The latter are, of course, found under special rubrics. This method, as a whole, is often very rapid, but also utterly fails at times; maybe in 40 per cent of the cases. Finding the particular symptoms is still mostly my way and for the doing of this rapidly I generally hunt up from one to three of such symptoms in each case. The rubrics showing there are compared and the symptoms desired is thus very easy to find in many cases; a rapid reference to Welch's cards will soon confirm or not the general aspect of the case. Confessedly there are a large number of cases that can only be worked out by means of the hardest digging and the use of all kinds of odds and ends of repertories. Among these Berridges' Eye Repertory, the Cyphet Repertory and the Repertory of the Symptomen Codex are referred to oftener than any others.

This may give you an inkling into my methods, but each mind works a little differently."

So far all that these answers tell us is that our individual ways of selecting the remedy are not so different as we might imagine. Practically they are identical. They vary all the way from the intuitive method—aid from the subconscious mind—to the cases in which "hard digging" for the remedy gives results.

I am disappointed in not securing specific suggestions along the line of our inquiry. That *simplified prescribing* is possible, to a certain extent at any rate, I firmly believe. Some of the repertories even now give considerable of it but, as they were not constructed with that end in view, they do not go far enough. To perfect the method will require an immense amount of work on generally new lines, the basis of which is, of course, the present *Materia Medica*. No revision of the *Materia Medica* being necessary for this purpose. On the other hand, however, further proving of the remedies heretofore only partially proved will be helpful for then those medicines can also be incorporated in the work.

This carries the subject as far as I intended at this time, but I hope later to be able to add details and an illustration of what is possible in the way of simplified prescribing.

Dr. Rushmore: Can anything be simpler than Hahnemann's directions to give especial weight to the mental symptoms of the case? Often we find here the key-note of the situation.

Dr. Richberg: It has seemed to me that I succeed best by taking into account the modalities. I work very hard along the line of the modalities. There I get some definite pointers and can usually find some guiding symptom that corresponds.

Dr. Boger: Simplified prescribing is a very large subject. It seems to me that one of the quickest ways to get the remedy is to take the patient unawares. Get him to say something that you have not suggested. For that reason if you are very friendly with your patient, it is a great help. There is one phase of the matter.

When a patient comes into my office, I tell him to sit down. How old are you? Where do you live? What is your number on your street? How long have you been sick? What was the first sickness you ever had? The next? And the next? What were the particular characteristics of each sickness? Review the case from the constitutional standpoint, and long before you get through with that you know the remedy.

Then when you come to the present sickness, ask two or three questions such as when he is worse or better. It is the people who will not talk with whom you have the trouble.

Dr. Farrington: I cannot add very much to this excellent paper, but I think that I see Dr. Turner's idea. He is trying to perfect a method of simplified prescribing, not for the easy case, the one having a well rounded picture of the drug, but the obscure one that has few peculiar symptoms. We have to be careful about making "snap-shot" prescriptions. The man who can prescribe as if by intuition, consciously or unconsciously, takes in at a glance, many details that are apt to be overlooked by one of lesser experience. A number of years ago, one of the professors at the Dunham College in Chicago conducted a clinic in chest affections. He was a good diagnostician but spoiled much of his work by trying to prescribe on one or two symptoms. If a patient entering the clinic room began to cough, he would immediately ask the class: "What's the remedy?" He helped scarcely more than half his cases, and yet he had practiced medicine for twenty-five or thirty years.

THE PHYSICAL, VERSUS THE METAPHYSICAL, IN PRESCRIBING.

P. E. KRICHBAUM, MONTCLAIR, N. J.

When the Chairman of this Bureau asked me to write a paper and tell what I knew or thought I knew about "Simplified Prescribing," I declined because after serious consideration, I felt that there was "no sich animal." A second solicitation moved

me to further cogitate on the desired topic, and as a result, I finally determined after all, to embrace the opportunity to phrase in cold language some reflections which this suggestion of happy simplicity, flaunted before my imagination. The *simple* part oozed away so fast however, I was soon forced to change my title, but as the boiler is fired, I will open up the valves and blow off steam anyway. In these days, when so many cyclonic changes are sweeping over the world, we are being moved to think more deeply upon certain vexed questions. The study of prophecies is generally interesting, because we are inclined to feel that subsequently, we may have the laugh on the fellow who ventures into this very treacherous domain of human speculation. Prophecies of every description, are being exchanged these days, with a casualness that excites our admiration. It is a game it seems, everyone can play, and one we are all likely to have a hand at. Just for mental diversion, and as an escape from the contemplation of some particularly unpleasant forecasts which had been engaging my attention, I happened the other day to come upon an old prophecy of Samuel Hahnemann's concerning the future of his school of medicine. Within the precincts of this society, I am sure that I may with no impropriety, recall this particular forecast. It has led me to propound a few questions, and perhaps to venture upon a bit of dogma on my own hook, in any case, the title of this paper as it now stands, is the strand with which I have attempted to tie together these promised observations.

"Our art," declared Hahnemann in a letter to a friend, "needs no political lever, no worldly badge of honor, in order to become something. Amid all the rank and unsightly weeds that flourish round it, it grows gradually from a small acorn to a slender tree; already its lofty summit overtops the rank vegetation around it. Only have patience. It strikes its root deep under ground, gains strength imperceptibly, but all the more certainly, and in due time, it will grow up to a lofty God's OAK stretching its great arms that no longer bend to the storm, far away into all regions of the earth, and mankind, who have

hitherto been tormented, will be refreshed under its beneficent shadow."

Now I have always felt myself to be temperamentally an optimist, but when I contrast this great OAK which Hahnemann saw in his mind's eye, with the stunted, malformed, non-spreading tree under which his disciples are now crowding for mutual support and encouragement, I feel that it really behooves us all to seriously seek the wherefore, for this only too apparent arrested development.

The world was preparing for Hahnemann's acorn, long years before his great mind directed the planting of this seed of a mighty system. He planted pretty near the surface at first, and much as we regret to acknowledge it, if we follow the course of his manifold cultural activities, we must admit that he almost dug up his precious acorn (seed of truth) more than once. I personally feel that he even planted it upside-down in his zeal, which may account for his many and startling retractions of initial directions to his followers. However, a great step forward had been taken and Hahnemann's OAK was pretty well stamped into the ground at the time of his death. What have we his successors done with our legacy? Poor little tree, it has had a tough fight for existence from the very beginning. I will only briefly remind you of the treatment it has received at the hands of its non-admirers. Our friends of the opposition, have consistently sought its extermination with shafts of ridicule, denunciation, not to mention elaborate expositions launched to prove that it was not growing, in point of fact, had never grown. To show these fellows the very acorns (fruit of the tree in practice) only led them to assure us that we were too untrained in Pathology and Diagnosis, *to know acorns if we saw them*. All this has been fairly trying, and has perhaps engaged more of our controversial attention than it has deserved, for if the truth be told, we have needed every ounce of grey matter, with which we have severally been endowed, to keep this old OAK of Hahnemann's free from the parasitical growths and fungi brought to it by its friends. Many of these twining insidious enemies with their bright colorful leaves of fantasy, and false

premises, Hahnemann himself foresaw, and urged upon his colleagues to use the pruning shears unsparingly. But in spite of all efforts made in this direction, we, today, can clearly see many branches bent and twisted and encrusted with these agents of final disintegration. To tear these off may wound our fingers, and the mere pruning process may be accompanied by an undefined fear that we may go too deep, and prematurely cut off a budding process of concealed truth. The Iconoclast, however, always takes this risk, so here goes. As we all know, Samuel Hahnemann loved exact Truth. His was a mind that delighted to tussel with uncorrelated facts, and round them up, so to speak. While he undoubtedly was a man of profound spiritual conviction, he had a strong material bent and loved to probe for the deepest truths of the physical world. With his great powers of penetration, his almost omniscient sense of the then unknowable, it is not surprising that this tendency led him to force open the doors of knowledge hidden at that time from the understanding of man. The performance was premature, and like all premature divulgements of ultimate truth, he gave to the world some startling explanations of the Nature of Man. He felt that he must account for disease in God's otherwise very pleasant scheme for man's terrestrial enjoyment, and he did, but to my mind, he got terrestrial man and celestial man, a trifle mixed at times. However, the physical world was pretty well blanketed in those days. We are now peeping under the cover in spots, and can therefore more clearly perceive that we have plenty of marvels to occupy us right here, without going to another sphere for some vague animating Vital Force. An expression in our philosophy, by the way, which has moved many of our modern critics to blow up Hahnemann's OAK with the dynamite of outraged material science. When Hahnemann wrote them, of man's etherealized hidden spirit-like Principle, as a sort of majestic Governor to the physical machinery, he had stated one-half of his thesis. The other half had to do with this machinery slipping a cog, through a defaulting Governor, (Vital Force) whereby the sick man was up for consideration. So far so good. What disturbs the Gov-

error *Per se*, we are not told. Logically however, it follows that to change disorder of such an origin, into order, measures of a like kind must be employed, hence all remedial substances must undergo a similar etherealization or spirit-like change. This is all true perhaps. In Hahnemann's time, no mere mundane explanation was possible. The extraordinary *had* to obtain, but it is riding far and furiously today, to disregard pure physical phenomena and attach to well recognized and easily understandable processes, such hyper-physical attributes. In my humble opinion, Man is a spirit, immortal, but while sojourning here he uses a body physical, hence mortal. This body born on this plane, sustained here, and subject to all of its laws, tends at all times to disintegration or natural decay. Any hastening or premature allowance of this inevitable process, constitutes sickness, and generally spells distress. As a thinking being, with evolving powers of understanding, man is fast arriving at a position, when he will be able to run his physical machine about as long and as comfortably as he needs to, to complete his full business on this plane, but I contend that his repair tools for any incidental tinkering of injured parts, replacements, or lubrications, etc., are *each and all as purely physical, as are the derangements he seeks to restore, whether such tools be the 200th potency of a homoeopathic remedy or a dose of the crudest tincture of the same*. To change through suggestion, an unwholesome viewpoint on the part of a patient, is another matter. This sort of help, if properly and conscientiously given, I have no doubt, often aborts an ultimate physical derangement.

In looking back through the literature of our school, we find many adherents of Hahnemann's natural law for the application of remedies, turn a stubborn front to the fantastic meanderings of some of our writers and self-styled teachers of homoeopathic philosophy. These last, have certainly in my opinion, been the means of retarding not to say mutilating the Hahnemann OAK. While I do not wish to claim that the enthusiasm and untiring efforts in behalf of the tenets which they collectively and individually practice and preach, work only

harm to the cause of Homœopathy, I still believe that more than one promising branch on this grand old tree, has been broken off because the party thereto, has chanced to hit upon some such unfortunate mysticism, as I shall take the trouble to quote to you as follows. "The man is prior to his organs. Order of cure from the man to his organs. Tissues could not become sick unless something prior to them had been deranged and so made them sick. What is there of this man that can be called the internal man? We say a man dies but leaves his body behind him. The real sick man is prior to the sick body and we must conclude that the sick man must be somewhere in that portion which is not left behind." Again, "all medicines operate upon the will and understanding first. Considered more internally, we have the will and understanding forming a unit, making the interior man the vital force or vice-regent of the soul, that is the limbus or soul stuff. There is no cell in man that does not have its will and understanding, its soul stuff or limbus. The life stuff or substance within the body is the vice-regent of the soul." I think this is getting to be almost indecently intimate with our souls. I feel, when I read it, that my soul has been caught up on a mountain top, and in chattering nakedness, I am crying for home. It is too rare an atmosphere for me. If I venture at this juncture, to trot out the long famous doctrine of Psora and company, I do so with all deference to the opinions of those among us, who find in such theorizing, meat for strong men. Picking up a stitch from the author just quoted, who I hardly need remind you, swallowed the said theory, hook, line and sinker, I repeat, first, if man is sick prior to his organs, and second, if healthy man can only become diseased from within, how are we to adjust the claim that one poor miserable microbe the *Acarus Scabiei* crawled under the first man's skin, and thereby caused all the Psora which has since ensued? Perhaps the first man infested by the Itch (devil) was the identical one whose unsavory malady entered the swine and so humiliated and shamed those gentle beasts that they drowned themselves forthwith. How much better off the race would have been if this unhappy first *Scabiei* invested man had

been drowned instead of the swine. How can we account for the first appearance in the world of gonorrhea and syphilis? Would any one of us ever dare to rate a man so healthy that he could not, if exposed, contract either of these, or any other contagious disease? As long ago as 1853 Hahnemann's faithful translator and kindest critic, Dr. Dudgeon had the following to say of his, Hahnemann's general injunctions to his students to keep their wings pretty well clipped. "With the exception," Dudgeon writes, "that Hahnemann transgressed his own rule in professing to have discovered the essential nature of certain diseases, viz., Psora, Syphilis, and Psychosis just mentioned, and that he founded thereon a peculiar mode of treatment by antipsorics, antisyphilitics, and antisycotics, with this exception I say, we must admit that Hahnemann rendered an important service to practical medicine, when he pointed out the inutility for therapeutics purposes, of all investigations regarding the proximate cause of disease, and when he asserted the vanity of all transcendental speculations and declared as false and untrustworthy, every indication based upon the undiscoverable essential nature of disease. He regarded the morbid phenomena cognizable by the senses, as completed facts, the cause of which it was not incumbent on the practitioner to know or to search for. Hahnemann, with that clear and critical spirit for which he was pre-eminently remarkable could not fail to perceive that it was this metaphysical or speculative method of viewing diseases, of regarding them as something separate and distinct from the living whole, of conjecturing their peculiar nature, that had, in all ages, led physicians astray, and given rise to all those contradictory methods of treatment that have prevailed in medicine since it was cultivated as a science, and his object in limiting practitioners to take cognizance only of what was manifest and unmistakable in diseases, viz., their ostensible symptoms, was to remove the indications for treatment out of the region of hypothesis and place it once more within the domain of fact and of nature. His effort was to bring back medicine from the metaphysical to the purely physical."

Had such council prevailed down to the present day, I emphatically believe the Hahnemann OAK would now rival the giant Red woods of California.

This brings me to the point of recalling to you the fact, that I am writing a paper on the *physical* versus the *metaphysical* in prescribing, and leads me to here explain that I keep my methods for the combat of man's diseases, in water-tight compartments. Under the metaphysical label, for my own convenience, I am inclined to store all phases of suggestive therapeutics, a few ramifications of which, I am not on even speaking terms, to wit., Christian Science, Mental Science, the Emanuel Movement, Swedenborgianism, etc. Another of my labels bears the rather elastic appellation Mechanics, and here I deposit Osteopathy, Surgery, and all manual aid to the halt and the blind. In my third compartment, by all odds the largest of the three, repose my homœopathic remedies, and constitutes what I am pleased to designate my most important armamentarium, (physical also, but of a higher order only) for the arrest and cure of physical ills. Very few patients consult me however, who do not render it necessary for me to open at least two of these compartments, but I am very jealous of any mental mix-up of my tools. If little Mrs. Smith, newly wed, chances to consult me regarding some ill founded gossip concerning her husband, and I am able to restore her faith, by giving her native good sense a jostle, I have put a spoke in her mental harmony, and prescribed as scientifically as though I had administered Pul. for her tears and her confidence. I did not open but one box in this achievement. But if the gentle scandal mongers operate a trifle further and with added virulence, and my disturbed patient by chance gives greater heed, the purely physical will come in for a round, and a second consultation will doubtless find me glibly naming the disorder and reaching into my third box. The tools in this box are very precious, but only until very recently, have we dared to even hope for any scientific demonstration of the truth of their right to be included in the realm of pure *physics*. The fact that they have floated around as "dynamics," "spirit-like-force," etc., has given

a sort of spook-like twist to our fervid faith and has undoubtedly come perilously near in some quarters, toppling Hahnemann's old OAK over completely. Dr. Constantine Hering, I believe, felt it necessary to elucidate the remarkable action of the highly attenuated remedies, and at one time was disposed to believe that their action was some new and hitherto unheard of *force*. Dudgeon claimed that this was rather more clearly described as an inherent *property*, but such differences are only hair-splitting. Even as early as the middle of the nineteenth century, however, various other experimentors had taken up the fascinating subject of "infinitesimals." "Dr. Mayrhofer," writes Dudgeon, who has given us the results of his investigations in the first volume of the Austrian *Homoeopathic Journal*, "in order to observe more accurately what took place during the process of mechanical diminution by means of trituration, investigated the homœopathic triturations by means of the microscope and chose the metals as the subject of his investigations. In order to avoid all deception, he first carefully noticed the appearance under the microscope of the non-medicated milk sugar, alcohol, distilled water, and the empty object glass, and after becoming familiar with their appearance, he then subjected to inspection the preparations which he made himself in the proportion of two of the medicine to ninety-eight of the vehicle. The metallic triturations he dissolved in water (distilled) in order to separate the metallic particles from the milk sugar." It is too long to quote all the various interesting appearances of the different dilutions, but he particularly mentions precipitated Tin, the most divisible of all the metals, and describes the atomic particles in the dissolved solution as being in a state of *constant dancing movement*. These comparatively early experiments but foreshadowed what we are learning today. In fact with every turn of the wheel of the physical scientist's investigations, new substantiating evidence of the possibilities and strange performances of infinitesimals is coming to light.

I read only lately, a description of the Carl Zeiss ultra-microscope, "which" the author claims, "uses only the radiating energy within the portion of the solar spectrum which is beyond

the violet. These rays are so rapid, they do not affect the retina, and are hence invisible, but they do activate silver emulsion on highly sensitive plates. Inconceivable minute life, living atoms or bodies in motion, are photographed on rapidly moving films. The result is beyond imagination. When these long strips of successive radiographs are illuminated by strong electric light, under a powerful projecting lens, uncounted thousands of unknown kinds of living atoms are seen moving with intense activity. DeVries designates these minute particles, concealed in living matter, *pangens*, and says that they are quite another order than any known chemical molecules, that each grow and multiply by self division. He hazards the theory that these pangens are probably units containing mind, and if so, his opinion gives a mind cast to the universe and all that it includes. Life cannot, for one moment, be absolutely still; its vibration is so high, that there is no inactive substance in the world. That every substance has more or less movement which causes continual change of form and expression. *Vibration, further, is the pulse of Nature."*

"Energy is life," declares Edward Randal, "and *all life is material*. Part of it may be made up of that substance we know as Ether, which is so high in vibration and so refined, that it is not evidential unless clothed with heavier substance which we have been wont to term Physical."

In the light of such discoveries, Dr. Hering's hypothesis comes up with new support. This animate moving world of inarticulate matter, so infinitely fine and beyond the power of our imagination to picture, provides a very plausible and acceptable "working corner" for our so-called potentized remedies. We see that in these, vibration and rhythm must be inherent qualities. Each medicine is a unique substance, with undreamed of powers of following the rhythmical course of its own nature, and *like unto no other*. We have been allowed to demonstrate that these substances act upon man's undisturbed or harmonious physical economy and produce results known as symptoms. And again, by following a law, we have observed that by fitting the artificially induced set of symptoms to a set

of natural or disease symptoms, annihilation follows, and order or health results. This now seems very simple. In fact, present day revelations are providing us with an almost embarrassing amount of corroboration. We have at the present time, a tunnel clear through the mountain of *gross* materiality, but the old pioneers deserve the biggest laurel wreathes, for they started the excavation along this line. It nettles me somewhat to perceive our friends of the other school poking in their scientific heads here. They are still mired, however. When by chance, they do turn up a portion of rock or truth, in their treatment of the sick, they manage somehow, to turn it loose, and they are soon back in the surface puddle of perceiv-able, taste-able, smell-able, weigh-able considerations again.

Our smug self-satisfaction however, is not unalloyed, for if you will pardon an Irish "bull"; the more we know the less we know. I here refer to our great riches of possibilities, when we approach the dose and potency question. Volumes have been written upon this phase of our healing art. It is very interesting to follow the advocates of the different procedures. Hahnemann, of course, wrote voluminously on the subject, but he is not always stable in his directions, for he was given to many retractions. A few of his followers branched out for themselves and employed original methods. Administering medicine by olfaction, was in high favor in the Hahnemann camp at one time. But even in that somewhat ethereal mode of administration, excessive dosage was guarded against by using one nostril only for a given dose.

Rubbing the remedy on the skin, was also employed. Of course on a place remote from any point of infection or localized sick spot. Hering fancied the sole of the foot, for reasons not given. In the light of contemporary knowledge, however, when we realize the part that rhythm plays in the action of our remedies, quite a new field of conjecture and speculation should engage our attention, since, having decided upon our Similiar, the question of potency, or *registered power rate* of the substance to be employed, intrudes itself. Many Hahnemannian Homœopaths insist that this potency puzzle is but a

minor issue in administering our remedies. Some argue that the homœopathicity of a given prescription, once settled, such homœopathicity is not changed by the numerals on your medicine bottle. True, perhaps, but I am wondering today, if this often blind selection does not many times cause us to put the whole process of the two forces we are seeking to handle, quite out of harmony? Where is to be found the answer to such interrogations?

In conclusion, to return to my metaphor; we are through the mountain of GROSS materiality, we can see the "Promised Land," and we realize, that as this too is MATERIAL, only of a hitherto undreamed higher order of attenuity; a great way has been travelled. But this is only the morning of human research along these lines. One day some wise investigator will give to the followers of Hahnemann's system of therapeutics, a very satisfactory set of Potency Specifications. The physical side of my prescribing for sick people, will then have one last reinforcement in exactitude. I will not then administer the 200th potency in a given case, when the 30th is in order.

The growth and development of the Hahnemann OAK, i.e., the homœopathic law of applied therapeutics, is but arrested. Truth is everlasting and always protected in the final analysis. Names of things or systems however, count for very little. If I should presume to add a codicil to Hahnemann's prophecy, I might mention glimpsing the presence of an everlasting mammoth Tree, but it is not likely in this far off day, to be called an OAK at all.

Dr. Powel: Dr. Krichbaum relates the prophecy of Hahnemann wherein Homœopathy is likened to an oak tree whose spreading branches will carry its benefits to all humanity. Though that prophecy is as yet unfulfilled we should not be discouraged.

In a little book on "The Oak," published by the Appletons, the author says, "This tree is of slow growth, with a peculiar spreading habit and is very intolerant of shade. It may reach

a great age—certainly a thousand years—and still remain sound and capable of putting forth leafy shoots.”

Hahnemann knew the oak to be a slow growing tree when he planted the acorn, not much over a hundred years ago; it is still growing and will continue to grow long after we who are here have been forgotten. Long years of preparation were necessary to bring about the rapid development in all branches of science with which we are now so familiar.

When I was a school boy we had a small collection of apparatus for illustrating our studies in chemistry and physics, among which were an old fashioned cylindrical static machine and a small magneto. It was twenty or thirty years later that the telephone was invented and electric lights, electric motors and trolley cars were made practical. It took a number of years to develop the phonograph and the automobile and aeroplane. Because the tree is before our vision every day, and we do not observe an increase in size from year to year, we should not hastily conclude that it is stunted or retarded; the best we can do is to faithfully practice Homœopathy and trust that some day in the future its benefits will be more generally recognized.

The existence of a vital force is still a debatable question. Hahnemann believed in it and there are some who believe at the present time. A French writer says, “It may happen and it probably will happen, as it happened in the last century, in the case of electricity, that some new form of energy will be discovered belonging to the universal order as to the living order. This will be a conquest of general physics as well as of biology. And finally we may rigorously and provisionally admit a last category of vital energies properly so-called. These vital phenomena are intermediary between manifestations of known energies. They lie between a chemical phenomenon which always precedes them and a thermal phenomenon which always follows them. They are lost sight of, as it were, between manifestations which strike our attention.”

Dr. Henry Maudsley said:—“It is certainly extremely unphilosophical in the present condition of knowledge to refuse to accept vitality as a special mode of manifestation of force.

The special character of its phenomena demand that, whatever its real nature may be, vital force should for the present be received as a distinct force in the same terms as chemical force or electrical force."

In his preface to the *Organon*, Dr. Hering said:—"I have never yet accepted a single theory in the *Organon* as it is there promulgated. It is the genuine Hahnemannian spirit totally to disregard all theories, even those of one's own fabrication, when they are in opposition to the results of pure experience. Whether the theories of Hahnemann are destined to endure a longer or a shorter space, whether they be the best or not, time only can determine; be it as it may, however, it is a matter of minor import." We all recognize the value of the remedies Hahnemann called anti-psorics and it is not necessary to believe his theory of "Psora" in order to use them.

It is hardly necessary to discuss "infinitesimals" in this society, but it may interest some of you if I quote some statements on the subjects taken from non-medical sources. An establishment in Glasgow produces thirty-five tons of Iodine annually from the ashes of sea-weeds. The iodine must be gathered from the sea-water in which these plants grow, yet though the starch test is so delicate that one part of Iodine can be detected when dissolved in three hundred thousand parts of water, it is not possible to recognize Iodine in the bitters which remain when sea water is concentrated to one one-hundredth of its original bulk, so that its proportion must be less than one part in thirty millions of water.

Robert Kennedy Duncan, in writing about catalytic paralyzers said, "twenty-seven parts of Prussic acid in forty millions of water is active in retarding catalytic action—a case of homœopathic infinite dilution with a vengeance."

A given amount of the active principle of Malt will break up a million times its own weight of sugar.

The subtile substance known as "Fluorescein" dissolved in water, makes the water fluorescent, makes it shine with a pale light after it has been illuminated. A gram of this substance will produce fluorescence in a hundred tons of water, that is, in

a hundred million cubic centimeters. The substance must be evenly distributed through every minute fraction of a centimeter, it must have split into billions of pieces.

A single gram of Indigo gives distinct coloration to a ton of water, in order to produce this reaction the indigo must have been divided up into enough parts to be present in large numbers in every drop of water, it must have been broken up into millions of millions of parts.

The plants have power to gather food from exceedingly dilute solutions. They can collect Phos. acid, for example, from waters which contain no more than one part in ten thousand or twenty thousand of the liquid. It is no unusual thing for the chemist to find substances in the ashes of a plant which he cannot detect by his most delicate experiments either in the soil in which the plant grows, or in the water of that soil.

Chemistry has answered our opponents who ridicule small doses.

Dr. Rushmore: I feel that the learning, the speculation, and the sound reasoning expressed in the paper are something that forbid me to attempt any analysis of it, but which commend it to quiet and secluded study. I have listened with profound interest. We still administer material remedies. I think that this is a necessary conclusion when we consider the nature of man, and the plausibility which recent science has given to the doctrines of the possibility of the almost immeasurable termity of matter.

Dr. Farrington: I think some things the doctor has said are quite true. There has been a tendency for some of our men to try and put both the dynamic and curative functions of drugs on too high a plane. It is not necessary for us to imagine that we are dealing with forces in the spirit world in order to prescribe homœopathic remedies intelligently. Hahnemann does not say that the dynamics is spiritual, but that it is *spirit-like*.

REASON AND FACT.

C. M. BOGER, PARKERSBURG, W. VA.

Seen in its larger aspects sickness is an irregular or disorderly conversion of vital energy. We classify the coarser effects into forms, which are named diseases; but its finer and subtler activities, those by which likes call to likes for aid, are not so easily formulated.

The manifest power which advances matter through chemical affinity expresses itself in sentiment life first as animal instinct then as human intuition and lastly forms the basis of reason. In proportion as a relatively higher faculty becomes latent the next lower one takes on more activity. This is a law of life. When we see the human intellect acting feebly, nature again falls back upon intuition suggesting what she wants by simulating it. It is nature's oldest language, the detailed study of which should be the business of the consistent Homœopath.

Following this thought we soon come to realize that nature's calls for help in sickness may come from any of its phases and that only a careful and intelligent scrutiny can discern the significant points of each case. In saying this we are not unmindful of the fact that whole epidemics also have their own peculiarities. Headaches, for instance, with vertigo are common enough, but when dizziness precedes the headache it is unusual and peculiar to *Calcarea-carb.*, *Platina*, *Plumbum* and *Tilia*.

Symptoms may become prominent or even appear only during some one stage of a given malady, thus taking a very high rank. Prodromal symptoms belong in this class, when they may even outrank the deeper constitutional effects of latent or apyrexial periods.

In chronic diseases it is useful to pick out the peculiarities of each past illness, combine these with the unusual features of the present complaint and then seek for the remedy which covers the combined feature, always bearing in mind that the latest development most likely contains the real deciding symptom. It is to be feared however, that the habit of letting this

latest development overshadow the whole case is a little too common for the good of the patient.

The doctrine of signatures has been derided and said to rest upon pure fancy; but I know of no accidents in nature and everything has an adequate cause, hence we should not be too ready to attribute such things to mere coincidence. Such correspondences are too numerous as well as much too striking to be lightly passed over. It seems rather a case of not knowing just what they mean or what the real connection is.

At the risk of seeming to ask hard questions we may inquire why the time of the honey bee's greatest activity corresponds so closely to that of the Apis aggravation? Why the poison of the sleepy Surukuku is most active a little while after falling to sleep? Why Kali bichromicum crystals become tougher on exposure to the air? Why the twining Convolvulacea cause twisting intestinal colics, etc., etc.?

One might amplify such instances almost endlessly, but it all comes to this at last, that whether occurring singly or in combination, these things by their very peculiarity mean something, be they found in the world of nature, at the sick bed or in drug effects and it should be our business to know their meaning if we wish to become real healers of the sick. If we would be proficient we must be able to avail ourselves of great sources of information and it ill becomes us to look upon any field of nature as a closed book. We must remember that the dry rules and classifications of our text books are only the scaffolding of our temple of knowledge, whose shrine abides within us where lies the true path to power.

Dr. Guy B. Stearns: Dr. Boger asked me to say something on this paper. He has a faculty of bringing abstract points physically into sight as it were, and leaves nothing for one to say.

It is a thing to marvel at—the wonderful ingenuity with which he brings out things that are not plain and makes them plain. He has stated the facts and bits of philosophy so well that I will not try to improve upon them.

WHY GIVE MEDICINE?

GEORGE E. DIENST, AURORA, ILL.

By medicine we mean some form of drugs as commonly understood. The question is ambiguous, very commonplace and puerile. It really seems foolish to ask such a question in a convention of physicians. But there is an object, for physicians do some very foolish things. The laity likewise. Really when one considers some things done by physicians in the line of drug therapy we wonder if the intellect has not been dwarfed and the judgement thwarted.

However, this fact remains, that practically all animal life, when sick, seeks help in the form of some remedy. Instinct leads certain of the lower animal life to search for certain plants, springs of water or what not when ill.

Man, actuated by reason, is so imbued with the idea of drug therapy that countless numbers of drugs and drinks are prepared to comfort those who are indisposed. Great fortunes are made from some preparations reputed to cure this or that disease, and no matter what multitude of failures may follow their ingestion, as long as almanacs, magazines and newspapers persist in advertising the drug, people persist in taking it.

Apart from the nostrums so frequently dispensed over drug store counters we come to the problems of the physician on the question "Why Give Medicine?" By what law of science do we give this or that drug for this or that disease nomenclature when the human family, with its multitudes of diseases is so much alike? If drugs are curative, why such diversity of opinion and dearth of law in the preparation and administration of drugs? Is reason playing an accurate rôle, clearly intelligible in the giving of medicine, or is it perverted and playing the game of "cutting and trying"?

Now the first class of physicians we desire to interrogate is the one who gives his favorite compounds. As a youth we thought this a very dignified and scientific manner of preparing and giving medicine. One of our most youthful pleasures was to watch the druggist, in the corner drug store filling prescrip-

tions, pouring from this then from that bottle, add Aqua-dist. to give bulk, label it and write, "Take one tablespoonful after each meal." Oh! if we could but taste it our energies would be renewed for a week. Later there came the kaliedoscopic display of tablets—the green, the red, the blue, the chocolate—a mass of dazzling colors in the physician's buggy case—each tablet being a compound of three or more remedies and at the bedside of the sick the green was for laxative, the red for pain, the blue for a diuretic, the white for fever and the yellow for a tonic—all given in frequent alteration at close intervals day and night.

How imposing to a youthful eye! How learned and how wonderfully scientific! We wonder if such skill (?) will ever be ours. But as time passed and we saw the nauseating effects, heard the groans of the sick, saw the perplexed expression of the physician, observed the frequency of changes made in the remedies and felt the anxiety of the family as they patiently waited from day to day to see some change for the better, we grew interrogative and asked—Why give such medicine, which so often produced conditions worse than the disease? Why such profusion of compounds, offensive in odor, taste and effects in one already sick?

Is it rational to suppose that, while one compound is acting as a cathartic another compound will, independently of the cathartic act to reduce the temperature, and while those two are thus acting independently another compound is given to relieve the pain? If so, then there is no central governing force controlling the organs and tissues of the body as a unit, neither is there physiological affinity between them; and yet, such is the practice of thousands of physicians today who boast of having reached the pinnacle of scientific therapeutics. Though a "half wit" can see the destructive effects of such practice, nevertheless it is taught and published to the sacrifice of not health only but many valuable lives.

Then again, by what law of chemistry or therapeutics does the compounding of drugs accelerate or retard the action of any one of the drugs in the compound? Does it produce a new chemical substance combining the therapeutic powers of each

drug in combination? Have we, by this combination a more potent agency than in the single remedy? Suppose but one remedy to be indicated, why compound it with others not indicated? To these questions we have had no intelligent reply.

There is another manner of giving medicine which provokes pointed interrogations. I refer to the alternation of the single remedies at close intervals, in treating both acute and chronic conditions. Why this is done seems inexplicable to me. This method of giving remedies is taught and practiced in all schools of medicine, but it is the fact that homœopathic physicians do this that the question becomes really imperative. You, perhaps, have seen men give Bell. and Merc-biniodide in sore throats in alteration every thirty or sixty minutes.

If the patient needed Bell. and you gave it, did it change that patient's condition from a Bell. character into that of a Merc-bin. character in thirty minutes? If so what becomes of the throat, for a Merc-bin. throat is quite as sore as a Bell. throat and I see no improvement of conditions. Suppose Bell. really changes all the conditions from that of Bell. into that of Merc-bin., and you give it, does Merc-bin. toss conditions back like a football into the Bell. sphere? Do these remedies play tit-for-tat in these matters or do they play the game of political graft—you play into my hand and I will play into yours? Is the philosophy of alternating remedies based on the theory that, by tossing the symptomatology and pathology of disease back and forth you destroy the germs producing the disease, which, unable to keep up the pace, growing tired, weary, discouraged with the rapid changes, roll over, throw up their hands and cry "kamerad" and yield to an unconditional surrender?

Suppose this to be the logical theory, does each remedy play an equal part in the game of producing results? Is it not possible that one may outdo the other—kick the ball faster and further than the other—and if so how will you determine which remedy kicked the hardest? During this interesting game of give and take what becomes of the poor suffering patient? Seriously, who can define this practice with clearly intelligible reasons? The patho-genetic actions of Bell. forbid the meddle-

some interference of Merc-bin, neither does it by any law of therapeutics so change the human organism in sickness in thirty minutes or one hour as to make the ingestion of Merc-bin. an absolute necessity. It seems to me that this practice is not only inexplicable, it is folly, and folly at the bedside of the sick is a dangerous physician.

This analysis might be continued for hours, but we hasten to ask,—Why do men give medicine in this manner, and on the pretence of doing something to restore the sick, when they really send multitudes of curable people unto untimely graves? Would you trust yourself or your loved ones into the care of such physicians? If it were not for the tragic nature of the problem we would be inclined to take the whole matter as a huge joke.

Now then, if the compounding, the combining and alternating of drugs in drug therapy, is not defensible by any law of chemistry or therapeutics what have we to offer that is better? Is there a law dependable, thoroughly tried, true to spirit and letter and accurate in its operation governing the giving of medicine.

In an ancient volume, not decadent by time, rarely seen or studied by physicians, seldom found in the library of medical colleges or on the shelf of a research library; a volume shunned but never refuted, we read. . . .

Organon, Sec. 3.

“If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication), if he clearly perceives what is curative in medicines, that is to say in each individual medicine (knowledge of medicinal powers), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (choice of the remedy, the medicine indicated) as

also in respect to the exact mode of preparation and quantity of it required (proper dose), and the proper period for repeating the dose;—if, finally, he knows the obstacles to recovery in each case, and is aware how to remove them, so that the restoration may be permanent, then he understands how to treat judiciously and rationally and he is a true practitioner of the healing art.”

What does it mean? Simply this—*Clearness*. If a physician does not clearly perceive in the symptoms and conditions of the patient what is morbid or unhealthy — physical and psychological—and if he does not clearly perceive what is curative and how to cure, his work is in vain. If he does not know what is curative in disease in general and in each individual in particular and what is curative in drugs in general and each drug in particular, he will fail and the curable will die.

In addition he must know the strength and dose and when to repeat the dose in order to gain the best results. On the proper fulfillment of this law, its exact application to each sick individual, its universal application, hangs all other laws of drug therapy.

An effort to obey this law and thus fulfill its requirements is the only rational reason we know for giving medicine to the sick.

Dr. Richberg: I am reminded of valuable lessons from a personal experience.

Last winter I was called to see a doctor of the dominant school who was suffering with influenza. She did not call an Allopath; she had never used Homœopathy in her practice.

I saw her in the evening. She had not been at home since morning, and was well advanced; the most advanced case I had tried; anxious, exhausted and very ill.

She had been at the bedside of a cousin who had died with influenza while under Aspirin, Digitalis, and similarly inappropriate drugs. She said, “I think that treatment helped my cousin *out* of the world.” She also said, “I begged the family to give homœopathic treatment a trial.”

I gave her two remedies during the next week. Her old school friends said, "What under the sun do you have a Homœopath for?" She said, "I believe in it. You do not have good luck, and I did not."

Ten days after she first called me she was able to go down to her office again. Her fellow Allopaths came in to ask about her. They said, "Why did you have a Homœopath?" She gave the one answer, "I am alive. Are all your patients?"

Dr. Nelson: Why give medicine? We have several different answers. One is that sick people want to get well, and they think that taking medicine will help them to get well. That is a common belief. The sick take medicine, hoping it will help them to get well. That is not much of a reason for a physician to give medicine. It is the reason that most physicians have for giving medicine. They think that the patients themselves think that medicine will help them to get well. The reason the Homœopath has for giving medicine is a different thing entirely. If he is a Homœopath, his reason for giving the medicine he does give is different from that of the Allopath. The Allopath has no faith in medicine of any kind. The Homœopath gives it because he feels that a drug relation exists between the medicine and the disease that he gives it for.

Dr. Julia Green: Many people who have been under old school treatment in recent years pride themselves that their particular doctor gives them very little medicine and also mild medicine.

Dr. Dienst, in conclusion: There is nothing much to be said. Last winter I was wrought up beyond measure when a homœopathic physician gave hyperdemically about $1\frac{1}{2}$ grams of Digitalis to a young man sick with pneumonia, and he died. That young man was curable, and yet he is gone. During the epidemic last winter at Camp Sheridan those boys died so rapidly that they sent to Aurora for the undertakers to come and help bury them. One night, between one and seven o'clock, eight bodies were carried out of one Aurora hospital. What did they give for the "flu"? Codeine, Aspirin, Quinine, and cathartics. The Lord have mercy on their souls. The question be-

came so serious to me that I put these thoughts on paper; though I did not intend to read them to you. I want to thank those who took part.

HOMŒOPATHY AND THE HOMŒOPATH OF THE FUTURE.

JULIA M. GREEN, WASHINGTON, D. C.

The Homœopath:

Mental characteristics:

Type of mind:

Mechanical:

Orderly; technical; logical.

Conventional—conservative:

Rejecting fads.

Discerning truth.

Pioneer—liberal:

Courage to walk any path where sees truth.

Discerning point of view of others.

Philosophical:

Reasoning correctly.

Imagination applied to science.

Sociological:

Humanitarian.

Temperament:

Natural:

Generous; sympathetic; patient; broad-visioned.

Acquired from experience:

An understanding of

All types of people.

Weaknesses of humanity.

Effects of all sorts of experience on different types.

Therefore Homœopath partly born and partly made.

Education:

Early influences:

Encouragement of free, independent thinking.

Development of idea of true democracy; free choice for all.

Development of power of observation and deduction from observation.

Understanding of Nature; her laws and ways.

Necessity for obedience to law.

Understanding of people.

Development of responsibility for one's work and acts.

Formal education:

General:

All sorts of sciences and the exact disciplinary studies like mathematics and Latin.

All the humanitarian studies like history (traditions, mythology), philosophy, religious beliefs, sociology, social hygiene.

Studies which develop the idea of the infinitesimal:

Mathematics, chemistry, electricity, geology, X-ray, radium, etc.

Medical:

Full, general medical course.

All studies now given in our best schools, only allowing the student to make some choice in the matter of specialties and the most technical branches so his mind need not be overburdened with detail with the result that all is hodge-podge and nothing is digested or finished.

In addition—

Introduction to methods of treating the sick; all methods now in use, medical and non-medical; free choice between them for study.

Post-graduate course leading to some degree distinctive of the homœopathic training in an Institute of Homœopathy.

Homœopathy of the Future:

The layman's standpoint:

Must come to regard choice of treatment as important as choice of religious training, political and social opinions, etc.

Must be able to choose intelligently method of medical treatment. Will do away with choice of certain doctor because of personality or because one's friend or neighbor has that doctor.

Therefore education of the masses:

By A. I. H. and all affiliated societies.

State society campaigns.

Printed matter.

Lectures.

Each Homœopath in his own practice.

Must be taught:

Meaning of similia.

Method of drug proving.

Method of drug preparation.

Necessity for single remedy.

Idea of totality of symptoms

Prescriptions are for people instead of diseases.

Scientific method of correct action of the remedy.

The professional standpoint:

Institutes of Homœopathy.

In largest centers in East and West.

Maintained partly by the Government and private subscriptions, partly by fees from patients.

Well-paid force of physicians and clerks.

Departments, each with its students:

Drug proving; many paid provers.

Examination of the patient:

Questioning; physical; laboratory tests.

Training in obtaining totality of symptoms and in retaking a case.

Selection of the homœopathic remedy.

Study and interpretation of symptoms.

Repertory work.

Observation of effects of the remedy and deductions therefrom,

Selection of second and subsequent remedies.

Selection of adjuvant treatment and general advice.

Conclusions:

Importance of the subject.

Opportunity of the present time; effect on the public.

Advantages to medicine in general,

health of the world,

efficiency of people of future generation in the work of the world.

HOMŒOPATHY AND THE HOMŒOPATH OF THE FUTURE.

Each year more and more of the physicians within the homœopathic ranks, who have never had instruction in real Homœopathy, are reaching out after the real thing, often not realizing what it is they want. Each year more and more of the physicians outside the homœopathic ranks are becoming dissatisfied with the practice they were taught and are seeking new light, ready often, and sometimes eager to grasp the true homœopathic principles if they come in contact with them. Each year the laboratories come nearer to rediscovering Homœopathy from the point of view of the research worker. Therefore it is well for us, who have been fortunate enough to have an insight into true Homœopathy given to us, to consider what we can do to make the Homœopathy and the Homœopath of the future as true and as helpful to the human race as it is possible for them to be.

What characteristics should he possess who naturally would turn to Homœopathy for a life work and what ought he to cultivate in order to be a successful, helpful physician? First as to the type of mind: it must be an orderly one, capable of thinking logically, of keeping things in orderly fashion and of keeping full, orderly records of all medical work. Also it ought to be able to think easily in technical terms. It should be a con-

servative type, that is, it should reject fads in science and in medicine, should not become lost in one narrow groove; but it should be broad visioned, proving things as it meets them, surveying the whole field of science and art, with the courage to walk any path where it sees truth, and yet with power to see the point of view of others. It should be a philosophical mind, reasoning clearly and correctly and yet putting imagination into all mental processes, the kind of mental activity which leads to knowing things by intuition when that intuition is based upon long practice in reasoning and thinking. Then it should be a humanitarian mind, one which can embrace this world full of all sorts of people and feel intellectually akin to them and not apart.

Next, as to the temperament of the ideal physician: naturally he should be generous, sympathetic, broad-visioned; and from experience he should acquire an understanding of all types of people, of the weaknesses of humanity and the effects of all sorts of experience on the different types.

Therefore the Homœopath is partly born and partly made. It is most important that natural tendencies are not crushed by repression, by education or by experience.

Now, what sort of education should we give to one who is to become the best homœopathic physician. Even before schooling begins many valuable assets may be acquired. Free, independent thinking can be encouraged, stimulated by willing answers to all questions and suggestions for further inquiry. Self-reliance, mental independence can be inculcated early. The child can be taught the idea of true democracy, free choice for all. Later the power of observation and deduction from observation can be trained through conversation, nature study, etc. The laws of nature and her ways can be learned in this way and the great lesson of the necessity of obedience to law follows naturally. Upon this development of the idea of responsibility for one's work and one's acts will be instilled and never forgotten. Then comes a realization of personality, then of many different personalities and an understanding of other people.

When formal education is taken up, it should embrace all

sorts of sciences and the exact disciplinary studies like mathematics and Latin; also the humanitarian studies like history (including traditions, mythology), philosophy, sociology, social hygiene; also studies which develop the idea of the infinitesimal, such as mathematics, chemistry, electricity, geology, X-ray, etc.

Finally, the medical education should be first, a full, general medical course, all the studies now given in our best schools, only allowing the student some choice in the matter of specialties and the most technical branches in order that his mind need not be overburdened with detail with the result that all is hodge-podge and nothing digested or finished. A free choice here will determine his bent, whether toward real Homœopathy, and in what branches, comes most naturally to him. In addition he should be given an introduction to methods of treating the sick, all methods now in use, medical and non-medical, with a free choice between them for study. After that should come a post-graduate course leading to some degree distinctive of the homœopathic training in an Institute of Homœopathy.

So much for the doctor himself; coming now to the layman's standpoint in the Homœopathy of the future, many things need to be changed from the present day carelessness concerning medical matters. The layman must come to regard choice of medical treatment as important a matter as the choice of religious training, the stand taken on large political and social questions. He must be able to choose intelligently the method of treatment. If he does, there will be no more instances of choice of a certain doctor because of his personality regardless of medical principles, or because one's friend or neighbor has that doctor; also the indiscriminate giving of drugs advised by neighbors and acquaintances will come to an end.

Therefore the masses must be educated in the principles of the various methods of treating the sick, that they may choose what they want intelligently. Homœopathy must be taught them along with other methods. The American Institute of Homœopathy with its affiliated societies is undertaking a nation-wide campaign of education; this should be supported generously

and supervised most carefully, that the people may learn true Homœopathy from those best fitted to explain its principles. Each state society can have its own campaign as well, the needs of different states being different. The truth about Homœopathy can be imparted by printed matter, that is, circulars, pamphlets, the newspapers; and by lectures extending into all parts of our country, the whole campaign being carried on from a central bureau which brings the matter out of all question as to doubtful ethics. Then each Homœopath in his own practice can carry on education constantly through his patients. We need to uncover and rebuke many weaknesses in the medical profession before it is brought permanently to the high standard which belongs to it by right, and publicity can do this as nothing else can.

Teach the people the meaning of Similia, the unchanging law. Teach them the methods of drug proving, of drug preparation. Teach them the necessity for the single remedy. Give them an idea of the totality of symptoms. Show them that prescriptions in Homœopathy are for people and not for diseases. Then give them some idea of the scientific method of correct action of the remedy and of the scope of its application; let them see its use in injuries, in surgery, etc.

We have tried to show the importance of choosing the homœopathic doctor wisely, educating him rightly and of educating the layman to appreciate his work. The welding of the two should come through the establishment of Institutes of Homœopathy in this country, only two or three such perhaps in the whole United States. Here the doctor gets his training for his special work; here the layman comes for the best advice to be had; here come the calls for doctors from centres where the people know what they want and cannot get it; from here go out reports of work done and here are kept files which can prove exactly what the whole work is to any inquiring mind. When Homœopathy is rediscovered in the laboratories, those interested from that point of view may find here the correlating evidence to prove the truth of the law of similars from the clinical standpoint.

The Institute of Homœopathy will have several departments, each with its students. It will have one of drug proving to learn the value of the *materia medica* from that angle; the provers will be many and well paid. It will have a department devoted to the examination of the patient and this will have its students; the case will be taken by the method of thorough questioning which alone leads to the remedy, but it will also have laboratory tests of all sorts and mechanical examinations to corroborate the results gained from questioning. Another department will have charge of the selection of the correct remedy, the study and interpretation of the symptoms in the case and training in repertory work. Another will be devoted to observation of the effects of the remedy and deductions therefrom, with the selection of the second and subsequent remedies. Adjuvant treatment and general advice will come into either of the last two departments. The student body here will be the physicians already graduated from a general medical school; added to these should be some few students who have not been able to secure so much preparatory study but are so eminently fitted to absorb and use the homœopathic method that they are sent by physicians out in practice to gain all they can and then practice in districts where no thoroughly trained practitioner can be had; these will probably be temporary until all can spend the time to receive the regular training first; and of course they cannot be rated as fully prepared physicians.

The influence in the country of such Institutes will be tremendous, for they will serve as clearing houses for all troublesome cases and questions; the people directing the work will be the best exponents of Homœopathy and through such centres will be able to point the way to other doctors and to all people wishing to learn from good authority.

The Institutes of Homœopathy should be supported partly by the government and by private subscriptions and partly by fees collected from patients coming to them for treatment. The teaching and clerical force should be well paid and post-graduate courses should be free to students. Therefore there should be rich endowment.

The use of a paper such as this before this body of pure Homœopaths may well be questioned. It will be called ideal but not practical and so dismissed. The answer is that the practical must be preceded by the ideal; we must know what we would like, what we would most approve, and then work toward that as a goal. People are awakening and questioning more and more concerning methods of treating the sick; the opportunity is here; since the influenza epidemic, the greatest opportunity that ever presented itself. This body ought to take the leading part in the material to be given the public through the propagandistic work of the Institute of Homœopathy. The importance of the subject, the opportunity of the present time, the advantages to medicine in general, to the health of the world and through that to the efficiency of future generations in the work of the world cannot be overestimated.

Dr. Nelson: There is one difficulty about that. That is it will come in conflict with the Rockefeller Foundation. Look at the Foundation. Where does the Homœopath come in?

Dr. Rabe: He does not come in.

Dr. Nelson: Where is there a Homœopath that is a state medical director? You will find that the Rockefeller Foundation, if you come square up against it, sees that most of the appointments go to the old school. And the propaganda business comes from them. They are in the propaganda business. The people could not read one out of one hundred of their publications if they wanted to. The best way is to let the people be taught Homœopathy by the doctors. I can remember when those who were not Homœopaths did not know anything about the homœopathic views.

Dr. Dienst: Just a word of praise for the paper written and read. This I want to add. I am in sympathy with the view of the paper, and to accomplish it, each one of us must become whole-souled homœopathic missionaries. My friends tell me to keep still, but I tell them to go to Texas.

Our colleges must pull in the traces better than they have been doing. Five boys have come to me to study Homœopathy.

One of them I sent to college; the others are not ready. The one came back last winter. I said, "You have come for a rest?" He said, "I have quit the college. If I must practice by bacteriology, I am going to Johns Hopkins." And the result is that he is going to take the others with him.

Our boys are very poorly taught in our homœopathic colleges. They read and they listen to talk about vaccines and toxins, and the first thing you know they are lead away from Homœopathy.

They come to our families and send people to drug stores with all sorts of prescriptions. The fault lies with us. I have had some experience as a missionary and I know about Buddhists and Shintoists and know something about mission work. It is an error we Homœopaths must attack, and we must make them see Homœopathy as we see it.

Dr. Boger: Our colleges have been Sunday Homœopaths and week-day defaulters. It is too bad we have not lived up to our reputation such as Holcombe and Foote did. These men sowed good seed in good soil. They treated yellow fever with great success.

Homœopathy as practiced today is only a shade better than nothing; Allopathy is three shades worse than nothing. If there is anything an Allopath likes, it is to get a good hold on a pseudo-Homœopath and show what a rascal or ignoramus he is.

Whenever a young man gets through college, if he does not have mental dyspepsia, it is not the fault of the college. And it will take a young man of exceptional physical and mental ability if he does not have it. He cannot act with the best judgment. Maybe we should not ask him to do that, as age has much to do with it. It is a mistake to load up your students with all the ologies and Homœopathy besides. There is only one student in a thousand who can see the Homœopathy that lies half concealed in these branches.

Maybe we can have a post-graduate college and have a large body get behind and push it, and then every man will know where he can go and get a homœopathic education.

There is one criticism that applies and I will make; and that

is we must always do the right thing regardless of the consequences, and that must be applied to our homœopathic colleges. The man who stops to think of the consequences of action is lost, and that is what makes our homœopathic colleges lose.

Dr. Patch: I personally am much inclined to feel that even though we have six remaining colleges in this country that the day of the so-called homœopathic college as an independent institution is past.

Homœopathy must necessarily be taught as an independent course if we are to expect present-day students to appreciate it.

In the general medical course the student has not sufficient time to give to Homœopathy as such.

The time must be divided as best it can between the almost numberless courses now given and there is little opportunity for sufficiently close application to enable the student to thoroughly comprehend the philosophy and practice of Homœopathy.

Neither does it seem to me that the time has come to establish successful post-graduate schools in Homœopathy. One thing is possible however, and that is post-graduate courses in the Philosophy and Materia Medica of Homœopathy in other institutions where we shall find suitable facilities for clinical instruction without which no teaching can be really successful today.

I do not think there is reason for discouragement in spite of the fact that our members have diminished. We can hardly man our own hospitals today. It is evident that we must concentrate our forces on some definite plan for the future as best we may.

Students are better able to consider Homœopathy after they have finished the regular course and I should have little apprehension even though that training had been obtained in an old school college.

Dr. Rushmore: If I mistake not the American Institute of Homœopathy discussed the establishment of a Homœopathic Post-graduate School.

Dr. Richberg: Graduates from other schools come out with the idea that Homœopathy is too absurd to study. I remember a student at Ann Arbor who was ashamed to cross the campus with the homœopathic students and regreted that he had to attend school with them. He fell in love with a woman whose family were all Homœopaths. So it became a question whether he should marry into this family or not. He became a Homœopath not before, but very soon after and is a most enthusiastic one.

I have very little hope in establishing successfully a post-graduate school.

Dr. Richberg, replying to Dr. Patch: That might be so, if humanity was reasonable. I know a man who is obliged to travel very much; he suffers from car-sickness. He wrote to a brother, a homœopathic doctor, "When I stop in Chicago next time I want to know why I am always car-sick when I travel." His brother arranged to take him to Dr. Kuznik. The man arrived in town. "Kuznik," he said, "I never heard of him. I don't want to go to a man I never heard of." He went to his own choice, Dr. Frank Billings, who examined him very thoroughly and who said he did not find *anything* the matter with him, but charged him seventy-five dollars, and this keen successful business man was not only satisfied because the world-heralded Dr. Billings could tell neither the cause or cure for his life-long annoyance.

Dr. Green, in conclusion: I mean to come up to present-day methods. This paper is an effort in that direction, for we are in a day of transition.

If the homœopathic clientele of the country wish to produce five million dollars, I think they can do it. Cannot some of the past papers of this society be used as part of the propaganda which the Institute is going to make during the next year?

"SIMPLIFIED PRESCRIBING."

BY LAWRENCE M. STANTON, M.D., NEW YORK.

The Chairman's request for a Method of Simplified Prescribing arouses at the same time that it rankles. But before we

can enter upon the subject we must have a more definite idea of what the Chairman means. Does he intimate that we should save ourselves labor at the expense of result, should become slackers in therapeutics by prescribing anodynes for pain, expectorants for coughs, cathartics for constipation? It is not conceivable that this is his meaning. We are forced, then, to conclude that he puts the question honorably, seeks an honest method of simplified prescribing, a square though easy way in practicing Homœopathy.

I can make no suggestion for such a method, and doubt whether any is forthcoming. Nevertheless there are means by which prescribing may be simplified—*means*, as distinguished from *method*—and it may be profitable to consider these.

The quest is the remedy homœopathic to the case, and the question is as to the short cuts in reaching it. Although the term "short cut" savors of some shortcoming on our part, such as shirking, there need be no such meaning attached to it. A short cut suggests to my thinking the straight, upward path the climber takes to avoid the longer high road. It is steeper, over stones, and through thicket, full of difficulties that are not encountered on the more circuitous road. He reaches the top sooner, however, than the traveler along the smoother highway reaches. Such short cuts are perfectly legitimate; they are time-saving, and we may look for them in prescribing. We find them, however, within rather than externally, in certain personal traits and virtues, which we either naturally possess or may cultivate. Imagination, wisdom, sympathy, aliveness, are a few of the possessions that make for simplified prescribing. Very briefly, let us consider how these may help us.

The therapeutic situation presented by the following case will illustrate how wisdom simplifies our work. It is that of a woman who had a miscarriage two months ago, which is followed by metrorrhagia of some severity. Her uterine symptoms suggest several remedies. At the same time it is discovered that she has a serious cardiac lesion, with quite another group of symptoms. But also she is a temperamental creature and still other remedies covering her general condition claim our

consideration. It happens that those suitable to the uterine condition do not have her cardiac symptoms, and that those we would select on general grounds bear but little upon the metrorrhagia or the cardiac suffering. The totality of the symptoms seems meaningless in the situation, the similitum apparently not in sight. In such a dilemma we must decide whether uterine, heart, or general condition is the most urgent, and, according to its particular symptoms, choose the remedy. It is a very nice decision we are called upon to make, and our wisdom or experience must help us out.

Then, there is sympathy, which few possess, some deride, and most misunderstand. I mean sympathy, broadly speaking, in its psychologic as well as in its humanistic sense. To be humanly in touch with your patient enables you to divine many of his symptoms which will escape a purely intellectual attitude toward him.

Sympathy is akin to intuition and instinct. "Instinct is sympathy" says Bergson, and he shows how much we apprehend instinctively before we grasp intellectually. The sympathetic physician is the most successful not only on account of his humanity but because of a truer understanding of the patient's complaints. He who decries sympathy often does so for fear of reaping the whirlwind. To be sure he often does, but even if the harvest is one of human woes, as well as of symptoms, there is reward in the revelation the latter bring. In the quality of sympathy lies much of the art of prescribing.

Aliveness: Too often we examine the case ploddingly, when we should come to it alert in every fiber, keenly and vigorously on the scent. We must tune our mood always to the exigencies of the occasion, otherwise symptoms of inestimable value will inevitably escape us.

Everyone has had the experience of not taking in the obvious, or of not heeding what the patient is telling him. Perhaps at the moment one's attention is on some other aspect of the case, and the important thing has gone unnoted. In physics the angle of reflection is always equal to the angle of incidence, but

if there is no reflecting surface—if we are not alive—there will be no responsive angle.

It is strange how blind we are one day, and how wide open our eyes the next. Today I need no drag-net. With the patient's whole condition I am face to face, with those symptoms I would count and those I would discount, their true significance and their false value, and the remedy that I did not see yesterday is perfectly plain now. A patient suffering from asthma has not been helped by the remedies prescribed. One day while recalling an attack twenty years ago she remembered, after much cross-questioning, that her breathing had been helped by the vapor of melting ice. She would bend over a piece of it, inhaling until the spasmodic tension was relieved. Then it still occurred to her that the attacks were relieved by eating ice cream. Phosphorus has benefited her very much, and while it may not cure, it is at least a cog in the wheel of recovery. The fault of not discovering such an important modality sooner was mine, in that I did not at first probe deep enough to reach her memory.

With the patient who deluges you with symptoms we are only too familiar, but are not always aware of her opposite, who tells you nothing, upon whom we must use the pump. We must not forget that there is the man who, when asked why he had not told the doctor of some particular suffering, replied that it was the doctor's business to find out. Well, so it is, and the more alive we are, the sooner we shall find out many things. To be keen for the job is a short cut to the top.

To pursue the subject further is unnecessary. It is sufficiently clear that I cannot countenance any "method" of prescribing, let alone a method of simplified prescribing. I cannot imagine a method that is not based on the erroneous conception that we must prescribe upon a multitude of symptoms. It would seem almost like believing in the elaboration of symptoms for the sake of the method by which some of these may be eliminated—a straw man, in fact. We do not (at least very few of us do) avow mere symptom covering. We must consider all, but we may not prescribe upon all. The best prescribers

are always the most rapid, because they have learned how to seize upon the essentials. Their simplified prescribing is of flesh and blood rather than by any dead method; it lies in their simple, direct mental operations, and in keeping the faculties well oiled for the running.

Dr. Patch: Dr. Stanton has struck the key-note of this matter in the final sentence of his paper. Furthermore I think there is but one method of simplified prescribing and that is a thorough understanding of the *Materia Medica*.

Hahnemann never used the Repertory, yet there is no question but he was the best prescriber we have ever had. He had in mind an almost perfect picture of every drug he used. He knew each drug as we know our friends. He was able to use a drug without fearing to apply it. Long years of training had made him a master of drug analysis.

In all of our modern methods the more we aim at simplification the more difficult it becomes to apply the *Materia Medica*. We are obliged to resort to the Repertory to get the knowledge we have not obtained through personal provings or continued reading.

Dr. Dienst: By a careful and very diligent study of a drug you picture it in your mind. You think about it, you study it carefully. When you see it duplicated in the patient, it saves you a great deal of trouble. There are many things eliminated at once, because you see it in your patient. I do not believe in the theory of key-note prescribing to the exclusion of all other methods; but there are certain things we can fix in our minds that will help us very much.

I was once called in a case of confinement that I remember very well. I noticed when I went into the house that there was music in the air. It was necessary to change the woman's bed from one room to another. She was scolding. She became frantic. She abused me. You all know just what to do. Instead of chloroforming, I said you will get over this all right. One dose of the remedy, and that was the last I heard of the scolding, and in thirty minutes it was all over.

Picture these things carefully; this can only be done by very careful and enthusiastic study of the *Materia Medica*. I use the *Repertory*. Every week of my life I try to master a remedy, and when I do so I pace back and forth across the floor, thinking until I have it. Then when you see the sick, you see what they need.

Dr. Richberg: It seems to me that one very striking reason that certain people find it easy to prescribe, and others do not, while one is just as industrious as another, is that we have individual abilities for everything in life. One knows history, another has no ability along that line. Another remembers names and functions of organs of the body distinctly; he never has to read anything over twice. Some are good grammarians, while others know nothing of grammar. Some of us easily remember the indications for certain remedies; others find it very difficult to recall them. Sometimes we see familiar indications but cannot recall the remedy. There are also strong differences in intuitive power according to which more or less attention to the *Materia Medica* is needed.

Bureau of Materia Medica

A. H. GRIMMER, M.D., CHICAGO, ILL., CHAIRMAN.

GEO. E. DIENST, M.D., AURORA, ILL., VICE-CHAIRMAN.

ASAFOETIDA.

HARVEY FARRINGTON, M.D., CHICAGO, ILL.

Asafoetida, in its crude form, is a gum-resin obtained by incising the root of the *Ferula Asafoetida*, a plant indigenous to Persia, Thibet and Afghanistan. The young shoots are used as greens by the natives and the juice as a condiment. Its medicinal properties were noted by European investigators as early as 1687, but were common knowledge in the East from time immemorial.

The common name, "Devil's Dung" is well chosen—doubtless having been coined by some hapless victim who was forced to take large doses. Indeed, the strong, garlicky odor and alliaceous flavor have caused more than one old school physician to abandon it for drugs less obnoxious, although it is still prescribed more or less extensively as a diuretic, emenagogue, aphrodisiac and especially as a sedative stimulant in hysteria, hystero-epilepsy, convulsions of weak, nervous children, in asthma and spasmodic affections of the digestive tract with tympanitis.

From this we may gain a rough outline of its principal sphere of action. But, as usual, Homœopathy has had to define its

exact position in therapeutics. We have space to give but a brief outline of the picture of this drug—interesting and in many ways striking in its peculiarities.

Like most substances of strong taste and penetrating odor, the pathogenesis is dominated by mental and nervous phenomena. From this the symptoms range through functional disorders and lesions of the soft tissues and the organs, even to destruction and caries of bony tissue.

First of all we note hypersensitiveness to external impressions. Noise, touch, mental excitement are sources of aggravation. The ulcers are so sensitive, the softest kind of dressing hurts them and light touch, even a short distance from the sore, causes acute suffering. It is a sensitiveness comparable only with that of *Lachesis*—and, like the latter there is the apparent contradiction in painful ailments where the surface remains unbroken, namely, relief from pressure. Instances of this are found in neuralgic pain in the head, eyes, legs, colic, etc. Pains in the eyes, head and elsewhere, cease when the part is touched and appear somewhere else. Even convulsive symptoms may be allayed by the touch of another person.

The *Asafoetida* patient may have the appearance of good health, of being well nourished and robust. But on closer examination it will usually be found that the face is puffy and bluish, indicative of venous sluggishness and torpor, such as we find in *Capsicum*, *Carbo veg.* and *Pulsatilla*. Blueness moreover, is a general characteristic, appearing not only in the face but in any affected part. The remedy has done excellent work in thin, pale, sickly individuals also. External appearance must take second place as compared with subjective symptoms.

Hysterical twitching and contractions are marked. This is true of voluntary as well as involuntary muscle-fibers. Hence we have *globus hystericus*, sensation of reverse peristalsis, etc., brought on by some mental excitement. Twitching and jerking in the limbs, chorea, convulsions, hysterical in origin or perhaps from pin worms.

Numbness is a strong characteristic. It is found especially

in the scalp, in the brain, the nasal bones, and occurs frequently with pain in any part of the body.

The pains are of varying character:—throbbing, tearing, cutting, but most peculiar of all, *stitching from within outward*; stitches in the skull, in the long bones of the extremities, in the ulcers.

Most complaints affect the left side—here again suggestive of Lachesis and some of the snake poisons. The twitching and jerking are apt to involve the muscles of the left arm or leg; pain in the left side of the head; bleeding from the left nostril, etc. Some of the provers experienced pain in the whole left side of the body. (Sepia has sensation “as if she could feel every muscle and fiber of her right side, from shoulder to feet.”)

Like most “venous subjects,” the Asafoetida patient is relieved in the open air and to some extent by motion. This however, does not apply to the asthma and some rheumatic complaints, which are worse from motion. Pains in the legs are apt to be worse from the warmth of the bed. Many symptoms appear while sitting and are better in the open air. (Conium is the opposite).

The hysterical nature of the patient is revealed in the telling of symptoms. Things of little consequence are magnified; he fears paralysis or softening of the brain, is restless, unable to concentrate on any one thing; low spirited, irritable, and if a woman, there is alternate laughing and crying. With these mental states are associated the contractions of involuntary muscles mentioned above. A ball rises in the throat; it can be swallowed away but returns again. Or there is a sensation as if the whole esophagus were being forced upwards. Flatulence is nearly always a prominent feature of the case, and tends to press upwards, sometimes with such vehemence as to cause gasping for breath, and reflexly, occipital headache, vertigo, fainting, twitching of muscles, trembling, etc. Throbbing, cutting, burning in the stomach; gone, empty feeling worse about 11 a.m. (Sulphur is not the only remedy for this symptom). Belching loud and violent, which usually affords relief. Gripping

in the region of the navel, heat with a sensation as though the intestines were knotted into a ball.

Eating is followed by heat of the face, anguish, great mental depression, pulsations and diarrhœa; also distension and flatulence, but these symptoms occur just as frequently from nervous shock or getting chilled. There is relief of abdominal symptoms after stool, but what is more striking and peculiar—pain in the occiput and back of neck may be relieved thereby.

Discharges, like the odor of the drug itself, are horribly offensive. Whether from ulcers or the natural channels of the body, their suppression will almost inevitably be followed by the hysterical manifestations we have portrayed.

Asafoetida is a deep acting antipsoric; it will antedote the chronic effects of mercury; it has cured many cases of syphilis, especially where the bones were involved. But whatever the basic miasm, whatever the diagnosis, at least a few of the characteristics here given must be present, if it is the *similimum*.

Dr. Richberg: I would like to ask the doctor whether he has had any experience in using this remedy with patients at the menopause, as I have never thought of it in this connection, and it seems strongly indicated.

Dr. Nelson: I have the cases of three different women, sisters, who have all complained of that same symptom. I have never used Asafoetida with any of them. They have never been sick enough to be in bed when having that symptom. But all three of them have complained of that same symptom as of something coming up in their throats.

Dr. MacLaren: Suppose it was a real worm that came up in the throat?

Dr. Clark: It occurs to me that I might suggest what time we might look for these pin worm troubles. When I first went into the work forty years ago, an old lady brought a child to me. The old lady said, "This child has convulsions every new moon." On looking over the child, I found that it was a worm affection. I have found that most of these pin worm manifesta-

tions are just at the time of the new moon. We know very little about the action of the planets on us.

Mothers bring little girls to me with leucorrhea and soreness of the vagina and they are caused by little pin worms getting around and irritating the vulvo-vaginal glands. Cleanliness and the proper remedy will remove the cause. These conditions are always aggravated at the new moon.

Dr. Farrington, in conclusion: In regard to Dr. Richberg's question; I have never had occasion to give the remedy to a woman at the menopause, but I do not see why it would not be useful at that time of life if the Asafoetida symptoms are present.

My paper is part of the record of a young man of twenty-two. I chose it because this is usually considered a woman's remedy. He had practically all the symptoms I have mentioned. He was nervous, sensitive, and often called me out in the night because he thought he was going to die. He once fell over in my office from the reflex action of gas in the abdomen. And yet when we entered the war, he enlisted in the artillery and made an excellent record.

HYPERICUM PERFORATUM.

BY GRACE STEVENS, M.D., NORTHAMPTON, MASS.

One of the interesting things about Homœopathy is that some of its most useful remedies are prepared from plants which we find along almost any country roadside.

The common St. Johnswort is one of them and it would be exceedingly interesting to know who first thought of using it medicinally, and why.

Hering gives the names of several provers—Mueler, Shörer, Stockes—but I confess they mean nothing to me.

The provings may or may not have been made in this country, for Gray tells us that this specimen of *Hypericum* is the only one not indigenous to this country, having been natural-

ized from Europe, and adds that it is a troublesome weed in the fields. The rather large yellow flowers with five petals and many long stamens are arranged in a loose, leafy cyme and the lanceolate leaves have pelucid dots, giving this specimen the name, *perforatum*. It blossoms from July to September. The tincture from which dilutions are made is prepared from the whole plant. The action of the remedy is chiefly on the meninges and nerve sheaths but the joints are also affected. The provings produced shooting, tearing pains along the nerves, and consequently the remedy has proved useful in just such conditions. The mental symptoms are dulness, forgetfulness, confusion and clinically the remedy relieves these when due to physical shock or fright.

The headaches are apt to be dull, but one that is characteristic is a severe throbbing pain in the vertex, extending to the zigoma and cheeks. There is also an occipital pain extending over the head. Vertigo is present, worse at night, and a peculiar sensation of being lifted high in air with great fear of falling, if touched. This symptom appeared in a person after a fall on the occiput and was relieved by the remedy.

Two interesting clinical symptoms are given, which relate to the mouth—extreme pain after injury to the dental nerves and pain in decayed teeth which is better for quiet and lying on the affected side; and a great soreness of the tongue after it had been bitten during an epileptic seizure. The remedy is especially applicable to lacerated wounds as we shall see later.

In the genito-urinary tract we find further testimony to its efficacy in treating injured nerves. It has relieved burning of the urethra caused by an ill-fitting pessary and very severe pain in sacrum and hips after instrumental delivery.

Naturally the back comes in for a large share in the symptoms of this remedy. The cervical vertebræ are very sensitive to touch and there are cutting pains between the scapulae. Any injury to the coccyx gives an especially good chance to exhibit *Hypericum*, even a long time after it has taken place.

Two cases will illustrate this:

I. A woman who five years before treatment slipped on the

stairs and slid down nearly the whole flight on her back. She suffered a great deal at the time and when I saw her, she still had periods when she found sitting very painful and rising from a sitting posture even worse. *Hypericum* removed this sensitiveness entirely.

II. The second case sounds like a fairy tale, but I can only give you the patient's word for it.

The agent of a drug firm came into my office and when I asked him to sit, said that he was not sitting that day unless he had to. He told me that fifteen years before he had fallen on an icy sidewalk injuring the coccyx severely, and that ever since he had had every few months a period of a week or ten days when sitting was almost impossible. This in spite of operative and other treatment. I asked him if he was taking any medicine and he said "Yes, *Arnica*." I suggested *Hypericum* and gave him a powder of the 45m to be taken the first thing next morning. About fourteen months later he came into my office again, recalled himself to me and told the rest of the story. He took the dose of *Hypericum* about seven o'clock in the morning. At half past nine there began a marked aggravation of the pain lasting for an hour or more. Then it subsided and he had not felt it since; a period of more than a year.

In two cases of fractured hip and one of fractured elbow I have seen marked relief from the streaming pain along the course of the nerves by repeated doses of *Hypericum*. Lacerated wounds of the ends of the fingers or toes, parts rich in sentient nerves, are helped to comfort and healing by this remedy. In the case of punctured and penetrating wounds, where the nerves have become inflamed and there is streaming pain with jerking of the muscles, *Hypericum* helps to prevent tetanus.

Kent says that *Ledum palustre* should be given at once in a case of punctured wound—as that made by a tack, nail or bite of an animal, but if this precaution is neglected and the hard pain and jerking come on, *Hypericum* is the remedy. Even the pain of gun-shot wounds may be eased by *Hypericum* according to Hering, and experience in this last war substan-

tiates the claim. One writer said that he had seen more relief from this drug than from Morphine.

One use for Hypericum spoken of by Hering is its local application to bunions. If it does relieve in such cases, it should indeed make a name for itself.

Besides the special nerve affections we find the remedy characterized by a general soreness of the joints and a marked depression, mental and physical.

Dr. Green: I would like to add my testimony to the value of Hypericum in brain concussion as evidenced in the case of a little boy who was thrown several feet by an automobile and struck on his head. When I saw him five hours later, he was in a state of semi-consciousness with respiration of the Cheyne-Stokes type, giving a feeble high sounding cry when respiration was resumed; regular, weak pulse; some cold clammy sweat, eyes about half open. I gave him Hypericum, but consulted a surgeon to have things ready for a trephining operation if necessary. In the meantime he was removed to the hospital, and after that there was no need to do anything; for the whole situation was speedily cleared up.

Dr. Richberg: Hypericum is one of my pet remedies, but I did not know it had so wide a field. I have used it very successfully in dirty wounds. I remember one case that I did not see until twenty-four hours after the accident. Several physicians said that the woman was going to die. "She refused operation," "blood poisoning sure." Hypericum saved that woman, driving the toxic substances to the surface.

Dr. Kimball: The most striking case I ever had was where a woman had fallen down the cellar stairs landing on the coccyx and for almost a year was not able to walk. A few doses of Hypericum and in three or four months she was walking about.

Dr. Farrington: This is an interesting little paper of Dr. Stevens. I am going to give testimony in the next bureau in regard to Hypericum.

Dr. Boger: The use of Hypericum extends pretty far back. A few personal experiences may interest you. A young man had a very bad habit of pulling of weeds and eating their

leaves as he walked along the road. One day he pulled off St. John's wort and got a bad case of green mucous diarrhoea. The last time I used Hypericum, while the prescription was truly homœopathic, the point I want to bring out does not pertain to Homœopathy. A man was thrown out of a buggy, alighting on his head. Paralysis of four extremities followed. A number of physicians were called in. Not one of them held out any hope of recovery. The family in desperation sent for an Osteopath. Under his treatment the man slowly recovered the use of all his limbs. The Osteopath called for me to prescribe. There was not much left to prescribe for excepting he had a little numbness in his hands. I gave a single dose of Hypericum. I do not know that the man needed anything.

ODDS AND ENDS.

C. M. BOGER, PARKERSBURG, W. VA.

BURSA PASTORIS.

Mrs. S.—aet 56—Dull, phlegmatic temperament; comes with a second attack and the following symptoms.

Rusty leucorrhoea; *stains indelibly*, deep yellow.

Burning in hypogastrium, with stinging in left side thereof, extending into neck of bladder.

As of a foreign body in throat. Hollow sound left breast on coughing.

Puffed under eyes. Quinine causes nosebleed.

Much belching and flatulence. Worry prevents falling to sleep.

General bruised feeling thro' body. Ulcer on os uteri.

Medorrhinum, *Pulex irritans*, Silica, Viburnum and *Bursa pastoris*, (Avena, Mag-c.), all have leucorrhoea which stains indelibly. The symptoms fitted *Bursa pastoris* only, of which she received a single dose of the 7th, on the 7th of last December; by the 17th she felt much better, especially of the burning

which was entirely gone by the 28th. By January 19th the burning and throat symptoms had reappeared and there was nightly urination. She now received a dose of the 20th in water night and morning for five days then Sacc Lac. By the 27th she felt herself very sick and sent for me, relating the following symptoms, which proved pure drug effects.

For several days a strong impulse to see how she could walk (like Flu-ac and Sepia). This is the direct opposite to her natural habit.

Large sharp needles seem to stick into the flesh all over the body.

As of something pushed into right ear.

Terrible general aching.

She now coughed up a large gristly polypus, evidently from the larynx, as the throat symptoms are gone as well as the pelvic symptoms, but she developed a dry cough on lying down, with aching under the left mamma (Cimi.).

The heart feels hard and sore, followed by throbbing in the back of neck.

Aching in the forehead, worse from coughing.

Attacks of nausea.

Aching in the stomach.

Craving for buttermilk.

Much general weakness.

Here are several very significant symptoms, especially in view of Burnet's observations that it suits the effects of suppressed uterine disease, especially ulcer. Most of these symptoms are new to this remedy. The general aching was first noted by Macfarlan. The ancient repute of *Bursa pastoris* in hemorrhage was verified indirectly only, altho' I have found it of the highest value in uterine hemorrhages, even when due to cancer, fibroids, etc., especially when accompanied by aching in the pelvis or small of the back or a general bruised soreness. Prescribed for metrorrhagia it always caused this general aching; the patient finally discharged a large mass which I did not have an opportunity to examine. Aching between the scapulae has often served to indicate it.

APIS MELLIFICA.

A man after being severely stung by a bee, developed a number of Apis symptoms among which was "a stitch at the heart every time he wiped the anus."

DICTAMNUS.

Incidentally perhaps the oldest mention of a cure by similars occurs in an account of the old Cretan goddess "Diktamnia (the emitted ray), who wears a wreath made of the magic plant Diktamon or Dictamnus, the evergreen shrub whose contact was said at the same time to develop sonambulism and to cure it. As Juno Pronouba she is the goddess who presides over births. The use of the Dictamnus wreath is associated with the moon. During childbirth the Cretan women were covered with the plant and its roots were administered as best calculated to soothe the acute pain and allay irritability. They were also placed under the direct rays of the daughter of Jupiter."

This observation refers to practices and beliefs about four thousand years old.

Hahnemann used Dictamnus in leucorrhoea.

A hard-working woman, the mother of three children, florid, nervous, excitable, very active circulation, vomited for seven months in a former pregnancy and vomits now when she does not get her meals regularly.

Menses scanty, preceded by choking, smothering hot flashes and sensitiveness to noises, even the singing of the birds. Exhausting dreams of piecing together the bodies of her children. Forgetful. Latterly has developed sonambulism, getting up every night and opening a window, before which she stands. Apprehensive of an oncoming mental disturbance. Had chorea as a girl. Her father was a sleep walker. She received a single drop of the mother tincture of Dictamnus. The next day every time she stood on her feet, bearing down pains with nausea and bitter-green bilious vomiting occurred. There was a sensation of milk flowing into the breasts and the menses came on eight days too soon. For a few days the sonambulism dis-

appeared with the bad dreams and in a short time she began to sleep and eat well since which time she remains entirely well.

This is one of the most remarkable cases that has fallen to my lot, not only for the symptoms which Dictamnus cured but also for the ones which it called forth in its aggravation and proving.

NITRIC ACID.

Cutting pains in the nose, which drips foul pus or bleeds.

Eyes water profusely at night.

Restless before midnight. Easy sweating.

Worse before storms.

Advanced cancer of the nose; bones all gone.

A dose of Nitric Acid₂₀₀ every two weeks kept him free from pain for a long time; later higher potencies were necessary.

RHEUMATISM.

A strong blacksmith had an abscessed appendix which ruptured into the abdominal cavity; this was followed by rheumatism. There were cutting pains running upward along the whole length of the spine, also sharp pains in the sacrum. There were sore pains in the heels. During the night the pains would distort his lower limbs, inverting them, when he would get up and walk about for hours to prevent a permanent disability. During one of these nightly attacks a sound molar tooth suddenly burst into pieces. He was worse before storms and the urine contained oxalates, albumen and blood, being very dark. He was better and worse for over a year, but lately was unable to walk and very weak. He received Polygonum sagittatum, tincture, in water every four hours, which in less than half a day caused profuse sweating with relief, which was almost complete in three days and the case went on to complete recovery under a divided dose of this remedy now and then.

KALI IOD. 1M.

Of two patients who received this remedy for epidemic coryza complicated with frontal sinusitis, one developed a sudden clear

whistle in the larynx while the other claimed that she heard a clear whistle in the lungs. I saw a number of these cases follow flu; they discharged immense quantities of pus from the nose and nearly always spoke of a want of enough air to breath.

VARIOLINUM.

An operative patient, having taken chloroform badly, came from under the anaesthetic much exhausted with violent vomiting. Her copious supply of milk was entirely suppressed and the breasts completely flaccid for four full days, in spite of mesage and the usual homœopathic remedies. Thro' a mistake in the delivery of medicines she now received a single dose of Variolinum DMM; in a few minutes she felt herself getting hotter and hotter, finally breaking out in a profuse general sweat which lasted all night. At the same time she felt the milk flowing into the breasts. The next day there was half a supply and on the third there was the old plenty.

BUFO.

This remedy has again removed the sensation of the heart swimming in water. Both subjects were very corpulent, confirming the pathogenesis in the encyclopædia. Six weeks later one of them developed a lumbago, worse from the least motion, and raising up and accompanied by frequent scanty urination; all of which Bufo also cured very quickly.

SCROPHULARIA NODOSA.

Increased experience has given me more appreciation of this remedy. *Painful* soreness; in the liver, rectum and of the *piles*. Indigestion, with flatulency. Vertigo, felt in the vertex, (Calc-c. Chel. Lyss. Medorr.). Aggravation from lying on the right side. In the presence of this combination of symptoms it does fine work.

VACCINATION.

Some years ago the twin daughters of Mr. A. were vaccinated preparatory to entering the public schools of Pittsburgh. In a

short time eczema appeared on the dorsae of their hands and resisted the best allopathic treatment they could procure in that city. Over two years ago they were brought to me. Thuja did nothing, but Variolinum DMM in a few days brought out large blebs which quickly turned to pustules, having the characteristic small-pox odor; they covered both surfaces of their hands, being particularly large on the palms. Recovery was prompt and the eczema gone. They remain well to this day.

AMMONIUM CARB. 1M.

Case I. Spells of mental vacancy or complete loss of memory ever since a fall some years ago. Awakes at midnight and can't sleep until 4 A. M.

2. Stupid and drowsy in cloudy weather. Rainbow colors about light. Feet burn at night, worse right; right foot numb. Swelled below knees, with stinging pains. Crawling along spine, worse change of weather.
3. Vexation causes loss of memory, even while talking. Rattling noises cause reverberations in the head and back. Heat between scapulae. Burning soles at night. Damp cloudy days cause stupidity. History of injury.

DROSERA.

Incessant cough interrupted by more violent paroxysms, with a red, sweating face; occasionally ending in vomiting. When able to speak she said the cough came from a tickling in the larynx and was always excited by talking or lying down. This had now forced her to sit up in a chair for two days and nights. The expectoration was white and frothy; the temperature and pulse normal. After a single dose dry on the tongue she was easier in a few moments and in a little while retired, sleeping all night. The mother insisted that I had given a strong opiate.

EPIDEMIC WHOOPING COUGH.

The cases were marked by extremely violent paroxysm of cough along with either nosebleed, spasm of the glottis so that some of the little sufferers fell down unconscious, swelling of the forehead (Ars. Hell. Lyc. Nux-vom. Rhus-t.), or a tendency to pneumonia. All cases were worse from cold air. A single dose of Nux-vomica 180M was generally sufficient to control matters, only occasionally was a second or third dose necessary.

SILPHIUM.

An intractible cough, with *profuse*, white, stringy, difficult expectoration and great exhaustion, had followed flu. The attacks were excited by a sense of mucus rattling in the chest and were aggravated by drafts of air. Several Homœopaths had tried their skill on this cough, but without results. Silphium 3x night and morning cured.

BERBERIS.

Frequent micturition with burning in the meatus during and after the act; must wait to start the stream. Gets up at night to urinate. Burning about the kidneys. Sharp, electric-like pains shoot out of the meatus and out of the ends of the toes. Has lost over 20 lbs. A dose of Berberis vulgaris 3x nightly for one week cured and he quickly recovered his weight.

AGARICUS.

She steps too high when ascending or descending steps, hence falls. The eyes draw when she reads. Wind hurts the eyes. Photophobia. Has been subjected to severe mental exertion, with eyestrain. Aggravation from looking intently. A single dose of Agaricus 59M, cured in a few days. Three months later a similar ordeal caused, vertigo on looking intently, with muscular quivers here and there over the body. This time Agaricus CM cured almost immediately.

MERCURIUS.

Perhaps the most distressing symptom which a patient may manifest is when the sufferer fumbles about in his own feces, or spreads them over everything, his own person included. In two cases of senile dementia and one of hemiplegia I have been able to stop this habit with a single dose of Mercurius-solubilis 12x. The remedy had however no effect upon the general course of the former disease while the hemiplegia showed some improvement.

CALCAREA HYPOPHOS.

Talking rapidly and easily angered. Dilated pupils. Menses early. Weakening night-sweats. Little appetite. Cold hands and feet. Acne pustulosa over body. Calcarea hypophos 12x, one dose cured rapidly.

This is perhaps the most efficient of our remedies when loss of appetite, exhausting nightsweats and rapid debility seem to combine to put our patient in a difficult position.

RHUS POISONING.

A workingman came in contact with poison ivy when in a hot, sweaty condition; the following symptoms followed.

A general sick feeling with shortness of breath on exertion, soreness across the stomach on motion and muscular jerkings. He was confined to the bed. A shaking chill came every evening, being preceded by nausea and thirst and accompanied by tearing aching in the hypochondriae and followed by thirst again. Then came the heat with gastric pains and was followed by nausea and general numbness. The sweat was profuse and attended by thirst. During the apyrexia all food tasted like rotten wood. There were prolapsing piles. The eruption was situated on the right chest and stomach and burned like fire. In appearance it was hard to distinguish from true herpes zoster. A single dose of Arsenicum mm., in two days removed every symptom except the eruption which grew steadily worse. He

now received a single dose of Rhus tox, 1m., and in three more days was entirely well.

Dr. Nelson: I have had ivy poisoning to treat. Dr. Casselberry had the habit of prescribing Ledum—a dram in four ounces of water and a teaspoonful every two hours. I have used Ledum second or third in other cases, and use it every two or three hours. Last year in one case, I gave Sulphur 200. Dr. Winans claims Sulphur will cure every case. I have not used Rhus in ivy poisoning yet. One patient I had told me that an old farmer had told him that if he would take a piece of the ivy leaf and make a pill of it and swallow it, he would never again be poisoned.

Dr. Stearns: I wonder how many of you realize that practically all the students who are graduated from homœopathic colleges think there are no remedies in Homœopathy for the treatment of syphilis. We who know this should publish our cures and the remedies used, together with remedy-indications.

Dr. Boger in conclusion: Arsenicum was not prescribed for Rhus poisoning but for the symptoms.

SABADILLA, CALCAREA FLUORICA, NUX VOMICA, NITRIC ACID.

FRANK W. PATCH, M. D.

FRAMINGHAM, MASSACHUSETTS.

Several times during the past year I have had occasion to use Sabadilla. Once a woman of eighty years who had suffered some ten years or more from facial neuralgia for which she had had treatment, much good Homœopathy, the extraction of teeth and injection of Alcohol, still without permanent relief.

The pain was always on the left side. It was relieved by heat. Under Sab. she has gradually and continually improved until she has been practically free from any severe pain during the past year. The same patient later developed a severe bronchitis in which Sab. proved to be efficacious. Still later a diarrhoea was also relieved by the same remedy.

This case in connection with several others where the results have been equally satisfactory, have led me to feel that Sab. has been something of a neglected remedy. It has proved to be absolutely dependable and consequently should receive more consideration. A few symptoms are always present. The left-sided location and the relief from heat leading all others.

Calcaria Fluorica:

A case of chronic, indolent, varicose ulcer located on the right ankle of a dentist who was obliged to be on his feet practically all his time. The ulcer was some three inches in diameter; had been present for the larger part of more than a year; a number of remedies had been prescribed without effect but under Calc. fluor. the healing has been complete without change in the habits of the patient.

Nux Vomica:

In view of the fact that Nux Vomica has proven itself valuable in many cases of strangulated hernia, presumably through its effect on the circular muscular fibres, it was selected recently for a case of prolapsed rectum in a man over ninety years of age. The prolapsus was very marked and at least three inches in diameter outside the sphincter, with pus-like discharge and complicated with retention of urine. After few doses of Nux Vom. was able to pass water without difficulty. The prolapsus gradually receded until the anus became entirely normal the man being able to be on his feet again, attending to his usual affairs.

Nitric Acid:

A young woman who exhibited a large wart on the joint of her thumb, about the size of a pea, inflamed at the base, sensitive to heat and sensitive also to any accidental blow. Two or three doses of Nit. ac. in high potency caused a beginning of sloughing. In about a week or ten days the whole thing dropped off as did also a wart on her foot. There has been no return.

Dr. Richberg: Speaking of age: A patient of thirty-seven with chronic bronchitis had raw-throat; pronounced aggrava-

tion by heat and on the left side. She was very much relieved, probably cured by Sabadilla.

Dr. Nelson: I would like to say that in this case I understood the Doctor to say suppression and not retention. I think he meant retention not suppression.

Dr. Rushmore: It is perhaps not necessary to state that in our homœopathic remedies we have a considerable number that are suitable to the cure of warts.

Dr. Clark: One very interesting case of a man with half a dozen or more warts on his head. He was the vice-president of a bank. He called my attention to an eruption on his leg of a circular variety that looked like ring worm. I gave him *Bacillinum* 200. He took it a couple of days and then waited for a week, and the warts were all gone.

Dr. Stearns: *Calcarea flour* is one of the most remarkable solvents we have. Valvular heart conditions have been reported cured by it.

AMUSING EXPERIENCES WITH REMEDIES.

E. WALLACE MAC ADAM, M. D.

NEW YORK.

My First Case: The Elevator Man in an office seemed to be too intelligent for a job which paid nine dollars a week and I asked him why he did not get a better position. He told me that he had been a shipping clerk, when one day some eight months before, a case fell on his right hand and crushed his fingers. At the hospital they patched them up, and the finger ends, although badly misshapen and scarred, and the nails gone, looked serviceable enough; but he was unable to use the hand because whenever he touched anything with the finger tips, no matter how lightly, sharp pains darted up the arm and caused him such great distress that he had finally given up all attempts to use the hand, and obtained the job of running the elevator because he could do it with the left hand. He could not write or use the fingers of the right hand in any way. The surgeon to whom he had explained his predicament urged that he have

all the distal phalanges amputated, but the fellow appeared fond of his fingers, and refused.

Only recently I had become possessed of a Cowperthwait's *Materia Medica*, and I imagined that all I had to do to cure anything was to look in the book and the remedy for any condition would be apparent at once. Alas! How often are we disappointed to find how difficult it is to pick the remedy! I studied the book from front to back, but I could not find a description of such pain as my friend suffered. For about a week all my spare time was spent in reading remedies, and at the end of the week I went to my preceptor, Dr. H. P. Gillingham, told him about the fingers, and that I had about decided upon *Hypericum*. He said *Hypericum* might do some good, but taking into account that the injury came from a crushing bruise, he advised *Arnica*, and he instructed me how to give it. Next day I sought out the Boericke & Tafel store in Grand Street, bought a vial of *Arnica* 30, and put up some powders for the man. The next day I asked him if he had begun to take the medicine, and he said no, his wife feared it might be poison. I put one powder on his tongue, and assured him that the remedy was harmless and he promised to take the others. This was on a Saturday.

On Monday morning when I entered the cage, I thought the man had gone crazy. He ran up to me, slapped me on the chest, then on the back, and then turned and beat the wall with his hands. I stood aghast, and then he cried "See! see! I can use my hand!" And then I noted that he was drumming with the disabled fingers. Such delirium of joy I have never since witnessed in a patient!

I report the case because it has always seemed interesting that at the very entrance to professional life I should be met by a brilliant and spectacular cure and at the same time the curious mental processes so common to patients all over the world.

His appreciation was almost pathetic, he was married and now poverty and want could be banished from his home. Gratitude with him was no mean thing — how much was my bill?

he wanted to pay it whatever it was. There was no charge, I answered, but if he cared to pay for the medicine, I had laid out twenty cents.

A few hours later he came to my desk. "Look here" said he, "I went in swimming yesterday, don't you think that cured my fingers?"

And he never paid the twenty cents.

Second, A Case of Warts: While yet a medical student I was camping with my preceptor one summer, and we became acquainted with a group of caddy boys. One of them had hands fairly covered with warts. At the suggestion of Dr. Gillingham who was teaching me *Materia Medica* by the demonstration method, I gave the boy one dose of *Causticum* 30 and told him to report in one month. Promptly his letter came, but the warts were unchanged. I was disappointed and somewhat chagrined and I wrote him that some day when I knew more I would prescribe again, that I wasn't much of a doctor yet, anyway. And I sent him no more medicine. Weeks later the following epistle was received:

"I was glad to hear from you I didn't think you would write to me. did you go camp thanksgiving I hope you had a good time. We have had warm for the time of the year—only had one snow storm it didn't snow much. I have killed 21. rabbits and four quail. Walter Louper and I went gunning today and he shot one wood cock. The boy who you and the Dr. gave the tent to he let it stad out of doors all the time and it spoiled all most it is to bad. how is the Dr. Me and my father are fishing and claming for a living we have done well. Christmas is near. I hope you come down next summer. I would like to see you. It is evening now. my warts are all gone. my brother is going to take the letter to the post office. I will stop not. from —————."

Third: A Case of Boils:

Arnica cured the man who sent the following letter:

"The medicine which you gave me for my obstreperous stomach has worked in an entirely satisfactory manner. The nausea soon disappeared and I have had no trouble since.

However, here is another appeal for help. I am just getting over my third boil since September. I know perfectly well that Job had more than that but the difference is that I can not afford to sit on a dust heap and bemoan my fate. I gotta work too hard. Therefore, altho I have used your old prescription of Glycerine and Creolin which brings said boils nicely to a head until they bust (and how I pray for them to bust) still I should like to test that internal anti —, head-her-off stuff that you once told me beat the allopaths' serum all hollow. Please send a large quantity, for the last series reached to the number of nine.

"Understand, it isn't that I have so much antipathy to a boil *per se*, but I do not like the haphazard way in which they choose their sites. I can stand having my beauty marred, but when locomotion and repose are interfered with, I ——— want pills.

"Yours in boiling expectancy,"

Fourth: A Case of Constipation:

A young engineer had been suffering for several years from constipation. Nux Vomica had relieved him, and when his profession called him to the tropics he asked his physician to give him something that he could take if the condition recurred. He was given a small vial of Nux Vomica 200, with directions to take of it sparingly, only when needed, and one dose at a time.

After an absence of some two years he presented himself with a most unhappy tale. As long as the Nux Vomica had lasted he had been in good condition, but one day he found himself unable to obtain an evacuation, his homœopathic remedy gone, and his erstwhile physician some two thousand miles away. So hied he to a local English doctor, who prescribed the usual cathartics. After some time he developed fissure of the anus and for two months was confined to bed, suffering acutely, discouraged alike from the oppressive heat and from the reluctance of the fissure to heal. Finally he was able to get to New York, wan and weak, with comparatively

little pain, but with the obstinate constipation unremedied.

He was given one dose of Nux Vomica 200th, watched for two days, and then discharged. A month or two later the following was received from him:

"I sincerely hope that you have not judged the depth of my appreciation 'for services rendered' by the time it has taken me to tell you about it. But it sure is a joyful tale that I have to tell you, for since that afternoon, many weeks ago, that you in your professional capacity placed a few granules of reorganization upon my somewhat coated tongue I have been quite free from the worries, perplexities and embarrassments of my former self; and every single morning, when rosy-figured Aurora is busy in the East, I also am, in the innermost privacy of our privy council.

"I have taken no medicine, no enemas, no nothing, except lots of out doors, and have been following very closely all the directions received from you. But truth to tell, I have never been in better condition in that respect than now, and it is so unusual, so novel, so *good* for me, that sometimes I almost fail to recognize my perfectly well-regulated self.

"If the foregoing sounds, or reads, like a Lydia Peruna ad — don't blame me — just lay it to the great joy I feel over the revolution you have brought about. I liked the Madam Sherry music before, but now the one song is sung with so much added zest, with all the exuberance of pure joy — 'Every little movement has a meaning all its own.'"

NOSODES.

BY MILTON POWEL, M. D., AND JOHN HUTCHINSON, M. D.
NEW YORK.

In his indispensable Dictionary of Materia Medica, Clarke gives 18 remedies under the heading of Animal Nosodes, four Vegetable Nosodes, 25 Sarcodes, and 12 Sarcodé Derivatives. Preparations of poisonous animals, Homarus, Sanguisuga, Erythrinum, etc., are not included.

Jumping for the moment away from our definite knowledge of the place which these great remedies worthily occupy, it is interesting to note the meagre definitions contained in the average medical dictionary:—Nosode, A Homœopathic or Isopathic remedy. Sarcode, Animal protoplasm. However, it may be said that these definitions are merely supposed to cover the material identity, in no sense disclosing a therapeutic importance.

The idea of applicability to disease symptomatology of Psorium and Tuberculinum was debated early, and their peculiarly successful sphere acknowledged. So momentous has become the range of efficacy that we are led continually to study potentialization and to renew our extreme care in the selection of a potency for the given case. Further, so well-outlined has become the picture of any case calling for any one of these 59 or more distinguished remedies that no one who perceives and is able to welcome intelligently the fundamental as opposed to surface improvement (if the distinction may be thus expressed) as shown by good reaction that is progressively maintained, may doubt the worth of the Nosodes and their relatives.

A case of double pneumonia with pleurisy comes to my mind. It had received the best of nursing and what is accepted as the best routine care. All it needed was the indicated remedy. Which was rather fussy of the patient or the disease or the case or all combined, since there had been an abundance of Bryonia and Sanguinaria and Phosphorus and Ferrum and Chelidonium and Veratrum and Arsenic, ad infinitum, all very excellent remedies, it must be admitted. But whether because of them or in spite of them—who knows?—the real key to the situation presented the likeness of Pyrogen, and it proved immediately its ability to unlock every bolt. The first and perhaps best result was a certain peace of mind which was the forerunner of complete physical comfort and content.

Pyrogen was the remedy in phlyctenular keratitis in a child of two years. For one month could not bear the least light—even that coming through keyhole in doors. Under Silica and Mercurius improved so could bear more light, but the rays

from above were most troublesome, and both corneae had maculae. Pyrogen promptly relieved all symptoms and the spots disappeared.

Rather suggestive of the need of further study are the two cases which come to mind, one requiring *Fragaria vesca*, the other *Lac felinum*. Strawberries always poisoned a young woman, and had had such effect since childhood. *Fragaria* would relieve the intense erythema, and, in fact, would permit an occasional indulgence in the fruit. But if unexpectedly the patient chanced to pass through a market where the berries were displayed, symptoms of poisoning would promptly appear. In general she is better pleased to have nothing whatever to do with strawberries. The *Lac felinum* case is that of a lady of forty who has always had a craving for paper. This she would eat with the greatest relish. The craving seemed rather to increase, but on receiving *Lac felinum* she was able to overcome its persistency and so discontinued entirely the strange indulgence, though she is occasionally annoyed by the desire for a full meal of this diet. Both these cases will perhaps yield to further care in prescribing on the same lines.

Lac Asinum 30. Several doses taken over an interval of two days caused the following conditions. 2d night, cramp in right calf woke her at 4 a m.: not subject to this. On waking at 7, aching in biceps, right arm, worse hanging arm down, better if flexed, lasting till noon. Burning aching left big toe nail for 3 days and nights, worse at night, causing restlessness of foot to find comfortable place, nail very sore to touch, and heat at end of toe. In a few days some pus at edge of nail, and nail came off. Aching left patella from bending knee as in sitting, and on rising from chair. Aching of right clavicle at shoulder joint. Aching across mid-sacrum on straightening up after bending forward.

Lac Asinum 200 in water for a day, cured Mrs. T..... Big toe painful and red. Outer foot swollen so could hardly walk.

Pituitrin 200: Girl of 14, very painful mensuration the first day. A few doses, dry, relieves.

Variolinum: Neuralgic pains persisting *after* disappearance of the eruption in herpes zoster.

Typhoid: A physician in Red Cross service was inoculated against typhoid and paratyphoid A and B and vaccinated against smallpox all at the same time. He was told that the reaction from the typhoid inoculation would probably cause very high temperature, severe headache, nausea and vomiting. He was inoculated at 2 p. m., at 5 p. m. took one dose Typhoid cm., and had no symptoms at all. The smallpox vaccination began to cause symptoms in five days, and he took Vaccinium without relief, then took Silica, which did give relief.

Helios, dmm, Swan: This preparation of the sun's rays under lens made by Swan, has relieved complaints from heat and those occurring in hot weather. The remedy gave instant comfort in one serious case in which there was no perspiration whatever till after receiving the remedy.

Diphtherium: Sore throat, with more pain in swallowing than the appearance of throat would seem to warrant. Feels sick all over. Temperature 99, pulse 70. Prompt and complete relief. The remedy is often curative in follicular tonsillitis that does not clear up under other remedies that have seemed to be indicated.

Colon Bacillus 30: Sudden attack of severe pain in a man of 45 over left kidney, with temperature over 104. No other symptoms. Belladonna relieves pain, but temperature remains high. Urinalysis shows oxalates and large quantity of colon bacilli. Colon Bacil. 30 every two hours in water, for 36 hours brings recovery.

Pulex: Infant of 1½ year, badly bitten by fleas all over body, itching and preventing sleep, interfering with appetite. Pulex dmm, promptly relieved and fleas no longer gave her any trouble. This happened in California, where fleas are prevalent. The same child at 12, when at Bryn Mawr for three days was badly bitten by mosquitoes, so that on returning home looked like a case of convalescent smallpox. Since then mosquitoes do not annoy her. If bitten, no discomfort is caused.

Vaccinum 200 and other potencies has been of inestimable value in conditions of disordered and permanently impaired health from vaccination. These cases present the picture in many ways. There may be no tissue lesion observable, but the vaccination history, including the behavior of the site of inoculation or symptoms attending it, and the course of impaired health will give abundant aid in fixing the prescription. On the other hand, there may be seen in some patients an area about the original scar, an areola of chronic inflammation, showing an effort of the organism to forestall systemic diffusion of the virus.

Koch Tuberculin 1m. has accomplished much in delayed resolutions of Influenza attacks. There may have been improvement under other remedies, and at the stage when improvement appears at standstill, the leading symptoms though modified still *in situ*, this potency has done the needful.

Aviare 1m. in its known sphere of bronchitis and influenza may be said to offer a valuable suggestion for the annoying, teasing cough so often remaining after the active symptoms of larger significance have subsided. In a good many such instances Aviare 1000 has put an immediate end to this cough and any related discomforts.

Lac Caninum is in no danger of being forgotten by any faithful prescriber, and here is a case that presents, it may be, a picture somewhat more extended than is often associated with a given complex. Heels feel sore in forenoon since stepping out of bed. Tendo-Achilles tight going downstairs. Aching in olecranon and finger-joints. Smarting throat, mucous membrane sore, pink color. Finally rheumatic inflammation of all large joints — shoulders, elbows, wrists, knees, ankles. Lac Caninum cured.

There are numerous keynotes one is glad to entertain in his use of the Nosodes and their relatives. There is the sudden and transient appearance of euphoria in a chronic patient, pointing often to Psorinum with unmistakable emphasis. There is the lateral oscillation of pains in Lac Caninum, the anorexia with sudden pyrexia of Tuberculinum, the sudden and deepseated

chest cold of Bacillinum, and other equally well-known characteristics of these same remedies which always promise good outcome and keep the promise well.

In weighing the utility of the Nosodes we are confronted by bacteriology. We are inclined to speculate on the effects of bacterio-plasmin or on whatever possible bacteriosis may be held responsible for certain states of health degradation. Not that the suitability of a Nosode to the case is on such basis. It is nearer the rational to eliminate altogether any favored notion or theory of bacillosis, and regard as primary the clinical picture of the case and its relation to the similitum.

We can hardly forget in human pathology that it is the vital man as well as his pathological status that merits appropriate measures. Why elude the patient in order to honor the bacillus. Though as yet we do not even know that the bacillus is an invader, and it behooves us not to be too cocksure about it till we learn something really trustworthy concerning the specific role of the micro-organisms. It may one day surprise.

Dr. Clark: I would like to ask Dr. Powel if this is the same thing we called Keocine?

Dr. Powel: Yes, the same thing.

Dr. Stearns: This is a very important branch of homœopathic therapeutics. I wish Dr. Powel would give us a little talk on the different Tuberculinums and the reason why he selected Koch's.

Dr. Richberg: Why do you give the nosodes? Our opponents say the records give no indications.

Dr. Loos: I would like to ask if the doctors present have heard anything of the effects of the injections given to the soldier boys?

Dr. Hutchinson: I would like to say a word about that pneumonia case. It was in the second week, going very badly, and distress of all kinds was present. One of the doctors prescribed Pyrogen. The case gave a complete picture of Pyrogen as you read it in the materia medica. It was a very beautiful and complete totality for Pyrogen.

The characteristics of the nosodes are perhaps very slow in

evolving. Their striking features are not always recognized, though they are to be found in the symptomatology. For instance, a chronic case that one day is doing well and the next day is down again you may find calls for Psorinum. So this case had the large characteristics of Pyrogen and the chest symptoms as you read them in Hering. I think the nosodes as we know them have very definite indications.

Dr. Nelson: I used Psorinum in one case with marked results: A girl about fifteen years of age with some trouble about the throat, after two or three weeks treatment from an old school doctor who had cauterized the tonsils, began to complain of a pain about the arm, and then in one of her limbs below the knee: paroxysms of pain kept her awake at night. The painful parts were somewhat swollen. I gave her a dose or two Psorinum 500; and she has not had a bit of medicine since that time that I know of but she goes to school regularly and reports herself as being well.

Dr. Green: The nosodes might come in when there is no indication for any other remedy. I think they have a place when the indicated remedy is worn out to bring the case back to a point where the same remedy will be effective again.

Dr. Powel, in conclusion: In answer to Dr. Stearns I can hardly give the difference between all the Tuberculinums. I was led into Koch's because of the experience that the European physicians had in attempting to cure tuberculosis. I used this particular preparation because of the nature of the epidemic which in pneumonia cases shows a patchy condition, instead of affecting the whole lobe of the lung, resembling in this matter tubercular infection such as was produced by the use of Koch's Tuberculin when it was first introduced. I was also influenced to use this preparation because the French physicians used it with success during the epidemic of grippe some years ago.

LYCOPODIUM.

A Proving by DONALD MACFARLAN, M. D., PHILA., PA., with remarks by JOHN HUTCHINSON, M. D.

Lycopodii Pollen, or the sporules of club moss from the forests of Russia and Finland, was proved by Hahnemann. He was the first physician to recognize and insist upon the active medicinal virtues of this substance, and he supported his position by the production of 891 symptoms from the remedy under his own observation.

Doubtless no remedy in the materia medica exhibits more striking force of character, if the expression may be applied to that which is outside the sphere of human life, but which has certainly added immeasurably to the integrity of that life. *Lycopodium* evidences within itself the power of lifting a depleted, weak, perverted, or deeply debilitated human organism, perhaps congenitally so, out of its progressive instability into a state of amplified health, a larger existence.

This power of the remedy is beautifully illustrated in the infancy of life, when the selection of a remedy may lie between such as *Sanicula*, *Sulphur*, *Calcarea*, *Psorinum*, and yet be none of these, but *Lycopodium* instead, because the symptomatology of the case is a picture most nearly corresponding to the *Lycopodium* complex.

Or, the picture may show itself in adolescence by some prominent characteristic, particularly if the remedy had been earlier and the call for it unheeded. At any period of life, with the indicative constitution, *Lycopodium* will exercise its reconstructive might and efficacy, so that in future, as thousands of times in the past, patients will have reason to be profoundly grateful for a boon from that which has been so often mis-called inert.

In the following proving of *Lycopodium clavatum* none of the provers knew that a proving was being made, so there is nothing imagined: EMOTIVE & SENTIENT Lackadaisical spirit and sense of weakness removed by proving (30).

Weakness brought on (6) (30). Noted in 5 provers of the

30. Feels quivery with weakness, although no shaking is experienced. Drowsiness in two provers under 5c. Stupidity (5c). Low-spirited (5c). Dreadfully sleepy by 6 p. m.; almost asleep walking round (5c). By night worn and sleepy. (5c).

HEAD. Headache was on top (30). Heavy headache (30). Very giddy, in two provers, with paleness in standing up in one of them (30). The ball of the right eye is sore to the touch in pressing lid upon it (30). Lower border of both lids itch (30). Agglutination of lids (30). Eyelids sting (30). Cold perspiration on the face and asthenia (30). Hard, yellow mucus from left nostril (30). When stooping forward everything in head felt as if pushed forward through the eyes (30). Lacrymation worst in the left eye (5c). Face scarlet with heat about four o'clock (5c). This kept up until the evening. Bursting headache over the right eye, better by pressure, centers in the temples (5c). Nose runs clear water around 3-4 o'clock, better in open air, worse indoors (5c). Right ear pains off and on; ached about half the night sharp like a toothache (5c). Eyes burn (5c). Lips throb (5c).

THROAT. Dryness of the mouth (30) (5c). Constant thirst (30). Sour taste in the mouth, worse after eating (30). Coffee and tea turn sour (30). Sourness wears off half hour after eating (30). Right-sided sour throat (30). Tongue feels sore on the tip (5c).

STOMACH AND ABDOMEN. Coughing and gagging so severe in two provers that emesis follows (30). Stool is hard to move in the morning (30). Gas passed per rectum made less; it overcame the costiveness (30?). Afraid to eat because of shortness of breath after eating (30). Everything she ate turned sour (30). Appetite sharpened—four provers (30). Gags her when she coughs (30). Awful lot of gas anteriorly in the left side of abdomen; it pushed up against the heart, causing faintness and weakness; two provers of 30. Nervous fluttering at pit of the stomach, followed by nausea (30). Primary costiveness in two provers (5c.) Straining at stool

(30) (5c). Large stool, very dark, requiring urging (5c). Sharp cramps in the belly until bowels moved, and cramps worse after eating (?) (5c). Marked increase in appetite especially for evening meal (?) (5c). The proving stops the craving for sweets—on pushing the remedy the craving returns. Belching off and on and almost as soon as the food touches the stomach (5c). Heart palpitates more while eating (5c).

BACK AND BODY. Beating pain—like a heart beating in the back (30). Breast itches (5c). Pain in back under left shoulder-blade (5c). Back pricks up near neck as if going to sleep (5c). Dull ache in small of back constant (6).

EXTREMITIES. Limbs are shaky and weak (30). Fingers in left hand itch (5c). Right hand numb (5c). Stinging pain in fingers of right hand (5c). Picking in ankles but mostly the left (5c). Finger-joints sore—more so in left hand. Some little pain in toes by night (5c). By noon for a short time very weak in knees (5c). Cannot keep feet still—seems to want to cross and recross them constantly (5c). Left knee swollen (6x).

RESPIRATORY. Gagging cough starts around midnight and keeps up steadily,—two provers (30). Coughing spell, causing gagging and later vomiting—two provers (30). Causes mucus to become yellow, was like water before—two provers of 30 (5c). Cold is loose on chest, two provers of 30. Expectoration made nasty; ugly taste between bitter and sweet (30). Dry hacking cough, ameliorated on lying down, which loosens it, and later a raising of thick yellow mucus (6) (30). Dry cough made worse by sitting up (30). Cough worse at night causing vomiting (30). Stringy expectoration (5c). When she blows nose seems to close the ear and cause deafness in the right ear (5c). Short of breath and swollen (5c).

SLEEP. Sleeplessness in forepart of night till three a. m. (?) . Sound asleep all night; on pushing remedy sleeping not so good (5c). Sleepless in last part of night (curative) (6x).

SKIN. Prover not so sallow (30). Fingers of left hand itch (5c). Produced a large boil on a healthy man who never had a boil in his life before; situated on the right buttock (5c). Skin of face scarlet with heat (5c).

URINE. Wonderful in preventing frequent nocturia in three provers of 30. (5c). Diminished urination during day (30) Urination more frequent by day and night — two provers of 30. Reddish urine changed to a weak tea color; offensiveness not removed so quickly as the coloration (30). Sharp compelling pain to urinate on holding urine; it passes off on the voiding (30). Sharp pain during urination removing by the proving in two provers (30). Proving enabled two provers to hold their urine; they feel better after urination (30). Urination more frequent (30). Normally a prover voids once at night; proving runs it up to four times, but it is clearer (?). Takes so long to pass urine (5c). Desire to urinate all of a sudden (5c). Prolonged draining-like morning urination (5c).

FEVER. Produced chills and fever all day long. One moment warm, the next cold (3). Chilliness (5c). Face red with fever from four o'clock till evening (5c). Terrible chilliness lasts for $\frac{1}{2}$ hour, nine to nine-thirty p. m. (5c). Sweats at night (curative) 6x.

FEMALE. Awful cramps in the womb; as if she were giving birth (30).

MODALITIES. Amelioration of dry hacking cough on lying down, aggravation on sitting up (30). Cough worse at night (30). Worse after eating in respect to sour taste in mouth and shortness of breath (30).

(The 5c. preparation was the Fincke potency.)

Dr. Stearns: I have in mind a case of a man whose hair began to turn gray at twenty-seven. He is now forty-six and his hair was entirely white, but under *Lycopodium* some of its color has returned.

Dr. Richberg: I would like again to call attention to the claim of Sanford Bennett who suggests the probability that

manipulation of the thyroid gland will keep the color in the hair or drive it there.

Dr. Stearns, interrupting: Lycopodium is a thyroid remedy that affects the right side.

TROPHOLOGY AND MEDICATION.

BY MILTON POWEL, M. D., AND JOHN HUTCHINSON, M. D.,
NEW YORK.

The science of nutrition as disclosed by Homœopathy is a very different thing from food values outside the vital organism. It matters only fragmentarily what nutritive elements reside in anything selected for diet unless that substance is accepted at its normal index by the alimentary tract. For the body must have within itself the proper standards for its nutrition, and it may be rightly suspected that it is also provided with ample means for the exact expression of its tropic needs. When this does not appear to be the fact we know of nothing to bring it about but the homœopathic prescription.

In a recent publication, *What We Eat And What Happens To It*, a book, by the way, that we hesitate to advertise, there are many very pertinent questions answered. In all fairness it should be said that it makes very interesting reading. Problems are stated and solved in a most substantial way, apparatus has been generously employed in experimentation, and in all respects the material results are striking. And in a certain sense it appears that individual idiosyncrasy is recognized as an unknown but still rather as an existing quantity. But, as already hinted, the dealing is chiefly with the material, as this quotation illustrates:

"If an average adult person were to make up his or her daily loss of energy by means of fruit alone, such a person would be required to eat three dozen bananas, twenty-eight large apples, or three sixteen-pound watermelons. To supply the protein generally considered necessary would require seven dozen bananas, one hundred and fifty apples, or seven large watermelons."

Is it any wonder some of us are not strict vegetarians?

However, concession is repeatedly being made by even pseudo-science to the native, inherent bodily forces. These are called by different names, suggesting vital resistance, vital reaction, vital integrity, idiosyncrasy, prophylaxis, anaphylaxis, and so on, for we do not presume to be as yet familiar with the very latest of these terms which expand in direct ratio with the march of medical progress. Rightly enough may we rejoice if as the phenomena are really discovered they are given in turn a suitable name. For it is certain that the protective powers implanted in Man's mental, emotional, nervous, and organic structure will register their protest against the assaults of gross materialism. Two principles of discord arrest us to-day: one is the injection into the blood stream of foreign and poisonous agents; the other is the decision of general chemistry as to what foods shall support a given number of human beings. Unfortunately, both these discordant principles reckon primarily and only with what is supposed to be accomplished by them, and reckon not at all with an outcome not predetermined.

The results are all about us. The neglect of dominant medicines of individualization is seen in chronic invalidism, anomalous maladies, and premature deaths. There is no higher laboratory in all science than the human organism. It is the laboratory of Homœopathy because it is a responsive vital censor of whatever it invites or receives into its chambers of assimilation. Of course these truths are anything but obvious to mankind in general, and why should they be? — inasmuch as the bulk of medication has drugged many a sufferer completely away from the wholesome prerogative of his natural functions.

The ingestion of food results variably. We human beings merely animal, and not sentient in numberless ways unlike the animal, the problem of our nutrition might resolve itself simply into edible quantity. As it is, the different races require different alimentation; climate and season influence appetite, digestion, and assimilation; occupation, hygienic environment, altitude, atmospheric conditions all play their part in regulating

the real or apparent demands of the human system for nourishment; in short, conditions outside the organism determine in one way or another what we shall eat. These conditions are not always factors to be desired.

But when we come to the internal economy of the individual the problem assumes greater variability and finer proportions. This being true of the healthy, it is all the more to the point where the sick are concerned. The latter class is too often disposed of with wine, jellies, and valueless soups. No better is that provision of the more substantial food elements calculated to meet the supposed demands of major physiology, that being but a fraction of the issue involved. This has been done, is being done, and will be done always, no doubt. The unsatisfactory results give large ground for the favorite tradition that as a man eats so is he.

Just as the baby will often require a remedy, the indicated, the similiar, the homœopathic remedy before he can tolerate the best of modified milk, and, failing to secure this remedy, his mortality is too often assured, so every decade or semi-decade of life sees the importance of suitable dietary and medicinal measures for the adolescent and the adult. Neither is it so simple, this prolongation of life, as methodical ingestion of the Bulgarian bacilli.

Starvation occurs when all food is withdrawn, whether the newly discovered hunger bacillus is duly isolated in the given case. But is there a physician who does not know of cases where starvation is the one great feature, in a situation of an abundance of foods?

A striking confession is made by workers in nutritional laboratories. Material analyses are faced with the uncertainty of the vital factor, and biometric standards are difficult to fix, owing to extreme range of measurement in numbers of individuals seemingly belonging to one class. It is this difficult if not futile aim to assemble biological items under materialistic standards which ought to refer our minds to the unique biology of the individual, irrespective of preconceived grouping.

So, basal metabolism is confessedly variable. The steps taken

to discover why this is so may result in knowledge that is worth having, yet when we have already the knowledge that something deeper than may be elicited by chemical and other material tests is resident in the selective metabolism of the individual, it seems reasonable to approach the matter from the latter viewpoint. If we recognize the organism as it exists we may govern our methods accordingly.

Chemical tests, for instance, are inadequate to explain why the tomato disagrees with certain persons. Had it not been so, we might have been deprived of the thorough proving, *Lycopersicum esculentum*, made by Dr. Herbert A. Roberts, member of this Association, which proving has enabled physicians to prescribe this important remedy for a symptom totality in those cases particularly sensitive to the tomato as food.

In passing, it may be mentioned that the book already referred to, *What we Eat*, disposes of the tomato thus:

— its food value like that of many other vegetables is low. In fact it would be necessary to eat nearly ten dollars' worth of sliced tomatoes with lettuce and mayonnaise dressing in order to secure the same number of heat units as are present in fifteen cents' worth of bread (2,500 calories).

Strawberries are wholesome for perhaps the majority of persons, but those with whom they do not agree are often greatly benefited in health by the potentized fruit, *Fragaria vesca*. Pineapple is another fruit invariably causing disorder in healthy subjects, also highly recommended even empirically for the same disorders in the sick, which are said to yield themselves to prompt cure.

When it is realized that whatever substance taken into the stomach has its certain effect internally, it is only necessary to study well those effects on the principle of an indubitable law. By this means is helpful information available. Whether a given article is salutary or prejudicial to the particular case in its state of health or unhealth, certain it is that no agent of nutrition, medication, or refreshment fails of its positive effect, however small or great that effect may be. Table salt well

illustrates these propositions, and its potency further confirms the truth of them.

Some fifty or more substances used as or in connection with food are already proved, and the provings accessible. Many more are known by different members of the profession by their partial provings and clinical significance, outside the pharmacopœia. When the time comes that every physician shall grasp the indispensable truth, that he must in order to meet curatively all his cases avail constantly of the normal laboratory of Homœopathy, that he must construct himself throughout his professional career and continually, new provings, as his experience prompts, as his verifications establish, then, and not till then will the cause of Homœopathy progress and prosper in the popular sense. For a principle must lend itself to daily elucidation if it is to enjoy vitality in the mind of mankind. The laboratory of Homœopathy exists wherever man exists, and it may be utilized wisely and constructively without hurt or danger to man or beast.

It is not possible to tell what articles of food have no medicinal quality prior to investigation. It is doubtful whether there be "indifferent" articles of diet. Enough has already been unearthed in this field to impress the student that suitable medical preparations of numerous foods find their appropriate usage in an equal number of cases, by symptomatology that is unmistakable. Honey comes to mind as one of those wholesome foods that do not agree with all. One patient reports that it always gave him indigestion, though he was in what he considered perfect health, and yet he had a desire for it whenever it was served, particularly in Switzerland during a sojourn. In a recent indisposition for which *Sepia* was adequate he remarked that it seemed to him he would not have to deny himself Honey, but as to that there is no further report as yet. Honey is a food elaborated by many elements, and there is no reason to doubt its being fully entitled to a proving and a place in *Materia Medica*.

Sugar 200. cured a striking attack of eczema followed by swelling of legs, the right resembling elephantiasis, with hard,

painless tumor below knee, and of internal aspect of calf. Calendula ointment did not improve, but an ointment of Lanolin and sugar, with Sugar in potency internally cured in three months. Swelling disappeared and eczema with it. Reference may be made to Allen's Encyclopædia, *Saccharum album*: congestions, oedema, and induration.

Saccharum lactis, 30, 200, 44m., has restored many different cases suffering from muscular fatigue alone. This remedy works like a charm, and there is no doubt that it is equally successful in patients complaining of nervous fatigue, or from the combination of muscular and nervous overwork and prolonged strain.

Fagopyrum 30 and higher cured an acute attack of erythema multiforme in a gentleman who had partaken of buckwheat cakes at a meal. The following night he was awakened by the most violent itching of the whole body surface, the skin being highly inflamed, with bright maculopapular eruption.

What seemed to be a case of complete scarlet-fever eruption in a boy who exhibited none of the associated symptoms of that disease, was a puzzle. There seemed to be little or nothing to account for the attack, and there appeared to be nothing in the attack but the eruption which was certainly highly characteristic of the exanthema mentioned. But careful inquiry elicited that the boy had for some days in succession eaten of Shad freely, and the physician having suspected a possible fish diet as the origin of the trouble, gave no medicine, and on a change to entirely bland rations the rash promptly disappeared, with no unpleasant results whatever.

Sometimes, however, in certain of these cases of food or fruit poisoning the homœopathic remedy is imperative because there is real suffering and an abundance of both subjective and objective symptoms in the acute stages. Extreme surface oedema seen in strawberry poisoning may require *Apis* or *Arsenic* early.

Perhaps the greatest good from the analysis of patients in respect to food effects is to be derived from a consideration of the factors incident to age; — infancy, childhood, youth, man-

hood, maturity, advanced age, old age. The normal and the abnormal appetite have to be understood, but the proving of any edible substance is in itself informing on this score. Who shall affirm that a craving is abnormal? Who may deny that at times it is the most normal thing possible? Again, in a case of tedious chronicity, when there is no constellation of symptoms, but only dreary inanition, who can but welcome for study in relation to the case those nourishing agents which positively disagree? Perhaps this is the only value to be attached to diet lists. Surely they are in general framed so little to the purpose that they do not serve it. In frequent instances they have been a formidable hindrance to health, however much care the physicians expend on their dieting.

The fallacy of balancing diet on food indices outside of nutritional take up or assimilation of those values is obvious. Instead of edible content of a diet it is a matter of assimilable content. Instead of calories and quantity it is the factor of quality, and it is more than even this; it is what is exactly suitable, as determined by minute investigation of the individual organism.

To refer again to the book, *WHAT WE EAT, which contains the sort of dietary education for the public to be obtained in the public libraries:

“Yeast of itself is an excellent food.*****. Now if yeast is good for the growth of a young rat it is good for the growth of a young child.”

And statements like this, or worse, crowd the literature of the hygienic laboratory. Material experiments produce these conclusions, conclusions so crude, so incomplete, so dangerous as to give us pause. No medical mind should tolerate them, and there seems to be nothing safer and nothing wiser to overcome them than the Organon of Hahnemann.

Dr. Baker: Did you ever use Lac deflor?

Dr. Hutchinson: I have not. I think Dr. Powel has.

Dr. Stearns: Dr. Simonson spoke of a case the other day

* What We Eat and What Happens to It, by Philip B. Hawk, Ph. D.

in which an infant went in a collapse after its first feeding of ordinary cow's milk. He reasoned that it was a call for milk-poisoning, and tried giving just a drop of the milk. The child again went into a collapse. Then he potentized the milk up to the sixth and gave a few doses and since then the infant can take cow's milk without trouble.

Dr. MacAdam: Usually there is little or no need for prescribing diets for our patients, but sometimes we have to do so, and personally I would find it difficult to lay down a dietetic regimen without some notion of the calories needed, some notion how the ration should be balanced as to carbohydrates, fat and protein. The protein, in my experience is the factor most frequently needing attention. Often patients coming from other physicians are found to be on a diet deficient in this essential food; in attempting to limit the meat ingested the protein is cut below the daily body needs.

It seems to me that every well equipped physician should know how much protein the body needs, and how it may be incorporated in the diet.

Quite often we find patients suffering chiefly from weakness and fatigue. A careful prescription does not help. Then the food is inquired into. "What do you have for breakfast?" "Not much but weak tea or milk" is the answer. "What for lunch?" "Well, some soup with bread and butter." "Supper?" "Just bread and milk." Such a diet is of course entirely inadequate and we must be prepared to advise not only that more be eaten, but exactly how much of each kind of food is to be taken. Indefinite instructions to eat more will not be followed, but a definite diet laid down and checked over in succeeding reports will be enforced. And with increased food will come increased strength and well being.

One of the most helpful writers of this subject is Dr. Lewellys Barker of Johns Hopkins, who has published some papers of large practical value. In even so intractable a disease as pernicious anemia he has been able to establish a clinical cure chiefly by a wise administration of properly balanced foods.

Many of the points in the paper are well taken, and yet it

is well for us to recognize the value of the scientific work done in dietetics. It is difficult work, it is useful work and credit is due to the tillers in this field. I think that Dr. Hutchinson does not wish to convey the idea that this credit shall be withheld.

Dr. Hutchinson: Do I understand Dr. MacAdam correctly? The point I wanted to make was that the approach to the problem by the calorie route is really wrong, if you are a practicing Homœopathist. Perhaps, the calory correlation is helpful. I have found it of but little help. Two individuals in the same family won't require the same amount of food. Two of the same age will not. Some patients are told by their physicians they must not eat butter. This advice is too often given when butter is really needed and assimilated. This paper is intended to be a polite criticism, if you will, of a crude method of reaching the individual nutrition of the sick man or the well man. I think all that philosophy is beside the point. Whatever facts we can learn in any way may be helpful; but in order to utilize what we know we must be careful to understand the individual patient. Many things may look well in books that are positive failures in the human being.

SOME ETIOLOGICAL FACTORS IN INFLUENZA AND THE PROBABLE CAUSE OF THE DIFFERENT TYPES.

GEO. E. DIENST, AURORA, ILL.

When in doubt it is not always safe to create an hypothesis. There are two things about which there is much doubt; the real cause of epidemic disease and the exact location of the soul. We shall construct no hypothesis, nor attempt to solve mysterious problems, but we do desire to present a rational cause of some diseases and show why the type of certain epidemics change.

The world was shaken from centre to circumference by the

excessive mortality during the past epidemic of Influenza. So severe was the disease and so destructive to life that physicians began to fear and tremble. To be very brief, it was pan-demic, not epidemic. Its progress was rapid, its destructive powers were great. As days and weeks passed the nature of the type of the pan-demic changed, sometimes so rapidly that we could scarcely keep pace with it in the therapeutic sphere.

The fact that it was universal, that its virulency by land and sea was the same; that it affected the lower animals, and the fowls of the air as well; that during the rages of the pan-demic we were having peculiar meteorological phenomena, leads us to say, that, it was not due in all cases to want of hygiene or sanitation, bacteria, nor latitude nor longitude. Influenza was not a respecter of persons, position or wealth; for all people susceptible to its influences, suffered to some degree while the raging was severe. Hence its cause, how to check its ravages, prevent its increase, and treat its victims was a burning question for many months.

What is it? Whence does it come? What shall we do with it?

That it is not of bacterial origin we have already affirmed. Bacterial diseases are local rather than universal. Latitude and longitude, altitude and depressions, would exercise a marked influence in the types and their severity.

That psychical disturbances, due to indiscreet advertising in the daily press were responsible for some of the mortality is beyond question. For the element of fear was so great in some localities, due to much publicity regarding the mortality of the disease, that many were thrown into a state of frenzy the moment a diagnosis of influenza was made. Fear quickly paralyzes the central forces, making room for the rapid encroachment of disease and lessens the power of resistance. Personal observation leads me to conclude that no less than seven percent of the mortality was due primarily to the element of fear. But back of fear, and outside the realm of bacterial consideration, there is one great and unmistakable cause of influenza.

This cause is a gas, always present in the air, but in such small percentage that ordinarily it does no harm. At certain more or less irregular periods the air is penetrated with this gas which is unmistakable in its effects on the nervous and respiratory systems of animal life. For, during these pan-demics, animal organisms, other than human, became victims to its ravages. Horses, cattle, dogs, poultry, and in some localities hogs showed symptoms of the "Flu." The sheep and the goat seem to be exempt.

If this pan-demic is due to vitiated gases penetrating the atmosphere, why is it not always present in disease producing quantity? This gas, carbon-dioxide, seems to be found in certain strata occupying certain areas of the limitless expanse of the universe. Where it comes from we do not know. Possibly from the nearness of some planet, or the tail of some unseen comet, and the earth in its elipsis, traveling at the rate of 68,000 miles an hour in its flight through space passes through this strata of air charged with an excess of poisonous gases. The extent or width of this strata is unknown for it is of recent date only that some of these gases have been discovered. It is perfectly safe to conjecture, however, that it is millions of miles in extent. The greater the amount of carbon-dioxide, the less oxygen, and therefore the greater the malignancy of the epidemic. This also accounts for the changes in type of the disease, the severity of the neurotic or pulmonary phases.

In how far Argon, discovered by Lord Raleigh and Sir Wm. Ramsey in 1894, and composes 1% of the atmosphere, may be increased in certain areas of this strata and augment the malignancy of the disease is not known, nor do we know in how far Neon and Krypton, discovered by Ramsey and Traverser in 1898, may add to the poisoning of the air in this strata is not known. But that our air, impregnated at certain seasons with poisonous gases from whatever source is the direct and immediate cause of such a pan-demic as the one through which we have just passed, there can be no question. In how far carbon-dioxide or other gases may be responsible for some of our ills remains for future generations to solve. As an etiologi-

cal factor in disease it is far more rational than the theory of bacterial origin, which in fact, in most cases is effect rather than cause.

The reason why some localities are more severely affected than others is due to geographical and surface conditions. Low lands, regions bordering on lakes and rivers, districts where there is but little wind, these gases seem to percolate, remain more stationary, from a greater density of poison, and therefore become more severe and persistent. Therefore all persons living in these regions and who are deficient in vitality, over-worked or depleted by what ever cause and are sensitive to the influence of these gases become easy victims of this disease.

Types.

The type of the pan-demic depends on the percentage of poisonous gases. As the earth entered this strata of nebulae, impregnated with an excess of carbon-dioxide, people began to sneeze, feel languid, had watery discharge from the nose, excessive and acrid lachrymation, dryness of the throat, dull frontal and occipital headache, and *Allium cepa* was needed, both as a cure and as a prophylactic. With me it was the leader for three weeks at the beginning.

As we passed further into this nebulae the poisonous gases were greater in density, the oxygen less in quantity, the nervous type grew more frequent — great langour, severe occipital headache, loss of appetite, little or no thirst, less dryness of the mucous membrane, and we had to resort to *Gelsemium*, which played such an important role in the relief of thousands of people.

During this stage, when the vital forces were being over-powered, or where the disease grew very obstinate it was necessary to resort to *Arsenicum* and *Causticum* according to the symptomatology. As the season grew colder and fear siezed the populace, when pulmonary and meningeal complications began to sieze the afflicted, cough grew more severe and painful, respiration more rapid and difficult, temperature began to jump to a high mark very quickly — the pulmonary type —

then Arsenicum, Bry, Eup-perf, Dulc, Puls and Phosporus demanded almost constant study and attention. As the earth emerged from this strata, the severity of the disease lessened, we found many who were slow in convalescing. Here, the nervous type received China and China arsenicosum, the typical psoric type Sulphur and the tubercular type most frequently some form of Tuberculinum. Great watchfulness was imperative at all times as these gases are exceedingly depressing, and those who administered depressants such as Codein, Aspirine, Quinine, Cathartics or Vaccines had an alarming mortality. Convalescents under this treatment drifted into severe forms of indigestion, neurasthenia, organ complications or pulmonary tuberculosis.

During the past winter there was much talk of controlling the pan-demic by quarantining the sick. In some places churches, schools and theatres were closed. Some rules advocated by health authorities at some places were more than comical, they were ludicrous. The air was everywhere and wherever there was air there were also these poisonous gases. The public highways were avenues of contagion, as well as the schools or churches but in lesser degree. You can not quarantine air, it is just as rational to say — we will bottle the wind and prevent the storm. It seems to me illogical if not deceptive to lead the public to believe that man has the power to curtail diseases produced by gases when a phenomenon like that of the recent past presents itself. Man's duty to man is to teach him how to conserve his vitality and strengthen his resistance, by care, diet and work. Proper foods, bodily cleanliness, congenial and non-irritating environment and such like things are among the most effective prophylactics and these cause no fear, neither impair health.

To the physician let us say, study your patients, observe carefully the nature of the malady with which you have to do, do not hasten to give a remedy until you know clearly the indicated, curative remedy, then give it. This is true not only of pan-demics but applies as well to epidemics — for of what

value is a physician to the sick, who, when called does not know what to do and do it intelligently.

The practice of introducing into the human organism already depleted by disease, sedatives, depressants, serums and vaccines — elements which augment the existing depletion is neither physiological, rational nor scientific neither can it be defended by clearly intelligible reasons. The governing forces of physical and psychical life, in times of epidemics must be reinforced, not decimated, must be advanced not retarded, and when this is not done, multitudes of curable people are sacrificed on the altar of a false science.

It is not ours to frighten people with the fear of bacterial infection, nor can we change the chemical constituents of the air, but can, with clearness, precision and with reasonable rapidity restore them, who by susceptibility or other causes fall victims to the destructive effects of poisonous gases.

Dr. Patch: I was much interested in what the Doctor had to say about the prevalence of this disease in low, swampy sections. It occurs to me that the laity, and sometimes physicians, are often exceedingly sure of things they know nothing about.

In Framingham we have a sluggish river bordered by much low, swampy land in certain sections. Years ago people used to bemoan the fate of those who had to live along the river bottom, it must be so unhealthful. In spite of this one of my patients whose house was not over fifty feet from the river bank lived to be over ninety, suffering a gangrene at eighty, followed by the amputation of one leg. A little further up the street was a patient of ninety-five, having lived long enough to nearly put an end to her daughter's life. Still farther along on another street lived a frail, old lady of between eighty and ninety and on high land nearby still another woman has nearly reached the century mark. Consequently I have come to have but little faith in the unhealthfulness of certain low lands.

Dr. Nelson: It comes nearer being a solution than anything I have heard from any old school sources or anywhere else. The Doctor attributes the cause of the pan-demic to atmo-

spheric conditions and not to microbes. In 1899 or '90 an epidemic began late in December or early in January throughout the whole North Temperate Zone. At that time it was cloudy and the temperature abnormally high. In the Rocky Mountains the atmosphere was so charged with electricity that when I pulled my boots off the sparks flew like they would off the back of a black cat. Someone asked me why there was so much electricity. That was the atmospheric condition in the Rocky Mountains at that time. The symptoms of the "Flu" out there were different from those in lower altitudes where most people lived. They did not have those symptoms, the choking, very much in the Rocky Mountains.

But the microbe started then they said from Russia. In New York, they met it with whiskey and quinine, and a day or two later in the Rocky Mountains, they met it with the same thing. There was then just as great a contrast between the old school methods and the homeopathic methods as there have been this time.

Speaking of localities. An old doctor in Kansas told me that the people along the river bottom in the locality where he had formerly lived in Illinois, had, during one season, very little sickness, while on the higher land overlooking the bottom there was much sickness and many deaths.

Dr. Hutchinson: I have often observed this in my practice, that when I get a case, of some particular disorder, say influenza one patient is attacked and before long I have half a dozen such patients. This has impressed me with the feeling that when one case comes others are sure to arrive shortly. So, I possibly get a half dozen or more which in a sense might bear out the atmospheric argument.

Dr. Stearns: I would like to ask Dr. Dienst how he relates that fact to his gaseous theory. This started in Spain. We had records of it for eight weeks or two months. It originated in this country in Boston. A ship came in from Spain from which the men were allowed to escape. It took a week to go to New York, to Philadelphia, and then to Chicago. In Philadelphia we had a more virulent type. We lost more people. Perhaps,

we had more old school physicians there. Perhaps we gave more Aspirin which has more deaths to its credit than German bullets.

I would like to ask Dr. Dienst how he can reconcile these statistics with his theory.

Dr. Richberg: We started in Chicago as soon as Boston according to records. I have another theory. We can communicate intelligence by wireless. Why may not diseases be communicated by electricity?

Dr. Sloane: My own observation has been a good deal like Dr. Patch's. In Manchester, Conn., we had no cases at all until two soldiers came down from Camp Devens. Another focus was a chaplain from Devens. Inside of a week we were full of it. The cases in Devens followed very soon after the cases in Boston. This was two weeks before those at Manchester and then it spread. A great many places where they had it it could be traced to people coming from other places.

Dr. Baker: It can be controlled by quarantine. Washington and Lee men had a great deal of it; they have a good deal of latitude. At Mary Baldwin school they took in rather early. Staunton Hall School took in later. Staunton Hall opened later. Staunton Hall girls came from the North and came right down with it as soon as school opened. All during the month of October they had none in Mary Baldwin, because the girls were quarantined. They did have some cases later on.

Dr. Farrington: I would like to ask Dr. Dienst what he would say as to acute miasms. If they are caused by CO_2 alone why is it that different epidemics vary so much in character?

Dr. Stearns: I think we are going at this in the wrong way. We are laying down a theory with too much certainty. We do not know the specific cause of influenza.

The 1899 epidemic attacked our fleet in mid ocean. The ships had been at sea several weeks when the Russian influenza attacked them. Sherwood tells of a fishing vessel that came into Gloucester with half its crew down, and they had not been in contact with the shore for six weeks. Two mining

camps in the Andes 200 miles apart were simultaneously affected although no one had come in from the outside world for weeks. So much for the theory of gaseous poison.

On the other hand the disease did not strike everywhere at once but spread over the country at a rapid rate. I do not think that there was any doubt that there was an infection, for isolation helped some in controlling its spread. How the infection enters the body is not known. A government doctor rubbed throats of volunteers with the nasal secretions of patients without producing the disease. The same thing was done in Toronto with typhoid germs, and the experimenters were not infected. So, you see we cannot stand up and say, "This is the cause" or "That is the cause." None of the health boards agree as to the specific cause.

Dr. Rushmore: Hahnemann taught the atmospheric cause of some diseases before the day of the bacillus.

Dr. Nelson: I am in favor of that article being published just as it is.

Dr. Dienst, in conclusion: As health boards do not agree, as you cannot prove one point more than another, the point made is just about as strong as any I have ever heard.

I do not see any relation in what Dr. Patch said about the unhealthful valley. Those people had imbibed enough to be immune — whatever that may mean. I have seen Chinese and Japanese live and thrive under very dirty conditions.

We had already in Illinois some cases like those in Spain before it had reached Boston.

I do not know why it was more violent in Philadelphia than anywhere else.

But as to Quarantine: Camp Grant was well quarantined. And look at the awful mortality they had there. An undertaker said, "It is simply heart rending. I can hardly stand it." Boys fell, fifty or sixty per day.

The war may have had something to do with it. This is only a suggestion.

In this paper there is not a paragraph that is written consecutively so that I was ashamed to bring it.

While bacteria may have something to do with the "flu" it is not the sole cause. There are thousands of questions that come up in this way which I have not been able to solve and you have not been either.

SELENIUM.

BY E. A. MOULTON, M. D., CHICAGO, ILL.

The only reason, worth while, for any one writing a paper of a known remedy, of which there are pages describing its effect on the human organism, is that attention may be called to forgotten resources that may be needed.

Many papers have been written for Materia Medica bureaus which have failed of their purpose because of a lack of coherence or because in the effort to describe the wealth of symptomatology characteristic of most of our remedies, the real nature of the drug was lost. This paper will be brief.

The method of interpretation which has been of greatest help is that of Dr. Kent. The use of the colloquial style introducing you to the strange, rare and peculiar nature, or personality if you will, of the remedy, has proven itself of great value to students. Homœopaths great and small are students as long as they live.

It has all the amateness or lasciviousness which characterizes a certain type of inebriate.

This valuable unit of our Homœopathic Armamentarium has a special use as it has no peer in the management of the patient with an unmanageable appetite for alcohol of the periodic drinker.

Mental weakness, *unfitness for any sort of work*. Thoughts are *lascivious*, worse when alone, very irritable, lazy and sleepy. Loquaciousness as marked as Lachesis due to nervous unrest and exhaustion. Worse in the evening. Slightest task seems unsurmountable. Inability to commence anything; but may do it if he starts. *Memory unreliable*. Dreams of forgotten things; of day's work.

Vertigo and general symptoms all worse in the evening. Vertigo with faintness, cold sweat and pallor (*Tabacum*) and vomiting. Vertigo worse when riding, standing and in the evening.

Head symptoms have the characteristic stitching, jerking pains in the forehead and temples, with heaviness in the vertex and occiput. Worse after drinking sour drinks as lemonade or sour wine. Worse from odors and *hot weather*. Worse in the afternoon and evening. Periodic headaches over *left eye*. Waving and fluttering sensations in the brain.

Eyes: Twitching, burning pains with herpetic eruptions on the lids. Myopia, lachrymation with diminished vision.

Mental and sexual prostration: *Loses semen and no erection*. Comprehension difficult. *Uncontrollable lasciviousness*. If these thoughts are distressing to the patient he is curable; but he can't be cured if he delights in such things. He dreads society.

Stomach and Abdomen: Aversion to solid food. He *craves whiskey and cognac*. Pulsation over body after eating. Worse from sugar, salt and tea. The liver is enlarged and the patient suffers from long lasting constipation with *hard, impacted stool*. Stitching pains in the liver and at times a fine rash is seen over the liver and right side. Loss of appetite. *Urine dribbles*, due to laxness and vesicular weakness. Involuntary urination when walking. The urine is dark red and scanty. Red sand and sediment is found in it.

In the male sexual system are found some of its most striking symptoms and uses. *Weakness and impotence*, with thin semen. *Lewdness*. *Slow erections* and *quick ejaculation*. Prostatic fluid escapes during sleep. Disagreeable feeling along urethra, as fluid escapes. *Dribbling after urination*.

Respiratory organs: *Hoarseness on beginning to sing*. Cough, with expectoration of bloody lumps. Worse in the morning. Has proven useful in tubercular laryngitis. The cough is deep in the chest and there is oppression of breathing. Dryness of nasal passages. Stitches in lower thorax, either

side. These symptoms, plus mental and sexual picture, complete the indication.

The neck and back are weak and stiff, especially in the morning. Cramping and stitching pain in the small of the back. Some patients complain of weakness without pain. *Weakness following typhoid.*

Extremities: Cramping and stiffness in the morning, with tearing, stitching pains, not inflammatory in character, but due to debility. Emaciation of the extremities, plus weakness.

The sleep is light and easily broken. Dreams of things his conscious mind has forgotten. Awakens early and is sleepless before midnight, although the patient feels sleepy.

The generalities present *weakness* and *general debility both sexual and mental*. The patient *feels worse in hot weather*. The sweat stains the linen yellow and stiffens it. The skin itches, particularly about the ankle joint. The pains of the remedy are stitching and jerking in character.

It is long and deep acting, like Aurum met., Graphites and Mercury finding its range of action in hereditary, life-long complaints. The record of its usefulness can undoubtedly be amplified from the experience of others.

REPERTORY; CORRECTIONS.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

Dr. Kent's Repertory is the best ever published and I hope that the third edition, now in U. S., will be issued. It is impossible to avoid mistakes in such a gigantic work; I therefore send a few suggestions.

(1). *Alumen*. Kent's first edition gives pain in rectum extending down thighs: the second edition omits it. I have verified this symptom twice. The first case was published in the Homœopathician. On March 30th, 1905, I gave one dose of *Alumen* 1m (F.C.) to a man who had severe shooting pain from anus down back of right thigh to calf: this had lasted for some weeks. The pain never returned.

(2). *Allium Cepa*. Kent's first edition gives excoriation of heels from shoes. The second edition omits it. I recently gave *Cepa* 40m (Fincke) for this symptom, and it twice removed it.

(3). *Chelidonium*. Under Heat in teeth, Kent says "See under Pain"; but is omitted there. The only remedy is *Chelidonium*, and this symptom I have verified clinically. *erem*

(4). *Silica*. Kent gives impaired hearing, aggravated by yawning. Hering's guiding symptoms gives it as ameliorated by yawning (pages 375, 405). Under Ears stopped, Kent gives amelioration from yawning. *Natr. mur.* and *Silic.*, which is correct? The *Silica* symptom seems to be clinical; and Guiding symptoms gives a list of clinical authorities.

(5). Kent gives: Cough, worse from change of weather. *Erigeron*. This should be *Eriodictyon*.

Cough from heat in bronchi *Aethusa* should be *Ether*.

Bureau of Clinical Medicine and Surgery

FRANK W. PATCH, FRAMINGHAM, MASS. CHAIRMAN.

JOHN HUTCHINSON, NEW YORK CITY, VICE-CHAIRMAN.

TWO CLINICAL CASES, ILLUSTRATING THE HOMŒOPATHIC APPLICATION OF THYROIDIN.

R. F. RABE, M. D., NEW YORK CITY.

Our knowledge of the endocrine remedies is as yet in a formative stage, but the therapeutic use of the ductless glands is steadily growing. We know more of the thyroid gland and of its therapeutic applications, than of any of the other ductless glands. Thyroid has received a careful homœopathic proving and certain features stand out prominently in its pathogenesis. Of these we have made use. In a general way it may be said and the statement is probably true, that in conditions of hypothyroidism the cruder doses or lowest potencies of Thyroidin are necessary; whereas in hyperthyroidism the reverse is true. The following cases will therefore, be of instruction and interest.

Case 1: Mrs. B. a widow, age 39 gave a history of menorrhagia. Menses occurred every three weeks, were very profuse, clotted and lasted six or seven days. After the menses severe vertigo, weakness and attacks of syncope occurred. The general health was otherwise good. China had palliated immediate symptoms and Calcarea carb. had failed to cure. The patient was plump and inclined to easy perspiration.

Thyroidin 2x trituration, one tablet four times each day, was given and continued for several weeks, with general improvement. Later the 3x trit. was employed. Menstruation is now normal and is not followed by weakness or vertigo. In this patient, hypothyroidism was unquestionably present.

Case 2: Mrs. R., age about 40, during the past winter had two attacks of influenza and was under the excellent care of one of the members of this Association. Subject to diarrhoea upon slight provocation, this had supervened upon the influenza and convalescence was tedious and most unsatisfactory.

Returning to New York the patient's condition was now as follows:

Much flatus with stool; Painful flatus; Faintness follows stool; Stools undigested and containing thick white mucus. Diarrhoea worse mornings on rising. No thirst; tongue coated yellowish-white. Rheumatic pain in right hip and in right knee. Bad taste in mouth mornings. Fair appetite; no special desires. Sleep restless; lies awake a long time. Hair comes out profusely. Is losing weight. Great weakness. Is prostrated from the least exertion and must lie down. Feels faint and is very sensitive to least cold. During the influenza her menses were copious, as well as premature in appearance. Phosphorus has been her constitutional remedy. *Thyroidin* 2x trituration, one tablet four times each day, was given with very prompt and strikingly remarkable improvement in strength and general health. This patient was also, as in case 1 in a condition of acute hypothyroidism, a condition be it said, usually found during convalescence from severe or exhausting diseases. Clinically therefore, *Thyroidin* is related to such remedies as *Calcarea carb.*, *Kali carb.*, *Iodine*, *Phosphorus* and *Silicea*.

Dr. Stearns: Was that *Thyroidin* from the whole gland?

Dr. Rabe: It was procured by us from Armour and is the dessicated thyroid gland of the sheep. Boricke and Tafel potentized it in accordance with our request, according to the U. S. P. making it one tenth and so on up.

Dr. Stearns: Did you observe that the symptoms were

what Hahnemann described under psora? Endocrinologists claim that different sicknesses cause disturbances through one or the other of the three principal endocrines. It is possible that this corresponds to Hahnemann's three miasms and may form the basis for a new classification of remedies.

Dr. Rabe: I may state that in the proving as I recall it some of the most valuable symptoms were brought out in the twelfth decimal potency. These are the preparations that Boericke and Tafel have prepared. The work has been absolutely empirical.

Dr. Stearns: How high a potency did you use?

Dr. Rabe: I have a potency of 30 and one of 200 by Dr. Garden of Texas. I cannot say that I have seen good results from using the higher potencies. In the case of a woman, I used the 30 with no results which leads me to believe that where there is condition of hypothyroidism, the cruder potencies are the best. If you have thyroid plus, then you will probably get good results in the higher.

Dr. Stearns: I have been treating a boy for nocturnal neuritis. Thyroid will sometimes help that condition. This boy not only wet the bed but wet himself during the day. I gave him Thyroid 3x with much benefit, though later the trouble returned. The pituitary gland is used for the same condition.

CLINICAL CASES.

GEO. E. DIENST, AURORA, ILL.

Tuberculosis.

Mrs. C. age 38. November 15, 1910. Small — very dark complexion. Irritable. Says she took cold during the past summer and, though under the care of two physicians, has grown worse. Says she has taken much medicine. During the months of September and October just passed has coughed almost incessantly.

I could not ascertain just why she took such a severe cold, for she denied a predisposition, and disclaimed any previous illness. She is the mother of four children, all of whom seem in good health.

Cough — hoarse — harsh — dry.

Chest — sore — < right side, extending downward.

Scapulae — pain — under left < when coughing.

Scapulae — pain — soreness in spots under left.

Expectoration — white, rather scanty, loose by day dry by night.

Perspiration — at night, some time copious, warm. Phos. 200.

November, 18, 1910.

Cough and pains >

Percussion reveals marked dullness —

Left sub-clavicular region.

S. L.

November 28, 1910.

Conditions remained unchanged.

Phos. 1m.

November 29, 1910.

General condition >; cough, pain in shoulders and perspiration.

S. L.

December 10, 1910.

Generals seem >, but now has a sharp stitching pain through chest, both sides on deep inspiration.

Sub-scapular pains are >.

The remedy should have been given more time to act but on account of sudden cold weather I gave Phos. 50m.

December 17, 1910.

Things are beginning to develop and mistakes are probable.

Patient now complains of soreness in the throat, extending to the stomach, < mornings, < deep inspiration < going into cold air. Hands and feet are perspiring copiously. This was unusual. Instead of waiting for further developments as the

generals were > I began to think that because of sensitiveness to cold and copious foot sweat I had better give Sil.

Sil. 200. An error.

December 24, 1910.

Coughing much at night < towards morning. Lachrymation of right eye, also < towards morning.

Throat very sore, raw. Pressure in the stomach. Lying on the back < cough, intense weakness from cough. Silica was a grievous mistake but it may still prove valuable: For this woman is secretive, and there are some things in her condition — past — she has not revealed, and we have not discovered. We are in a muddle, but, because of the intense cold, the after midnight aggravation, and fear of pneumonia I gave — Kali-carb. -50m.

December 27, 1910.

Had a severe chill after Kali-carb. and again on the 26th followed by high temperature on this morning. I was called in haste, found patient extremely sore all over, muscles and joints pained severely as if bruised, and bed too hard for comfort.

Arn. 30 — in water, repeated doses until better.

January 14, 1911.

My patient had an attack of pleurodynia and I fear my bungling had something to do with it. However there is a miasmatic element here that must be brought to light or my patient will die of tuberculosis. She now has a very hoarse, croupy cough for which I gave Spong. — 50m. with very favorable results.

January 28, 1911.

Though relieved by Spong, the cough is returning, but less severe, with soreness in the shoulders, the cough preceded by tickling in the larynx.

Feet swell < morning.

Hands swell < morning.

Hands swell < before menses.

Heaviness in limbs before menses.

Mammae sore before menses.

New symptoms are coming to the surface and on inquiry learn that some of these were present in years past.

Phos. 50m.

July 22, 1911.

It has been a long time since I have seen my patient. She reports that the cough disappeared soon after the last remedy and that she felt quite well. "But doctor, I have such a bad head." On examination, I found the scalp extremely sore, small blisters, open sores, from which there exuded a glary, mucilaginous substance matting her hair shamefully. A similar eruption was found on the back, the chest and in spots over the body where the clothing pressed tightly. This eruption itches, burns and scratching causes intense soreness. Cervical glands, swollen, painful. Outer canthi of both eyes itch, burn. Orbits slightly inflamed. Cough is gone. Internally, patient is feeling better than for some years. Does all her own work, increasing in weight and vigor.

I was and I was not surprised at the results. Such paradoxes come to every physician. I knew there was an inherent something threatening this woman's life, but all my questioning proved fruitless.

I asked—"Had you anything like this in years past?"

"Oh yes! I had this for fifteen years and tried everything I could to stop it. Finally a doctor in Ohio gave me something to rub on which cured (?) it. "How soon after curing this eruption did the cold and cough appear."

"About three months."

A course in Mezereum has cleared this woman's skin. She has passed the menopause and is to day better in health and weight than ever.

This patient like thousands of other, has taught these few lessons.

1st. The suppression of an external manifestation of disease is not a cure but often the death warrant of a patient.

2nd. Many people are made to suffer and die of pulmonary tuberculosis by faulty treatment of simple dermatic diseases.

3rd. Before a patient suffering from a suppression of dis-

ease can recover health it is necessary to produce the exanthema or discharge.

Dr. Clark: A girl went in bathing on the fourth of July — ten days after menstruation. The next day it came on again. She came into my office the last of November still flowing. I got her symptoms as well as I could but she was a difficult case. The character of the patient and her very cold feet led me to give Arnica, 10m. It did no good and two weeks afterwards, I gave her a little Iron, and she came in and said she could not keep her feet in bed they were so hot. The flow was just the same. Sulphur 10m. in a week stopped the flow and restored a sweat on her feet that had been suppressed.

Dr. Patch: It is also possible to suppress diseases by homœopathic prescriptions. This is something we do not often think of. I have seen the suppression of chills in Intermittent Fever by this means.

Dr. Stearns: Dr. Patch's remark is very true. In my early practice a woman came to me with very acid indigestion. My first prescription was good but the next was not, and I believe that that was the starting point of cataracts that developed 12 years later. This matter of suppression lands us in the whole field of chronic diseases. All chronic diseases are more or less suppressed conditions.

Dr. Richberg: I had a Jap working for me who had a very annoying perspiration on his hands. He was trying to learn to play the piano, but the sweat dripped over the keys. When he went out he carried three pairs of gloves with him; in a short time his gloves would become wet with sweat. I looked up the remedy. You may know what it was? (Petroselinum). It helped him very decidedly. I investigated the nature of the remedy then I handed him his Japanese dictionary and a letter in which I wrote in English, "Probably sometime you had gonorrhea, you were treated for it and discharged as cured. Now this is the result. Keep on with the treatment. Don't stop if discharge returns, until cured." Soon afterwards he came to me with very ceremonious bows. "Wonderful, madame," he said, "how did you know?"

Dr. Baker: I saw a man about three years ago who gave a history of having syphilis about twenty years before; also gonorrhea under old school treatment. A mad dog bit him. He had Pasteur treatment for that. That made him very sick. If vertigo was coming he did not dare go out on the street. The remedy worked out Silica. It cured that up completely. I saw him two or three years afterward. The point I want to ask is was there any suppression from the Pasteur treatment upon the other two miasms. I wonder if that could have had any effect upon the other symptoms.

Dr. Patch: It would be difficult to answer. It seems to me that the possibility of disturbance of the vital forces of the system by the treatment might result in bringing a miasm to the front.

Dr. Rushmore: Can a warning or a means be given by which we can avoid the possibility of suppression by the homœopathic remedy?

Dr. Patch: It seems very difficult. The chief experience I have had has been with Intermittent Fever and Arsenicum has been the chief outstanding remedy though not the only one.

“ AFTER SEVERAL YEARS ”

MARY PARKER, CAMBRIDGE, MASS.

The last time that this Society met in Philadelphia, there was a series of papers read on our homœopathic remedies made from the *Metals*, and amongst them, one paper on *Alumina*.

It was mentioned, at the time, that comparatively few mental symptoms had been brought out in the provings of Alumina, and Dr. Patch asked me to speak about a mental case to whom I had given Alumina. She had been at Dr. Patch's, and after going home I had the care of her.

Some may remember the peculiar symptoms that led me to think of Alumina, i. e., the patient's dislike and fear of anything *red*. She would eat no tomatoes, or cranberry sauce, and

refused to sew or knit anything red. It was a long time before I could find out why she disliked the red color, but finally she told her sister, it reminded her of *blood*. Alumina has this symptom, and the patient had other symptoms of the same remedy, so I prescribed it.

Her history, briefly, is as follows: This last attack, was the third or fourth attack of melancholia, with intervals of recovery. She is a woman now over sixty, and these recurrences seemed discouraging as far as prognosis was concerned. The patient's father was insane before he died, which was one more point that might possibly tend to lower mental resistance on the part of this patient.

This last attack was more than melancholia, for she had definite deep seated mental symptoms, in addition to the marked depression. She heard "voices" and conversed with them, and had ideas that she was harmful to her family; also had a distinct aversion at times, to her favorite sister, criticizing her severely, and was full of fears, and aversions, especially to being seen by her friends.

I made the first prescription of Alumina in December 1914, R 10m 1, and the other doses as follows: Feb. 1915, (2 mos. later) — June 1915 (4 mos. later) — March 1916 (9 mos. later) — November 1916 (8 mos. later) — April 1917 (5 mos. later).

She was with her family most of this time, with occasional periods at Dr. Patch's. He very kindly continued the Alumina when she was there, and therefore for about 3 years, she had practically no other remedy. Her condition during these 3 years, was only *mildly* encouraging, in that she grew no worse, and had a few periods of distinct improvement. However, this was, on the whole, encouraging because we had reason to think her case would otherwise have been a progressive one, and we were satisfied to hold it where it was.

In November, 1916, she began to be persistently better, was more willing to meet people, and do things she had not done for a long time. She would not *herself*, however, admit that she was better. That next summer, she had intervals of still greater

gain and admitted she was getting better, and was happier than she had been at any time during her sickness.

From that time she amazed us all by gaining steadily until in February 1918 she seemed well. She voluntarily took up her piano playing, the first time in 10 years. She said no more about hearing "voices" and seemed cheerful and happy.

After a while, physical symptoms began to appear — an old rheumatic tendency, and a peculiar choking, strangling type of nervous cough, with no apparent cold. Her sister said this same kind of cough had preceded all her previous nervous breakdowns. *Hepar-Sulph* apparently relieved that cough. Then, morning headaches on waking from sleep, began to trouble her, for which I prescribed *Lachesis*, as being complimentary to her Hepar S. She kept quite well through that spring, but gradually began to be irritable every afternoon. (Her aggravation was mostly in the morning before). She also seemed a trifle too exhilarated, not quietly happy. With this was an appearance of exalted importance, and haughtiness. She thought people did not attach enough importance to her affairs, but she said she was perfectly well.

I became much interested in seeing the symptoms of another *metal* appearing, viz *Platinum*. Kent has in his Repertory — *Alternation of mental and physical symptoms* — Plat. 2nd. degree. and *Haughtiness* — Plat. 1st. degree.

I gave her Platinum 3m. 1 powder Jeniclear in June 1918, and her morning headaches, irritability, self-importance, etc., all disappeared, and she continued amazingly well. A few weeks ago, her sister noticed just a slight tendency, toward the same self-importance, and her morning headaches returned, so I repeated the Platinum, this time 10m, 1 powder, and obtained the same encouraging relief.

I should much appreciate an expression of opinion from the members of this Society as to the probable outcome of this case. Is this only a temporary period of mental health, or may it be possible that she is curable, by continuing to prescribe? I am in doubt myself.

Dr. Green: This reminds me very much of a patient of mine

who had blind spots on the retina following scarlet fever when she was young. She seemed a Calcareo type physically. She had great fear of any instrument that would cut. Being afraid that she would walk in her sleep and get the carving knife, she shut herself in her room at night. She was afraid to go on the water and would not get into a boat. She would not ride in an automobile crossing a bridge. I gave her Alumina, and since then her symptoms have disappeared.

Dr. Farrington: That was an excellent prescription; and it shows what remedies like Alumina will do in cases of this sort. It shows also the wisdom of holding to the remedy which we believe to be right; one of the most difficult things to learn. Here is an instance: a number of years ago I cured tumor of the right breast in a lady of 80. It was the size of a small orange exceedingly hard and was capped by an ugly, bloody scab, in fact it bore all the marks of a scirrhus. I cured it with Swan's nosode Scirrhus Mammae. There was no reaction for four weeks after the first dose. At every succeeding dose, the growth enlarged, throbbed and shrunk again, each time a little smaller. But it took four years to cure it.

Dr. Richberg: I know a case of much interest to me. She has been in that condition for about six years; it is just about the menopause. They tried constitutional treatment which seemed to be worse than useless. This came first with throat trouble, with the tonsils and a doctor took them out. She was terribly distressed over the blood. "I think that blood is something dreadful," she said afterward, "I think I am wrong in my head some way." She went gradually down and has been in this state of melancholia for six years. I tried some homœopathic remedies, to no avail. It must all be done without her knowing it. That fear of blood is the one great mark. I would like other suggestions. She fears poverty; anticipates death in the County Home.

Dr. Dienst: Another experience with Alumina. Some years ago a lady seventy-two years of age asked me something about her physical condition. I noticed she had dreadful paroxysms of chorea. I paid little attention to this because she

was sensitive; but in conversation learned she was dissatisfied with her home. She had married beneath her position. This had been preying upon her mind for years. "Madam, what do you do when you are nervous?" I asked. That brought no answer, and I wanted to know. "Madam, what do you think when you are nervous?" I asked. She answered, "If I see a knife on the table, I think I want to kill myself quickly. If I see a clothesline, I want to hang myself." Alumina cured that mental condition, but it did not cure the chorea.

A CASE OF PNEUMONIA CURED WITH KALI BICHROMICUM.

S. A. KIMBALL, M. D., BOSTON, MASS.

On March 24, 1918, I was called in consultation to see Mr. X, 53 years old; who had been ill for a week, but whose case had been reported to the health authorities the day before as lobar pneumonia.

It seems he had been taken with a chill at 10.30 P. M., March 18, and they had called a magnetic healer. His administration not being very successful they called their regular physician the next day. His temperature was 102 in A. M., and 104 in P. M., with pain and soreness in right chest, but no cough, this all went away after Bryonia, then he began in a day or two to have a sore throat with discharge of mucous from the posterior nares, visions on closing the eyes, worries about his business. Pulse irregular. Opium 1m. was given March 23. When I saw him the next day his temperature was 100.2. Pulse 96. Resp. 42. There was a greenish, yellow-white discharge from the throat and posterior nares which were stuffed, and there was a greenish white membrane, or deposit of mucus on the pharynx, extending up to the posterior nares. Respiration was loud with dry rales in front of both chests. Loud bronchial respiration in the posterior middle and lower right lung with marked dullness on percussion, thirsty for cold water,

tongue white and dry, some sweat last night, but none this morning. Two doses of Kali bich. 1m. F. in water were given, two hours apart.

The next day, March 25, we found that his temperature the evening before was 98.6, this A. M. 98. 6. Pulse 96 weak and irregular. He was restless and talkative, but breathes through his nose a little better, the dullness in the right back had extended slightly upwards and downwards. The mebrane or deposit of mucus was still on the pharynx. It was difficult for him to take a deep breath and his only comfortable position was lying on his back. He dozes and talks in his sleep. Dry rales in front of his chest with bronchial respiration but no dulness on percussion. Pasty stool this morning, and considerable sweat yesterday. So there seemed to be no special change and his temperature was normal, no change in the remedy was made.

March 26, temperature at 8 P. M., yesterday was 101.4, this A. M. 101. Pulse 86, Respiration 24. He slept considerable in the night with muttering delirium. Passed a lot of flatus. Nose clear. Greenish white membrane still on pharynx. Loud dry rales in front of right chest. Posterior right lung solid from top of scapula to lowest part. As the symptoms had not changed but were more intense and his condition was worse, the Kali bich. was repeated, one dose of the 10m in Fincke.

March 27. His temperature last evening was 101, this A. M. 98.6. Pulse 84, good and full. Resp. 24. He had slept quietly with no muttering. Dryness of mouth, nose and throat much less mucus in posterior nares. Respiration at top of right lung in back, was more normal and there were a few moist rales below the right scapulae. Resolution was evidently beginning and he was let alone.

March 28. Temperature yesterday at 3 P. M. was 98.6, at 8 P. M. 97.4. This morning 96.4. Pulse 66. There was still some greenish white mucus, or membrane on pharynx, but much less. Chest was clear in front, no dry rales; moist rales all over right back with much better respiration, and a few

fine rales in lower left back. He made an uninterrupted recovery.

Dr. Sloane: I agree with Dr. Rabe upon that point. My experience has shown that the patient is not out of the woods until his pulse is normal. I have also had relapses by stopping the remedy too soon. That is one of the things the paper made me think of. In pneumonia you get all the subjective symptoms better for the simple reason that central pneumonia where you do not get the physical signs is very common. It is there all the time, but it is inside where you can't get the physical signs.

Dr. Dienst: I think the mistake was made by repeating the Kali bichromicum too soon. Two hours you say? That ought not to be done. I rarely repeat under six hours unless the case is very severe. Kali bichromicum ought to hold a case six hours. Then there is time to repeat. Until you have definite results, I do not like to jump from low to a high potency very quickly. Once you are confused you are apt to lose out and prolong the suffering of your patient.

Dr. Stearns: The point that Dr. Rabe brought out is a good one. In any severe illness I find that often the cure cannot be completed with the potency first given. To know when to change the potency is almost as important as to know how to find the right remedy.

Dr. Clark: I would like to confirm that six hour remark of Dr. Dienst. The heart was in good shape though. One dose would keep that heart good for six hours, but it would not keep it any longer.

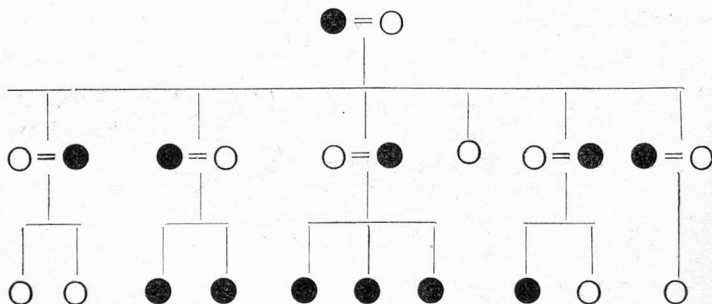
Dr. Kimball, in conclusion: If I had my own way, I would have given a single dose of the 10m and let it alone. I usually give the 10m and I do not think another dose would have been necessary had the 10m been given at first.

DEVELOPMENT OF CHRONIC MIASMS IN FAMILY GROUPS.

JULIA M. GREEN, WASHINGTON, D. C.

Consideration of the development of the chronic miasms of Hahnemann in family groups is justified by its usefulness to scientists engaged in biological or sociological research, to the medical profession and to all families. Study of the group here presented does not show any unusual symptoms, just the reverse. It does not reveal the use of unusual remedies or illustrate expert knowledge in selection of remedies. It does not discuss marvelous things accomplished, for this work covers fifteen years of practice and every doctor learns much from experience in that time, and such cases are most difficult to treat and are not encouraging to the physician except when viewed over a long period. Such a study does show however, as nothing else can, the every day work of the Homœopath engaged in the treatment of deep, chronic conditions, how such work differs from that of the Allopath in similar cases, how it endeavors to prevent disease, to enable handicapped individuals to lead useful, remunerative, contented lives. Also it illustrates clearly the value of healthy parentage and wise matings.

This particular family has earned the deep gratitude of the physician because its members are staunch believers in Homœopathy and loyal adherents to all instructions of the medical adviser. They have been careful to observe and report symptoms and have been patient under long periods of waiting for the best effects of the medicines prescribed.



Coming to a study of the family as seen in the foregoing chart and the accompanying symptom lists, we have a man and woman, each possessed of two, if not three of the chronic miasms, manifested in different ways. These two have six children, three of whom married people as richly endowed as they are with the same miasms. Two married people comparatively healthy and one is as yet unmarried. There are ten grandchildren to represent the inheritance of complex miasmatic effects and the influence on them of pure homœopathic treatment of all the family from the time the grandparents were in early middle life.

In the first generation the man is a victim of malaria from living on low, marshy ground; is he a victim also of psora? Would a healthy man going to these marshes, have malaria? He shows the effects of malaria suppressed by quinine in large doses before coming under homœopathic treatment, and the effect of freeing him from this suppression under Homœopathy. He is a victim of epilepsy from middle life to his death; is this psora or sycosis or something else? His nervous temperament shows clearly in his children.

The woman is the victim of strong drugging in early life for various chronic ills. She has many nervous symptoms which are expressions of psora and sycosis and which are generously transmitted to her children, for instance: restlessness, mental and physical; depression; tendency to worry over trifles; discontent with her lot; poor memory and concentration; languor, weariness; aching limbs and joints; headache; vertigo; constipation; craving sweets. The effects of suppression and strong drugging in early life have not been overcome by Homœopathy, for she is drifting into organic disease.

The first child has her full share of the nervous symptoms of her parents. She combines the bluntness, selfishness, irritability and easy weeping of her father with the restless discontent and depression of her mother. There is an instability which may depend on the epileptic history. She shows the sycosis in tendency to phthisis. She married a man full of sycosis, as nervous as herself and more morose. As seen in the record, their first

child has proved extremely hard to manage and has had until lately, little endurance or resistance to disease; also she was for several years very thin and puny. The second child started on a comparatively even development at much earlier age.

The record of second in the second generation shows a peculiar combination of the disease tendencies, the nervous weaknesses and the wiry endurance of both parents. The tubercular tendency is evidenced in his catarrh and perhaps in the heart lesion. He married a healthy woman. Their first child illustrates the tubercular inheritance; lately he is growing more irritable, obstinate, selfish. These also have a second child comparatively healthy.

That the third in the second generation, with all her mixture of psora and sycosis, should never have married the man she did, another victim of suppressed malaria and full of sycotic taint, is proved by the temperament and health of their three boys. The case outlined shows clearly the disaster of it and the early death of the third boy is further sad evidence. Probably the sycosis is manifested in tuberculosis in this sudden, malignant meningitis. The husband's dual mental life and mental struggles are most interesting to the Homœopath and the help available for such conditions in the correct Homœopathic remedy, if made use of by those in charge of criminals and the mentally weak, would be a veritable blessing in some social problems.

The fourth in second generation, not yet married, is the most peculiar of the six. Many of the same symptoms exhibited by other members of the family, are here combined into a picture of mental slowness, almost apathy, and anæmia. Surely psora is here and tendency to tuberculosis, probably also inherited effects of epilepsy.

The fifth in second generation has shown the tendency to her father's epilepsy and all sorts of wildly nervous symptoms. The tuberculosis here probably is manifested in the anæmia. Her husband is nearly as full of suppressed malaria and psora as the last husband is of malaria and sycosis. Their first child is as hard a problem as the first child of the third in second

generation, perhaps harder, but the next child is much easier to manage, medically and non-medically.

The sixth in second generation surely illustrates all the chronic tendencies of the family, but he seems to have more stamina. He is young yet and holds promise of better health in middle life than any of the others may reach. He is the only one who has been under Homœopathy since very early childhood. It is too soon to judge his baby but so far she is a plump, placid, healthy child. His wife's good health will help much in this family.

Surveying the study of three generations in this way, we see the existence in one family of two of the great chronic miasms of Hahnemann, perhaps three; there is psora surely and sycosis; there may be syphilis too. Tuberculosis comes under sycosis; I do not know where to place malaria and am uncertain about epilepsy. If we were to try to catalogue the chronic symptoms, the result might be something like this:

Weariness, languor, poor memory and concentration — Psora.

Indigestion, craving sweets, constipation, hæmorrhoids, headache, all-gone sensations — Psora.

Restlessness, mental and physical, hurry, enuresis, onanism, aching limbs — Sycosis.

Depression, indecision, weeping, fainting — Psora, Sycosis.

Rheumatism, enlarged lymphatics, adenoids — Sycosis.

Skin: dry, scaly eruptions, cracks, styes, itching — Psora, perhaps Syphilis.

Warts — Sycosis.

Catarrh — Psora, Sycosis.

Teeth poor, suppuration at roots — Psora, Syphilis.

Desire to eat dirt, plaster, cinders, rubber, etc. — Psora.

Anæmia — Sycosis, perhaps Psora and perhaps Syphilis.

Now the value of treatment of these mixed miasmatic conditions with homœopathic remedies which can separate and eliminate them, cannot be overestimated. In this family the grandparents were treated by the other school in youth and young adult life. This means suppression of chronic

symptoms and the implantation of strong drug effects; consequently it means almost disaster to them and a rough health road to their children. Even so, there is a distinct accomplishment in fifteen years in prolonging life and diminishing suffering in the grandparents, clearing up distressing chronic symptoms in the children and overcoming the same symptoms rather early in the grandchildren. Also it will be noted that the children gain strength and endurance from the first to the last and that the first grandchild in each family branch is the poorest equipped for life while the second starts much better. I do not claim that Homœopathy is responsible for all of this, but it has accomplished a considerable part of it and it opens a field for study and clinical work which is little known as yet and which is of inestimable value to the future health of the race.

The remedies prescribed have been much the same in all cases. Very likely some others were better indicated. The great trio of psoric remedies, Sulphur, Calcarea carbonica and Lycopodium, seemed to act best, with Tuberculinum as a strong aid and Sepia and Natrum muriaticum to counteract the suppressed malaria; other remedies came in well in a few cases and the nosodes, Psorinum and Medorrhinum, were useful as basis builders. The effort to prescribe for one set of symptoms seemed to fail. In all the prescribing, acute conditions were not given acute remedies when it could be avoided without too much suffering. The patient was watched through the acute stage and then supported with the chronic remedy. In this way acute attacks became rarer and lighter. Also this supportive method enabled patients to avoid contagious and epidemic illnesses or else to have them very lightly. (This is true of all patients under chronic treatment in Homœopathy and offers a solution of the problems of inoculating against such diseases).

There is great need for study of just such conditions as are exhibited by this family; it will lead to freeing the race from inherited chronic ills, as the present agitation of questions of social hygiene will prevent fresh infections. A broad view of such a family, not prescribing for changing groups of symptoms

but reaching beneath to the miasms at the root of the trouble; the comparison of many such families, profiting from the experience with each; the education of our patients and the laity in general concerning the character of such conditions and their meaning, will tend to prevent the disaster of intermarriage of the same types and to free the world from the effects of these deep, chronic miasms.

1. Family P. Three generations.

Father: a civil war veteran, lived to be 76 years old. Had severe malarial chills in war days, suppressed with Quinine. About 1883 began having petit mal, preceded by severe sick headache for many years. Soon developed into true epilepsy, hard seizures. About 1903 began treatment with the late Dr. Thurston of Boston. Dr. T. brought back chills after only two weeks and he was very ill with them for three weeks; one chill the next year; no more. Medicine given not known. Then epileptic attacks grew lighter and farther apart, but not entirely eliminated; last 4 years of his life again more frequent and severe. Treatment with me after Dr. Thurston's death in 1911; I could not obtain previous record. Gradual senile decline, physical and mental, but at work until few weeks before death. Whole condition seemed to me remarkably good for one with his epileptic history. Remedies in order: Sulph., Calc., Lyc., Bar. c.

Mother: now aged 62. Comes from a deeply psoric family: father was an allopathic physician and she had much treatment with strong drugs when young. Treated by Dr. Thurston for several years prior to 1906 when came to me. Partial list of chronic symptoms:

Restlessness, mental and physical. Easily depressed, worried over trifles, wants to fly, to get away from care. Memory and concentration very poor. Spells of desire to hurry; cannot move or eat fast enough. Languor; tired weariness; hard to push herself; yet a hard worker. Chilliness. Craving for sweets. Constipation all her life; inherited it; slight hæmorrhage after stool. Stomach: all gone sensation; burning; attacks pain extending through to back; pressure of gas here and there after going to bed; distressing. Headaches: occiput and deep

in eye sockets; sensation band around head. Hard aching in limbs, wrists, ankles. Enuresis when young, even to some extent after marriage. Onanism to some extent ever since can remember; sexual dreams which cause aggravation of many chronic symptoms for days afterward. 1907: first attack of pain in rt. abdomen, extending through to back. 1914: first attack of gallstone colic; many since then, gradually less severe until lately only a threatening.

Remedies: Sulph., Calc. c., Lyc., Psor., Tuberc. Sulph. always acts best; a series of potencies of that until it would not act well, then the other two in the series for a short time apiece, then Sulph. again; later nosodes used to alternate with the Sulphur.

All symptoms grew much milder as she grew older; the obstinate constipation was almost entirely overcome; last few years only gallstone attacks and many evidences of increasing arterio-sclerosis (has had six children and been a very hard working woman).

1st in second generation: daughter now about 42; married; two children. Has her full share of the nervous symptoms running through the family. Depression deep by spells; wants anything but what she has and wants to be anywhere but where she is. < before menses with weeping. Then wants to get away from everyone, especially husband and children. Weeps very easily. Dislike of housework, of children, bothered by all details of them and by their noise and confusion; longs for peace and quiet. Dread of what is about to do even though knows she will like it. Mind keen; wants argument and discussion. Indecision marked. Headache with menses; with nausea; never escapes. Aching in limbs frequently; shoulders or between them while sewing. Fainting rather easily. Twinges of rheumatism here and there. Constipation obstinate. Hemorrhoids. All symptoms < rt. side. Nausea easily; much gas in stomach and bowels, causes cramping here and there. Skin: facial acne; swelling and itching of toes; cracks in ends thumbs; styas; much dandruff; eyelids dry, scaling. Enlarged lymphatic glands. Treated by Dr. Thurston in 'teens and early

twenties for phthisis; had hæmorrhages and was much reduced with marked anæmia.

Remedies since 1905: in earlier years Lyc., later Tuberc.

Has grown stronger with better poise each year; symptoms few now; no signs of phthisis since 1907.

Her husband: small body and large head; a man given to much study and argument; wants to stay up late at night and get up late in morning. Cannot keep still; always moving while talking. Onanism always. Craving for liquor; mild stimulants, smokes much. Little affection or feeling for mankind; likes animals (a farmer). Depression deep by spells. Many head colds. Chronic catarrh affecting throat and ears. Pyorrhœa. Twitching eyelids. Cracks on hands; warts.

First child: a girl now aged 8, born when mother was 34. Extremely nervous, irritable, intractable, self-willed, malicious, vindictive, resentful, selfish. Sensitive, hard to understand. Always very thin; pale for first few years; appetite small and odd. Headache; aching limbs frequent. Attacks of high fever and digestive disturbances frequent. Sleep light; long falling asleep; full of dreams; wakes frightened. Teeth poor; sup-puration at roots. Perspiration profuse at night.

Remedies: Sulph., Calc. c., Lyc., Psor., Tuberc., especially Lyc.

Has outgrown nearly all her symptoms and is much sturdier; decidedly sweeter tempered though that varies much.

Second child: a girl now aged 2 years 9 months. Had a poor start in life and low weight for few months. Thick scale on scalp for first year. Otherwise very well.

Remedy from first: Tuberc.

2nd in second generation: son; now about 40 years. Very light, rather small man; never very strong until perhaps last 10 years. Large cardiac murmur ever since first examined in childhood; mitral; compensation good; refused life insurance. Pulsation felt in ears. Fainting frequent in early life, < any excitement or shock. Weeps easily; cannot greet friends or take leave of them without tears; tears come while talking. Noctur-

nal enuresis until 27 years old; occasionally since then. Attacks of nausea and vertigo. Sick headaches when tired. Rheumatic pains in knees. Ears: much pain and inflammation in; attacks followed by deafness for a time. Slight watery discharge right ear last 2 years. Aphthae round mouth, cracks in corners. Margins eyelids red. Takes cold easily; thick discharges.

Remedies: Puls., Nat.m., Sep., Tuberc. (with Lyc. in reserve).

Has grown much stronger; can do a man's work and take care of house and garden at home; lives on steep hill and can walk up at usual gait; has ridden bicycle every day for years.

His wife: a healthy woman.

First child: boy now aged nearly 9 years. Healthy baby but grew very thin, pale, rather languid as little child. Nocturnal enuresis obstinate all life so far. Pale, bluish around mouth, flushing easily. Headache with nausea easily. Appetite small; capricious. Takes cold easily; tonsillitis and cough.

Remedies: Puls., Ferr., Tuberc., Sulph.

Stronger each year; needs the doctor less.

Second child: boy now about 2½ years. Quite healthy so far.

3rd in second generation: a daughter now about 36 years. Slight, delicate looking, small featured. Same restlessness as mother; wants to fly away from duties and family. Depression in attacks when very irritable; nothing suits. Generally sweet tempered and industrious. Cries rather easily. Migraine with menses; menses late and scanty. Catarrh chronic. Dandruff in fine scale all early life; acne and urticaria in girlhood. Aching shoulders and back; in limbs when tired; lameness here and there. Scaling roughness eyelids. Constipation chronic until adult life. Internal quivering, twitching when tired. Perspiration strong in axillae when excited; scanty in general. Spells of ravenous hunger. Takes cold easily; head-colds and sore throat. Nausea frequent. Epistaxis frequent. Specs before

eyes followed by numbness; creeping up left arm or around mouth or one side of face.

Remedies: Puls., Sep., Rhus. t., Sulph., Tuberc.

Has grown into a healthy woman with only moderate endurance and much nervousness; symp. nearly gone.

Her husband: rather slight man though strong and hard worker in exacting position. Nervous, restless, when overtired, on tension; cannot relax or sit still or sleep much. Malarial chills 8 years before homœopathic treatment; Quinine. Attacks of fever and aching with a chill, at long intervalls since. Appetite ravenous. Epistaxis in youth. Urticaria every summer. Itching all over after going to bed. Mental state: extremely difficult to control mind; dwells on sexual things and obscene things in spite of all effort to stop it; he abhors it all. Onanism to some extent since 14 years. Also periods of craving stimulants. Once in summer of 1914 when wife away, yielded to sudden craving to get drunk; was not rational about it but bought a pint of brandy and sipped it in evening after having put children to bed, until had taken it all; when under the influence became so dizzy seized chandelier to steady himself and pulled it down letting gas leak into house; knew odor, went to cellar and turned gas off house; then became a maniac. Took all night to overcome effects on heart with Nox. v. 2c which worked wonders. Usually a fine mental state; well-balanced, sensible. Says has two wills fighting each other.

Remedies: Sulph. until brought out malaria chills, then Sep. (this 3 times over at long intervals; then no more chills). Since attack in 1914 Anac. with great success; can control thought vastly better.

First child: boy, now aged 10 years, 11 months. Always very thin and delicate; endurance low; legs thin; stoop shouldered. Extremely irritable, self-willed, obstinate, impatient, revengeful. When feels well, sweet-tempered, winning; sensitive, easily hurt. Timid: could not go with other children for several years, or to any sort of meeting. Afraid of pain, of the dark, of animals, shadows etc., Dentists gave him up.

Teeth very poor. Sleep disturbed; cannot get to sleep for long time; frightened; restless; bad dreams. Lies prone with pillow under abdomen. Excitable; must be kept quiet; great loquacity with stammering first years. Squints left eye in bright light; twitching shoulders, hips, rubs and scratches here and there with twitching motion (seems like beginning chorea). Tendency to drag feet when began to walk. Desire to eat dirt, plaster, cinders when 1 to 2 years old. Craving sweets. Gums swollen in any illness; also very red; ears red; face pale. Warts on hands. Perspiration on feet and genitals offensive. Tendency to handle genitals. Only last 2 years that has controlled urine or faeces with any steadiness; seemed little conscious of the call to either one, especially faeces.

Remedies: Aloe, Medorr., Psor., Lyc., Sanicula, Tuberc., Sulph., Anac., Caust.

Has driven the prescriber almost to desperation; should have had Tuberc. in first place as much > on that in a fundamental way; also Caust. and Anac. have helped much; may need Calc. p. before he is well.

Grown into tall slender boy with much better temper; not fond of study; symp. greatly >.

Second child: boy now aged 8 years, 5 months. Sickly baby; food did not agree; much colic and diarrhoea. White skin; very thick, coarse light hair; scaling eyelids. Adenoids and tonsils large, making trouble; tonsillitis over and over, with neck stiff and turned to one side. Cervical glands enlarged; this spring enormous swelling in right neck, now suppurating. Craving for sweets insatiable. When little, ate dirt, sand. Has better teeth, more strength, better temper than brother; less nervous and excitable. Abdomen protruding; legs crooked; staggering gait when first walked. Scurf on scalp. Teething very hard with fever and screaming at night. Breath offensive; talking thick; nasal septum crooked; deafness in spells. Conjunctivitis, several attacks.

Remedies: Calc. c., Lyc., Sulph., Tuberc., Sil.,

Much > of all symptoms but tonsils and glands but feels > with them than used to without them.

Third child: boy; lived for 15 months. Fairly well baby though not strong; not nearly so many symptoms and promised much better. Died of meningitis in three days while cutting eye teeth in summer heat.

Remedies helped 3 times but he slipped out from under.

4th in second generation: Daughter now aged 30 years. Small, slight woman until last five years when has grown quite stout. Hair full of fine yellow dandruff; papular eruption here and there all through girlhood; eruption and itching between fingers and toes. Anæmia marked until last few years. Flushing quickly on excitement. Mental slowness; cannot keep up with average; slow motioned physically and mentally; has given up one attempt at regular employment after another because could not keep up. Confusion; timidity; lack of memory and concentration. Brusque speech which often makes trouble and then oversensitive about it. Negatively unhappy; self-centered. Weeping without cause and cannot stop. Chilliness at night; sleeps under piles of covers even in mild weather and cannot get feet warm. Sleep: often takes half night to get to sleep, then sleeps heavily; hard to rouse in morning; long time to get started. Often seems only half alive, is so slow. Vertigo and nausea riding on cars. Headache preceded by blurring of vision. Chronic post-nasal catarrh. Constipation, chronic. Menses late, irregular, scanty. Numbness of fingers one after another.

Remedies: Sulph., Sil., Nat. m., Graph., Ferr., Sep., Psor., Bar. c., Tuberc., Calc. p.

Last two remedies each given long as will act in different potencies, then other same way, have changed her into stout woman with fair color and ability to hold position continuously for 3 years.

Is to be married soon to soldier, probably in good health.

5th in second generation: daughter now aged 28. Slight, small; always looked better than next older sister. Had petit mal for several years in 'teens, not now for 8 or 10 years. Skin: same profuse scale on scalp; itching eczema scattered over body, < in bends elbows and knees, hands and feet. Rhus

poisoning. Mentally: extremely restless, unsatisfied; wants to get away from housework, husband, children; wants to live on excitement, travel, change. Irritable, depressed, weeping without cause, no interest. Desire to chew something all time; it helps the nervousness; chews paper. Awkward, hurried; drops things. Likes odor of fresh newspaper, new plaster, damp cellars etc.; craves sweets. Catarrh: hard, dry mucus; desire to clear throat before trying to speak. Constipation: some hæmorrhage from rectum at stool. Anæmia marked after birth first child; looked ghastly white for months. Cannot keep still; bites fingernails to quick. Nausea and vertigo easily.

Remedies: Lyc., Calc. c., Sulph., Nat. m., Sep., Medorr., Sil., Tuberc., Tarent.

All symp. except mental and nervous ones > many years ago; these much > last two years.

Her husband: comes of very psoric family. Chronic nasal catarrh; thick, yellow offensive. Skin: dry, scaly, itching; eyelids scally; dandruff profuse; scales between toes. Malarial chills; many attacks; given Quinine. Stomach: gnawing sensations. Footsweat offensive. Heartburn; aphthae around mouth. Aching legs frequently. Sick headaches.

Remedies: Nat. m., Sulph., Psor.

First child: boy now aged 5 years, 7 months. Thin, wiry, extremely nervous and restless. Irritable, selfish, flies into a rage over nothing; hard to manage. Nightmares; wakes frightened and cannot recognize those around him for awhile. Fights until can come to senses. Attacks of high fever with delirium. Eruption face in babyhood; much colic. Stool only once a week for long time in babyhood. First two years, eating sticks, straw, paper, rubber, chalk. Anæmic; when chilly, turns blue; takes cold easily. Cannot control stools or urine well at all.

Remedies: Tuberc., Psor., Lyc., Sulph.

Has improved a great deal but much yet to be done.

Second child: girl now aged 4 years. Comparatively healthy.

Tendency to eruptions with much itching. Tendency to poor control of stools.

Remedy: Psor., from beginning.

6th in second generation: son now aged 26. Thin and very small for his age as a boy; stoop shouldered for many years. Sick headaches rather frequent. Fainting easily. Spasms in face: dropping of lower jaw and jerking of tongue, a little twitching of muscles about nose; this only in childhood. Herpetic eruption around mouth for many years while growing up; chapped and excoriated. Malarial chills: several attacks. Talking and walking in sleep. Chronic nasal catarrh; nostrils sore round edges. Pain in abdomen in attacks with fever; sick headache and vertigo. Footsweat rather offensive. Enlarged lymphatics. Eyes: Tendency to cross or fail to focus correctly at times. Turned down on army draft because of weak heart; no lesion.

Remedies; Calc. c., Sulph., Nat. m., Sep. especially last - remedy helped.

Grown into tall, straight, comparatively healthy man without many symptoms.

His wife: comparatively healthy; has obstinate constipation all her life, now > on Sil.

First child: boy, born Jan. 1919; healthy so far.

End of main family group to date.

II. Family T. Father a brother of Mrs. P., the mother in first generation in other group.

Father: aged about 65. Hard drinking in spells all life since he learned it in U. S. senate when a page there in boyhood. Extremely nervous and restless. Worried over trifles. Vertigo on sudden motion. Appetite ravenous for hearty food; wants rich things, highly spiced. Numbness limbs frequently. Indigestion: hard lump in oesophagus, waking him in night. Irritable, easily angered; violent temper; Yet very good natured naturally. Nightmare frequent. Chilliness marked. Some mental dulness; comprehension rather tardy. Haemorrhoids; bleeding. Attacks: sudden shooting pains from toes up legs to hips, < l. side. Sometimes same in arms fingers to shoulders.

Soreness to pressure. > hot applications, moving about; < dampness, P. M.

Remedies: Nux. v. which always works well. Rhus. t. in attacks.

Mother: aged about 47. Very stout. Much malaria all young life; quantities of Quinine. Cough: for 15 years prior to 1910 as soon as frost comes and lasts until frost goes in spring. Started when malaria suppressed. Hacking, dry, rack-ing, causing tears to start; < dampness, cold water washing Chilliness; < drafts, dampness.

Remedy: Nat. m., cured malarial tendencies and the cough.

First child: daughter, now aged 30. Stout but no endurance; extremely nervous and hysterical with plenty of symptoms any time. Tendency to twitching muscles of face. Epistaxis frequent; sores and growths in nose. Cheesy deposits in tonsils. Headaches: nausea, vertigo, burning eyeballs. Burning: eyes, throat, chest, stomach. Chilliness marked with flushes of heat; smothering, must have air. Takes cold easily: head, throat, chest with cough. Pulsations internally. Aching abdomen and back with dragging in pelvis. Constipation chronic. Dryness mucous membranes. Enlarged thyroid. Sleep poor, light; long falling asleep. Dépression deep by spells; does not want to live; weeping frequent. Sensitive to all sorts of impressions. Easily startled; many fears. Married three months ago and starting first pregnancy.

Remedies: many, chiefly Puls., Phos. and Psor.

Second child: daughter now aged 22. Very thin until last two years. Waking enuresis first ten years. Waking screaming from nightmare in childhood; could not recognize anyone. Ascarides and some larger worms in childhood. Appetite dainty and uncertain. Urticaria. Cramps in toes, feet, calves; pains in heels. Very warm; feels as if burning up inside. Tonsillitis frequent; had diphtheria severely. Menses late, irregular, scanty, painful. Eyes: difficulty in focusing. Attacks of malaria. Dry catarrh in middle ear; slight deafness at times. Sleeplessness for long periods; always difficult to get to sleep.

Remedies: Nat. m., Phos., Sulph., Calc. c., Lyc., Psor.

Nearly all symptoms gone but sleep symp.

Third child: daughter now aged 17. Always very stout. Nervous, restless; easily frightened; nightmares; fear of fire. Headaches with nausea. High fevers with tonsillitis. Cough chronic from elongated uvula dragging on tongue. Enlargement rt. cervical gland in childhood; finally broke and discharged for many months. Vertigo, faintness on street cars. Warts. Worms. Earache frequent.

Remedies: Calc. c., Ferr., Tuberc.

There were two boys in this family before I knew it. One died in convulsions at 3 months. Other from spinal meningitis.

DEVELOPMENT OF CHRONIC MIASMS IN FAMILY GROUPS.

Justification for a paper of this sort.

Not prepared to show any unusual symptoms; just the reverse.

Not to show the remedies selected, for these common and often work poor.

Not to show marvellous things accomplished, for this work covers entire period of practice and experience has taught much in that time.

To show every day work of Homœopathy.

How it differs from Allopathy.

How it endeavors to prevent disease.

To enable handicapped individuals to lead useful, remunerative, contented lives.

To build resistive power to epidemic and acute diseases.

To show value of healthy parentage and wise matings.

Illustrations seen in these groups.

Tracing miasms through.

Psora. Sycosis (including tuberculosis). Malaria.

Threads interwoven and distinguished.

Accomplishment in diminishing strength of miasms in succeeding children in same generation and in succeeding generations.

Observations on remedies.

Need for same ones all through.

Value of backward look after 15 years with the families.

Psoric remedies.

Sycotic remedies.

Conclusions.

Need for study of just such conditions.

A broad view, not prescribing for changing groups of symptoms.

Comparison of many such families with profiting from experience with each.

Need for education of our patients and laity in general.

Disaster of intermarriage of same types.

Dr. Stearns: This paper is too comprehensive for off hand discussion. It should be published in pamphlet form and distributed for study. From the study of families we can learn the hereditary tendencies of the different miasms. This should also be studied by experts in endocrin physiology, to learn how Hahnemann's chronic miasms correspond to endocrin disturbances. With your permission I will hand a copy of the paper to Dr. Joseph Fraenkel of New York who will, I hope, give it a sympathetic study.

I wish to commend Dr. Green's practice of giving the constitutional remedy whenever possible for acute conditions instead of meeting the acute symptoms with a superficial remedy.

Dr. Fraenkel: The remarks and tabulations contain suggestive and instructive material to him who is willing and able to receive it. It is difficult to see how "discussion" could add profundity or more understanding. Translating the facts here contained into the language of modern endocrinologic medicine,—is

first, not yet timely, because, it is like everything biologic in flux and only adds new nomenclature, not new or more understanding.

That the three constitutional types may become rechristened into Pituitary, Thyroidal and Adrenal constitutions, will, as I stated, not add much to the comprehension; only possibly aid the general adoption by the medical profession of the essential constitutional etiology of disease, and possibly lead to a more general recognition of the necessity of establishing as a therapeutic basis the thorough understanding of the constitution of the remedial agents.

Possibly also biologic laboratory tests may establish the reality of the Hahnemannian conception of the constitution upon a basis as simple as the Wasserman, Schick and Vidal reactions.

Dr. Dienst: Why can't we have something of this kind printed in full and pass it out to our patients? The laity ought to hear something of these things—particularly the cases given by Dr. Green as to bad intermarriages. I hope that someone will sometime soon bring us something that we can put out before the people. It is too valuable to keep to ourselves.

Dr. Kimball: The first child was usually the worst, the second a little better, and the third the best.

Dr. Richberg: It is very interesting to me from the view point of the embryo. If we believe that the vital force is stimulated by our remedies, the tendency is to bring out into activity the diseases of the mother. This gives more disease to the embryo earliest of development. Confirmation of our theories.

Dr. Clark: These things are so deep and far reaching. Anything that we can do to help the next generation should be our aim.

I have a patient who came to me with the nasal part of the bone, dropping through into the mouth. She was about sixty-five years of age. It was a tertiary condition. I have been able to relieve her very much.

Her daughter had two children. She was never able to nurse either of them. Before her third baby was born, she asked me

to do something so that she could nurse her child. I sent her four powders of Syphillinum C. M. She took one every ten days. The baby was born without trouble. She had plenty of milk and nursed it. The baby was two years old before it had any sickness whatever.

She sent a young lady to me at that time, about 26 years of age, who said, "Can't you do something for my menstruation?" She had Hutchinson teeth very strongly marked. I gave her two powders of Syphillinum C. M. She took one every week. She went away. She wrote me that it seemed that a load had been lifted off her soul. That improvement lasted for over six months. She only had a little pain from cold. She had no more trouble. Two years afterward she said to me "What do you think of my getting married?" I said, "I think your children would be better off than about seventy-five per cent of those already born."

Dr. Patch: This paper illustrates the fine art of homœopathic prescribing. I wish we might have a study of this kind brought before us every year. It would not only be an inspiration to us as physicians but an object lesson to any who are particularly interested in the study of eugenics.

Dr. Green, in conclusion: Malaria seems to call for Sepia and Natrum mur. It is amusing to state it now, but when I wrote this paper I did not think of it. I thought when reading it over that if I had recognized that syphilis was present in it, I might have done better.

Dr. Boger: Man exists because he is able to stabilize in or adapt himself to the most adverse conditions. Whether of internal or external origin, that which makes for unbalance contributes just that much toward illness. All causes of disease are originally extrinsic, but three of them Syphilis, Sycosis and Psora possess in varying degrees the power of continuous reproduction within the living host and his offspring. Sycosis and Syphilis are gradually growing less intense, but Psora increases *pari passu*, with the life of its victim. Syphilis in its ramifications and progeny is perhaps the better known, and I would only add that the geneological sequence of Syphilis, Scrofula

and Tuberculosis throws light on many obscurities. Syphilis steps from phase to phase with a seeming suddenness, all the way from the primary chancre to the final apoplexis etc., etc. Hardness belongs to its nature whether as a manifestation induced or a tissue finally attacked.

Sycosis is the progeny of sycotic gonorrhoea; it shows itself in varied phenomena all of which however bear a distinct relation to dampness or moisture. Fungoid growths, catarrhs and most forms of rheumatism belong to this class.

Psora has been defined as an innate tendency to itchiness, a very limited if correct view, for susceptibility, lack of reaction and a tendency to eruptive manifestations are just as indicative of the presence of the most ancient and inveterate of miasms; that something which acts in many and irregular ways, so that we can generally say, *the more irregular the more psoric*. Gout is its great prototype.

It should be remembered that Syphilis slowly runs out or grows milder, that all gonorrhoea is not sycotic and that the presence of an unmixed miasm is rare, hence, so called disease specifics can be but rarely useful, thus, leaving only the presenting indications as the safest guides to the really curative remedy.

Bearing these points in mind will lead to a better comprehension of the following clinical diagram.

1. Father age 76.

MIGRAINE; tends toward the scleroses — then (syph.)

EPILEPSY; developing after 20 years, almost certainly specific — barring trauma (SYPH).

Diagnosis Syphilis planted in Syphilitic inheritance.

2. Mother age 62.

Early arterio-sclerosis (SYPH).

Hard achings and backward moving or deep aching pains. (syph) (psora).

Hurry, onanism. Neurosis. (syph) (psora).

Rheumatic; Psoric type-Syphilitic inheritance.

3. 1st Child. Daughter age 42.
Cracked fingertips. (SYPH).
Deep depression, aversion to ones own. Hemorrhages.
(SYPH).
Achings. Wandering rheumatism and cramps. (syph)
(PSORA).
4. 2nd. Child, Son age 40.
Cracks in canthi and red lids. (syph) (psora).
Migraine. (syph).
Emotional. Neurosis. (psora).
Rheumatic dyscrasia. (PSORA).
5. 3rd Child, Daughter age 36.
Migraine. Incipient epilepsy. (syph).
Depressions and hard achings here and there. (syph).
(psora).
Emotional. Neurosis. Dermatoses. (psora).
6. 4th Child, Daughter age 30.
Spastic migraine. Wants heavy covers in warm
weather. (syph) (psora).
Dermatoses, dandruff etc. (PSORA).
Emotional. Sluggish. Slow development. (psora).
7. 5th Child, Daughter age-28.
Petit-mal. (SYPH).
Depression and aversion to ones own. Neurosis. Chews
things. Bites nails. (syph) (psora).
Dry dermatoses. (psora).
8. 6th Child, Son age 26.
Migraine. Facial spasms. (syph).
Stooped. Dermatoses. (sycosis) (PSORA).
Somnambulism. Neurotic. (psora).
Foul footsweat and catarrh. (sycosis) (psora).
9. Husband of 3.
Warts. Catarrhs. (sycosis).
Nervous. (psora).

10. 1st Child age 8.
Neurotic. Malice. (syph).
Bad teeth. Pyorrhoea. (sycosis).
Achings. (psora).
11. 2nd Child, age 2, 9 mos.
Milk crust. (sycosis).
12. Wife of 4.
Healthy.
13. 1st Child age 9.
Easily takes cold; tonsillitis. Cough. (psora).
Slow development and poor resistance. (psora).
14. 2nd Child age 2 and one half.
Healthy.
15. Husband of 5.
Sexual predilection.
Nervous.
Alcoholism.
1st. Child age 12.
Stooped and thin. (psora).
Revengeful or Timidity. (syph).
Bad teeth. Depraved appetite. (syph).
Erotic. Warts. (sycosis).
2nd Child age 8.
Glands. Scaling eyelids. (sycosis).
Depraved appetite. Infantile eczema. (sycosis).
Big abdomen. Bow legs. Difficult dentition.
(sycosis).
3rd Child.
Meningitis. Dentition. (syph).
Agg. Heat.
16. Husband of 7.
Migraine. (syph).
Catarrhs. (sycosis).
Dermatoses. (psora).

17. 1st Child age 5.
Depraved appetite. Infantile eczema. (sycosis).
Anger. (syph).
Involuntary stools and urine. (psora).
18. 2nd Child age 4.
Itching eruptions. (psora).
Involuntary stools. (psora).
19. Brother of 2, age 65.
Neurotic type. Nightmare. (psora).
Irritability. Sciatica. (sycosis).
Numbness.
20. Wife.
Winter colds.
21. 1st Child age 30.
Nervous; twitchings. (psora).
Internal burnings. (psora).
Dry mucous membranes. (syph).
Goitre. (syph).
22. 2nd Child age 22.
Cramps. Neuroses. (syph) (psora).
23. 3rd Child age 17.
Tonsillitis. Internal burning. (psora).
Neurotic. (psora).

Here we see the gradual lessening of syphilitic expressions with the lapse of time, with the coming forward more and more of evidences of the underlying psora. The number of symptoms found under Mercury is surprising, including the two following:

Cracked fingertips: Aur-m. Bar.-c. Bell. Comd. Grap. Merc. Petr. Sars.

Aversion to ones own: Calc-c. Crot-h. Flu-ac. Hep. Lyc. Merc. Nat-c. Pho. Plat. Sep.

Neurotic symptoms also indicative of the deepest psora run

most persistently thro the series and come to the surface as the other miasms subside.

The Sycticot craves beer, the Syphilitic strong drinks.

The evidence of the presence of an hereditary Syphilitic taint in the majority of the victims of cerebro-spinal meningitis and infantile paralysis is very strong to my mind.

OBSERVATIONS UPON THE ETIOLOGY AND TREATMENT OF CHRONIC BRONCHITIS.

E. WALLACE MACADAM, M.D., NEW YORK.

Last year when I had the honor of presenting before this Society some observations on the treatment of the failing heart, I called attention to the fact that frequently chronic coughs are of cardiac origin and that by recognizing this clinical fact we may often be led to a cure which might otherwise escape us. Today I wish to attack the chronic cough from a somewhat larger view point, that is, I wish to make some comment upon the causation of Chronic Bronchitis or so called "Winter Cough," and to explain in what manner diet and hygiene should be varied for the different forms of the disease, and especially to make clear by what process of reasoning a certain remedy has been found not merely useful but, to use the word of Barrie's Policeman, almost "infalliable" in the treatment of one kind of this intractable condition.

As to the Etiology of Chronic Bronchitis, I think we have been somewhat misled by our medical writers. Indeed in our text books Etiology is so often a rather nebulous chapter that when I was a medical student, after attentively studying the causation of many diseases, I elaborated the following couplet for use when quizzes were imminent:

"All ailments may originate there's scarcely any doubt
with Alcohol and Rheumatism, Syphilis and Gout."

For example, this is what Cowperthwait has to say in regard to Etiology of the disease under consideration: "Chronic

Bronchitis occurs mostly in elderly people, though the young and middle aged may suffer with it. It occurs oftener in cold weather, frequently recurring every year as the cold weather comes on, and lasting until settled warm weather in the late spring. It may occur primarily from exposure to cold or irritating dust or vapors, but is usually secondary, either to repeated attacks of acute bronchitis, or more often to gout or rheumatism, or, at least, it is most apt to occur in gouty or rheumatic subjects. It may result secondarily from emphysema, any chronic inflammation of the lungs, pleural adhesions, chronic heart disease, Bright's disease or chronic alcoholism." That leaves, it seems to me, a generally hazy idea that chronic bronchitis may be due to almost anything that causes distress in what Mark Twain called the damned human race.

Dr. Costa is somewhat more explicit and says "In many instances, if not in most, the cause is primarily cardiac, renal, pulmonary, arterial or gouty."

Osler is more definite still, and declares "it is most commonly met with in chronic lung affections, heart disease, aneurism of the aorta, gout and renal disease."

The ailment is so common, and misunderstanding so frequent that it is necessary to emphasize this point: Chronic Bronchitis is a condition practically always dependent upon some other disease. I say "practically always" because the weight of opinion of older writers still bears heavily upon me and we must consent it is possible by the continuous inhalation of dust, or other irritating substances to cause an inflammation of the bronchi. But this is rare; when we see hundreds of cases of Chronic Bronchitis, we come across only one or two which can be traced to inhalation of foreign substances.

Acute Bronchitis is a disease by itself, with fairly well understood etiology, course and termination: Subacute Bronchitis there may be; but the usual case of Chronic Bronchitis is no more a disease than is Dropsy or Hemorrhage.

Chronic Bronchitis is an infection of the mucous membrane, but unless there is some cause which operates to lower the

resistance of the membrane and to increase the secretion, any infection will be overcome promptly.

Blood from the bronchi returns to both sides of the heart; the bronchial veins drain through the vena cava into the right heart, while the pulmonary veins empty directly into the left heart. Therefore any inefficiency of the action in either side rapidly affects the Bronchial venous plexuses, causing distention and hypersecretion. Hence bronchitis is present in almost all cases of failing heart, after the veins become distended.

Another variety is the "Bronchitis of Albuminuria." This has been ascribed as due partly to cardiac weakness always present in advanced renal disease and partly to the effect of uremic poison on the vasomotor nerves of the bronchial vessels.

Still another species is the Bronchitis of Asthma. Here again we have a condition of lowered vitality and increased secretion.

Frederick T. Lord, M. D., Boston, reports in the A. M. A. Journal, Dec. 30, 1916, upon the necropsy records of 161 cases with persistent cough, expectoration and rales during life, which were presumably diagnosed as Chronic Bronchitis. Of these 103 had cardiac failure from myocardial or pericardial disease, arteriosclerosis or chronic nephritis.

31 were tuberculous (22 chronic ulcerative tuberculosis, and 9 milary tuberculosis).

15 had pulmonary infections not tubercular (sub-acute or chronic broncho pneumonia, lobar pneumonia with abscess and gangrene).

5 malignant disease of the lung or mediastinal glands.

1 syphilis of trachea and bronchi.

6 cases remained in which there was autopsy evidence of bronchitis alone, but a review of the case histories revealed bronchial asthma as the etiologic factor in every one.

161 cases, not one of which could be adequately diagnosed as Chronic Bronchitis. In the series were nine instances of "Winter Cough." Seven proved to be of cardiac origin, one was

due to pulmonary tuberculosis, and one to syphilis of the trachea and bronchi.

Having in mind then, this search for an underlying cause, we approach a case in a somewhat different attitude than if we were to concern ourselves chiefly with the superficial symptoms. The probabilities are that the cause of any given case, if not uncovered in a painstaking history, will fall within one of the three important groups: cardiac, renal or tubercular. If after appropriate study we eliminate these three major causes, then we have to seek the etiology among the more rare and obscure diseases such as syphilis, aneurysm or malignant disease.

Treatment.

When one studies the treatment of Chronic Bronchitis in even so modern a book as Forchheimer's "Therapeutics of Internal diseases" one is struck by the absolute omission of any separation of the cases. Therapy is taken up in considerable detail under captions of Environment, Clothing, Tobacco, Exercises, Diet, etc., but only slight and indirect mention is made of the causative factors; and yet it is obvious that the regimen laid down for the nephritic case will differ from that prescribed for the tubercular.

In the study of treatment it is simpler to group the cases according to the initiating weakness.

Treatment of Cardiac Bronchitis.

These patients must be cared for as cases of failing heart. In my paper of last year I have touched upon matters of general hygiene, diet, exercise and remedies, and I have little to add. I may mention again the use of both *Coccus Cacti* and *Cactus* in the coughs of heart origin.

Coccus Cacti was prescribed by Dr. Guy B. Stearns with brilliant effect in a case of chronic cough tracable to auricular fibrillation. The patient was an elderly woman who in addition to dyspnea, edema of the feet and inability to lie down at night, had a long-standing cough which was greatly relieved

in the open air, and expectoration very stringy in character. Under the influence of *Coccus Cacti* the cough was entirely relieved, the heart became regular and the patient remained well for over a year, until she was stricken with Influenza and Allopathic treatment when she promptly died.

Coccus Cacti gave much relief for a long time to an elderly patient who suffered much from a heart cough with expectoration of stringy whitish mucous in enormous amounts. This remedy failed after a time and the sputum became more fluid, and then *Cactus grand.* made him comfortable for a year or so. When this in its turn ceased to benefit, the legs became dropsical and the mucous expectoration amounted to a pint or more every morning, then the Diuretic Wine of Trousseau was given for a few doses and brought him a respite from his trouble, and he remains well.

Pulsatilla. Also let me emphasize the importance of *Pulsatilla* in these cases. I have grown to place increasing confidence in this remedy in cardiac conditions of all kinds, and in the chronic cough of heart weakness it is invaluable. The indications are familiar enough to you, the pleasant disposition, the relief in the open air, the dread of heat and especially the heat of the sun, the aversion to facts, the habitually unconstipated state, the patient normally having two or three natural stools every day — all these together with a cough aggravated by lying down, relieved by erect position, the expectoration thick, copious, creamy in color — all these symptoms make up a picture which is often met, and in which *Pulsatilla* gives happy results.

Treatment of the Renal Cases.

The renal cases are patients with damaged kidneys to which has been added weakened heart muscle. These must have the same care as the heart case in the matters of rest, judicious exercise, abundant sleeping time, etc., and in addition especial instruction as to diet.

In laying down a dietary for these patients we may be guided by the following principles:

1. Food must be sufficient.
2. Avoid excess of foods the waste of which is eliminated chiefly through kidney, i. e., protein.
3. Avoid all foods and drinks that in elimination irritate the kidney.
4. Avoid large amounts of sodium chloride.

Taking up these points seriatum:

1. We must be assured that our patient is obtaining enough food for his daily needs. Many errors have been made in this regard. Often a patient is seen whose diet has been so restricted that weakness is the predominant feature, and when persuaded to eat more improvement is marked. The cough is mainly due to heart weakness, and unless the energy requirements of the body are met, the heart will not become stronger. A man weighing 150 pounds needs 2200 calories while at rest, 2600 to 3000 calories or more when at work. Carbohydrates and fats are therefore allowed freely, while we watch carefully to see that his weight does not become excessive. The heavier he becomes, the greater the burden on an already overstrained heart. Estimating the caloric value of food is a simple matter for the tables are published in many books.

2. Avoid excess of protein. And yet the protein needs of the body must be met else the protein itself is burned up, the muscles become weakened, there is failure of general and cardiac strength, and consequently upon that, increase of the bronchitis. Many physicians find it difficult to figure out the protein content of the diet, and more still to instruct the patient how to do this. Seeking some simple method for the purpose, I discovered this interesting fact:

One egg	}	: each contain about seven grams of protein.
One glass of milk		
One ounce of meat		

The daily requirement of a man weighing 150 pounds is about 80 grams of protein, (Voit put it at 118, Atwater at 125, while Chittenden advocated as low as 40) for men in health. There is no reason to believe that the nephritic can get along

safely on less albumen than the healthy person; 80 grams is probably safe. From the vegetable portion of the ordinary meals there is taken about 20 grams of protein; this leaves 60 grams to be supplied by other foods. Divide 60 grams needed, by 7 (the number of grams in what we call each protein unit of egg, milk or meat) the result is $8\frac{1}{2}$. Thus the patient in order to get the needed amount of protein, may take $8\frac{1}{2}$ eggs, or $8\frac{1}{2}$ ounces of meat, or $8\frac{1}{2}$ glasses of milk. Of these milk is the best food for the nephritic, but $8\frac{1}{2}$ glasses is too much to ask any one to drink, no matter how docile. Let him therefore take

4 glasses of milk
2 eggs
 $2\frac{1}{2}$ ounces of meat

$$8\frac{1}{2} \times 7 = 59\frac{1}{2} \text{ grams of protein.}$$

This rule of thumb gives the invalid opportunity to vary his diet widely. Buttermilk may be used instead of milk, especially if the fat intake should be cut down. The meat may be chicken or fish, and it may be light or dark, practically there is no difference; for although there are slightly more extractive substances in red meats than in white, the difference is so little as to be negligible. Milk is urged but if on any day that becomes repugnant, a corresponding amount of meat or extra eggs are added.

We have to put our patient upon a diet which is not temporary, but is adhered to for years. It has to be sufficient to keep his body in nitrogenous equilibrium but it also must be palatable.

Fruits are allowed ad libitum. If the urine is highly acid, the acid fruits tend to make it less so. This is because in the metabolism of the vegetable acids the acid radical is burned up, leaving a base which, joined to another radical becomes alkaline in reaction.

3. Avoid all foods and drinks that in elimination irritate the kidney. Among these irritating substances are meat extractives, (present in all meat soups) smoked meats, condi-

ments and alcohol. Water may be curtailed sometimes especially if there is hypertension.

4. Avoid large amounts of sodium chloride, particularly if there is any edema. But restriction of salt should not be carried to the point of making food unpalatable.

I have gone rather fully into the dietetic problems of these patients because many of them are given a diet so low in caloric value or so low in protein that they become weakened far more from the lack of food than from their illness. More generous meals, and a wider variety, gives added strength and a return to normal vigor.

Other details I need not touch upon, the desirability of warm clothing, the matters of fresh air, dust, cold, sponging — all these points are familiar to you and need no elaboration.

Nor have I any special observations to make upon the homœopathic remedies for the kidney cases, excepting to note that *Phosphorus* has been perhaps the most useful remedy for this group.

Treatment of Tubercular Bronchitis.

Between twenty and thirty per cent of the cases which are usually diagnosed as Chronic Bronchitis are really cases of tuberculosis. And it is for these cases that I use my most "infallible" remedy.

Early in my practice I adopted a dictum that every cough which lasts a month is probably tubercular; as more learning has come, this has been modified and my present idea is that any continued cough which cannot be charged to failing heart or kidney, or to some patent cause uncovered in the history (excessive smoking, asthma) is, in all probability due to tuberculosis, even if the physical findings are negative and the sputum does not show the Tubercle Bacillus. I freely acknowledge that this may lead to some mistakes — it has led to some. Nevertheless it is a good guiding principle, and if adopted generally would save our profession from a stigma which can now justly be cast upon it. For Tuberculosis, "Captain of the Men of Death" as John Bunyan called it, is curable in the

early stages, and if we were alive to its crafty presence it would soon be degraded to the ranks.

Tuberculosis is widespread, practically all of us are infected with it at some time; it is insidious in its onset; it may start as an acute tracheitis or bronchitis and it usually begins innocently enough; it is impossible to diagnose until well advanced; a benign bronchitis disappears of itself unless there is some kidney or heart weakness or evident irritant; therefore it may safely be assumed that any case of long continued cough, no matter how apparently innocuous in origin, is tubercular if other causes are absent.

The treatment of these cases is simple and usually meets with immediate success. Fresh air, proper rest and sleep, plenty of food with liberal supplies of eggs and milk — and the indicated remedy. And if the apparently indicated remedy does not yield prompt results — then the “infallible remedy” — BACILLINUM.

Reasoning from the premises laid down, it will be seen that Bacillinum has a field of usefulness much wider than is customary to accord it. For we may use it long before Tuberculosis rears its ugly head, long before we have any right to place so serious a name to our Patient's trouble. Thus a man comes with a history of cough for six weeks. His history is taken carefully and physical examination made, both being negative excepting for a few scattered mucous rales. Guided by the symptoms we prescribe Phosphorus let us say. At the end of a week he is no better. The failure to respond to a well chosen remedy gives the clue that there is something in the case which is preventing reaction, and reasoning in the manner here outlined, we give Bacillinum 200, one dose. In two days the cough is better, in a week it is gone and the chest clear. This has occurred in practice many times.

This remedy may be given in chronic or subacute bronchitis based upon the same philosophy that in other diseases causes us to select Sulphur or Psorinum, when the indicated remedy does not cure. So I have used it for a number of years, and it has served well.

Dr. Stearns: In the matter of the necessary protein content of our food, I am under the influence of the Battle Creek regime. There is about ten to twelve per cent protein in our grains; so that all bread contains that amount. Many persons at Battle Creek have not touched meat in years. Some have not even touched milk. So, I would differ a little from the Doctor on the use of meat, milk, and eggs in all cases. However, when you put a patient on a vegetarian diet watch him for he is apt to become weak. He has long been accustomed to build up his protein from animal substances, so his vegetarian diet must be well balanced, and perhaps an occasional meat meal given at first. We sometimes allow our patients to run down from not giving them food enough, particularly those of the aenemic and the depressed type.

A good point to put to your patient when he won't rest is to explain to him the physiology of sleep. One recuperates much faster in the first hour of sleep than later. Get him to lie down and sleep for an hour a day and thus get an extra first hour sleep. This makes a great difference in the amount of reserve vitality.

Dr. Baker: I want to ask about that eighty grams. Surely, that is of course general. I know I don't run eighty grams of protein.

Dr. MacAdam, interrupting: "Do you weigh one hundred and fifty pounds?"

Dr. Baker: No. Very often I do not eat. I think that men who are doing purely sedantary work eat too much protein. Suppose you have a patient who can't eat? I have a patient who is undernourished. If she takes one egg a day, she thinks she has eaten a tremendous amount of food.

Dr. Patch: Much as I admire this excellent paper of Dr. MacAdams I cannot refrain from making one criticism in regard to this matter of calories.

I feel the matter of temperament is equally important in the advice we give patients as to the amount of food they should take. What may be satisfactory and wise for one may be impossible for another. For some people to attempt to live on

the caloric diet that is laid down by certain authors would mean death. I am not sure but the large increase of mortality in vegetative diseases — that is organic troubles of heart, liver and arteries — are, as I sometimes speak of them, diseases of prosperity or caused largely by an excess of protein in those who are not able to assimilate large amounts. We need to be very careful in the proteid contents of the diet in those who are not able to take ample exercise.

Dr. Stearns: We should not be disturbed about requiring more proteins for heavy exercise. A person who is bed-ridden requires just as much protein as a person digging a ditch. Carbo-hydrates are burned up by exercise.

Dr. Richberg, interrupting: Proteins go to build up muscular tissues, these are destroyed by exercise. I cannot understand.

Dr. Stearns, continuing: I am simply quoting the different authorities in physiology. I think it is pretty well established that no more protein is needed by those who are doing manual work than by those who are not working. Those who are on a vegetarian diet have more endurance than those who are on a meat diet. Those on a meat diet are better for a spurt but they do not hold out.

Dr. Richberg: Why not fast, if one has depression? I would not confine that treatment to the anemic, depressed types. I have seen such patients come up who did fast. These that I speak of were the afflicted ones who, weak and emaciated, saw nothing in life worth living for; not the well fed. After the fasting they began to realize it was their own disturbed physical condition which being corrected, the normal synthesis of the system, mental, emotional and physical was reinstated.

Dr. Baker: How about the soda fountains? In ten glasses of Coco-cola, there is as much Caffeine as in five or six cups of coffee.

Dr. MacAdam, in conclusion: You will recall that Chittenden some years ago interested the scientific world by feeding a group of soldiers, athletes, professors (and some dogs) on a diet extremely low in protein and that every individual not

only lived, but thrived and even improved in well being. He found that he could reduce the protein intake to about forty grams a day, for a man weighing one hundred and fifty pounds, and still keep the body in nitrogenous equilibrium. But physiologists are loath to accept his findings as conclusive. They feel that a diet so low in protein is probably unsafe, if continued over a long period of time; and they point to the undernourishment of the poor, who for years are forced to subsist upon a diet scanty in protein. The food of certain Hindoos has a protein content of about the Chittenden amount, and yet these people are without stamina, and are especially prone to kidney and liver disease.

Chittenden reported every individual as benefited by his diet, yet every one — even the dogs — went back to a normal amount of protein containing food.

It is probably unsafe to allow patients to live on a low protein diet for a very long period of time. Such patients become weak. It must be recognized that the work of a man is done on his carbohydrate food chiefly, but that the protein is necessary for the nutrition of the muscles that do that work.

There is one practical point that may be valuable where more food is needed, and yet the patient will not eat. In such cases I have been able to secure the services of a nurse who has combined a knowledge of cooking with tact and authority. She uses forced feeding and it is astonishing in how short a time the repugnance of food disappears. Crowding the food for a few days or a week almost invariably is followed by return of appetite and even eagerness to eat, even where appetite has been absent for a long time.

Dr. Baker, interrupting. The case I mentioned has everything in the very best possible way; she is wealthy.

HOW TO TAKE THE CASE.

DR. C. M. BOGER, PARKERSBURG, W. VA.

Prof. Tyndall has shown the necessary elements of a science to be the observation of facts, the induction of laws from these

facts and the constant verification of the laws by practical experience.

When Hahnemann read that Cinchona Bark, the great empirical remedy for ague, had actually caused symptoms like the ones it had been curing, it was too striking to be passed over and he began to search medical lore for other cures seemingly based upon the similar action of drugs. He found a number, but the accounts were not conclusive enough to clearly confirm his induction, hence he began those experiments in drug action which were destined to end in what we now call provings, and to finally have a more profound effect upon medical science than any one thing that has happened since the days of Hermetic medicine, more than fifteen hundred years before our era.

As his work went on and drug effects were verified again and again he was troubled by the frequent overaction of the remedy, which he sought to remove by steadily decreasing his dosage, and was thereby insensibly led into potentization, which is after all Hahnemann's real and greatest discovery. Daily experience with potencies gradually evolved the practical details of the law, all of which was incorporated in the *Organon* as we know it today.

We may well believe that our innumerable verifications of the law will, in time, raise medicine more nearly to the plane of a true science, like that of mathematics, which advances from certain fixed and self evident truths, while all the others draw conclusions from evidence, by deduction, through reason, etc., all from premises which are in themselves of a variable import.

Our vision transmits impressions by means of light with considerable fidelity, but as we descend into matter each successive sense using lower rates of vibration reports with less and less accuracy, so that by the time we reach subjective sensation, interpretation is needed. In other words, in proportion as things are not self-evident, they must be and are defined, by comparison, essentially a very flexible method, which uses the striking and unusual as points of departure.

The larger part of sickness is composed of morbid feelings and sensations, which necessarily bear the impress of the sufferer, which also holds true of drug symptoms. A partial or one sided array of symptoms of either sort, is perhaps common enough, but unless marked by very striking features, is to be greatly distrusted. Here is the weak point in most of the minor remedies, as well as the difficulty in many clinical cases.

In daily clinical work it has always seemed best to first get a pretty full life history of the case in hand, then look over the objective appearances, and lastly find out what the patient thinks and feels. These factors are then carefully built into a mental picture of what seems to be wrong. For sufficient reasons all of its features can not usually be elicited at the first interview.

Hahnemann repeatedly pointed to the peculiar symptoms, as being the real indicators for the curative remedy, and the successful prescriber is he who can pick them out and without losing touch with the essential diagnostic features assign them to their proper places in the symptom picture. He links together and combines the essentials with the singularities present in such a way as to produce an harmonious whole. This is perhaps, not easy to learn, but it can be done, by avoiding a false start and persistence, even to the point of seeming to be intuitional.

The number of such possible combinations, is of course, unlimited, but we find that certain ones actually occur with relative frequency, giving rise to the idea of specifics, organ remedies, epidemic remedies, etc., etc., all delightfully indefinite terms, full of danger and lacking in the accuracy which makes for correct and radically curative homœopathic work.

In learning this art it is needful to divest oneself of all speculative opinions as to the origin of such odd manifestations. These things belong to the obscurities of diagnosis, nor does this mean that a diagnostic symptom can never be a major indication, as witness the marked aggravation from motion, equally prominent in pleurisy and the provings of Bryonia or

the 2A. M. aggravation, frequent in both duodenal ulcer and the effects of Kali bichronicum.

It is the striking nature of the systemic effect that determines the value of a given symptom; a manifestation that is prone to occur without any obvious connection with the disease itself. In chronic cases it is very apt to be a concomitant, while in acute ones it often stands out like a freshly painted guide post. The physician must know how to give it the right value. It is an especially dangerous mistake not to ascertain the relative age of such symptoms. A few clinical cases will illustrate some of these points.

Case I. Leftsided quinsy with constriction in fauces, *general smarting of the skin* and prostration. The skin symptom held the second, yet deciding position. Smarting of the skin belongs especially to Apis, Cantharides, *Capsicum*, Graphites, *Lachesis*, *Lycopodium*, Ranunculus scel, Sinapis and Sulphur. Three doses of Lachesis 4M. aborted the attack in twenty-four hours.

Case II. Marked, diffuse hypogastric peritonitis, of uncertain origin, with thirst, *profuse foamy vomitus*, dusky, almost black tongue, violent abdominal colic and temperature of 102°. Aethusa, Arsenicum, Cantharides, *Kreosotum*, Lachesis, *Natrum carb.*, Podophyllum and *Veratrum alb.* especially have frothy vomit. Profuseness is a strong feature of Veratrum, hence she got the 12th potency; after the second dose, there were three copious stools containing mucus, the temperature dropped to normal and the distention disappeared, leaving only a sore and swelled appendix; all within twenty four hours.

Case III. Man with a violent cold. *With every cough the nose discharged copiously*, a combined characteristic that belongs to Agaricus, Lachesis, Nitric acid, Salicylic acid and Sulphur. One dose of Lachesis made a quick cure. I have verified this action of Lachesis several times.

Case IV. A flat chested woman with a chronic cough is always excited by eating candy. Aggravation from sweets belongs to a goodly list of medicines, but the symptom has only a clinical relation to coughs, hence is of low value. Badiaga has caused and cured "*Spasmodic cough from tickling in larynx*"

as if sugar were dissolved in throat. A single dose removed that cough in ten days whereupon she added that with each cough formerly the expectorate flew from her mouth, an additional Badiago characteristic. Sometimes we discover the real keynote after curing the patient.

Case V. A single lady was subject to repeated cold taking; each attack began by running from the right nostril and violent sneezing. *Blowing the nose always caused nausea* (Hellebore, Sanguinaria, Sulfur). Her cheeks were frequently flushed. Sanguinaria repeated at each attack cured.

Case VI. Child aged 7. Diphtheritic membrane covering both tonsils and pharynx with *cramps in calves of legs and fingers.* *Has been sick one day.* A dose of Ignatia every six hours until four were taken caused the expulsion of large pieces of membrane. Within one day she was fully convalescent.

Case VIII. Infant age 2. Yellow points in crypts of right tonsil. *Right cervical glands enormously enlarged.* Great prostration. *Takes a little food then quits. Is very cross.* Four doses of Lycopodium 43M reduced the glands to almost normal, and in one day she was about herself again.

Case VIII. Lady aged 47. Years ago chilled stomach with ice water; since then had duodenal ulcer with recurrent gastritis. The X-ray shows a large scar on lesser curvature, stricture of the duodenum and many corrugations (adhesions). Bitter, sour, grumous vomit preceded by chills and accompanied by *cutting pains in stomach*, > urinating or belching. Craves very cold water. Phosphorus helped for a while, when *a regularly recurring 2 A.M. aggravation set in.* Kali-bichromicum gave surprisingly prompt relief, followed by recovery. A radical cure is not to be expected.

Case IX. A small goitre seemed to press upon the trachea of a young woman out of all proportion to its size; a symptom reminding one of Baryta carb., Bromium, Causticum, Graphites, Lachesis and Phosphorus. A single dose of Bromium 71M., caused a violent reaction on the fourteenth day, during which she felt as if her face were drawn to a point in front

of her nose, a big crop of herpes came out on the lips and chin and the goitre rapidly disappeared.

Case X. A young man was subject to attacks of migraine once or twice a week. He had inherited this from one of his parents. The attacks were preceded by blindness, reminding one of Kali-bicromicum, Psorinum and a few other remedies. In ten days after a single dose of Psorinum 50M, a carbuncle, which opened and discharged of its own accord, came on the nape. Since this he has had no headaches.

Case XI. Sore aching from the region of the *gall bladder to the left scapula*, better lying on the stomach, as of a lump under the sternum, then the mouth white with foam. Very foul black stools. Prolapsing, bleeding piles, nails very thin, split and turn black. Dry skin. Anaemic, emaciated and very weak. Constantly caves in. Aggravation from pressure of clothes and from fat foods. Four doses of Leptandra, in different potencies, have in three months, returned her to nearly normal flesh and strength. The nails are absolutely normal again, her color is quite good and an old, very foul leucorrhoea has returned in spite of which she keeps right on gaining.

Dr. Stearns: Dr. Boger's papers are always so good that nothing is left to discuss. I remember the first meetings of the I. H. A. I ever attended, where because of his knowledge and wisdom, I always wanted to touch the hem of his raiment. I asked him to-day "How do you feel about your prescribing each year as compared with the last?" He said, "I think I am getting better all the time." That is something to live for—to feel from year to year that you are getting a deeper and deeper understanding of the art of prescribing.

Dr. Boger is wonderful in his paper, and I think it would help, if he would tell us where he finds his odd keynotes. I cannot remember all the characteristics of our most used drugs.

Dr. Loos, interrupting: If you did that you would know all that Dr. Boger knows.

Dr. Boger, answering: I have an insatiable desire and read and have a good memory for what I read.

ANTI-TOXIN POISONING.

GEO. E. DIENST, AURORA, ILL.

Some years ago on a cold and rainy February evening I was called to see a child nearly six months old, said to be in great distress. On arriving at the house, which was lighted badly with kerosene lamps I found a very scrawny baby crying incessantly as if in great pain. The light was too dim to make a careful examination, but from what the mother told me briefly about the child's digestion and the way the poor suffering babe drew its emaciated limbs up to its abdomen I hastily concluded it needed *Colocynthis* which it received in the 1m potency repeatedly until better, with a promise that I would call early the following morning and examine it by daylight.

I kept my promise, found the child much better, and the mother remarked "First satisfactory sleep in three weeks." I said the child was scrawny, it was worse than that—it was one mass of sores and purple blisters from the soles of its feet to the crown of its head. It was repulsive, I never saw such a picture. Turning to the mother I asked "What is the matter?" What have you been doing to the child?"

In tears the mother told this sad story.

"Mr. E. and I are in good health. So are the other children. This baby was born last October in good health and prospered until the latter part of December. Soon after Thanksgiving day I hung out a wash, later in the day it began to rain I hastened to take in the wash. I took a cold. My throat became inflamed. I called the doctor who delivered the child and he said he could not tell what the nature of the trouble was until the following morning.

He left me with nothing to take or to do for my throat so I waited. On returning in the morning he said that I had diphtheria. I remonstrated, said there were no spots on my throat, it was simply sore. He insisted that it was diphtheria and gave me 3000 minims of Antitoxin. I objected because of the baby which I was nursing. He said it would not affect the child in the least and on the third day returned and gave me more antitoxin. I was soon over my throat trouble but felt weak

and exhausted. As we neared the holidays baby grew peevish, refused to take her nurse, was sleepless and cried much. The doctor pronounced it indigestion but his remedies were of no avail. At this time baby began to develop blisters, these opened and left raw sores. The child was in constant pain, cried almost incessantly, refused its food; stool became dark; diarrhoeaic; has been emaciating constantly. In our desperation we asked for counsel and five doctors have seen the child, and know of the antitoxin but all deny its cause. They finally told me that it was syphilitic. This was the worst shock of all for God knows my husband and I are clean."

This was enough. I never saw the father, he left his home early in the morning, did not return from the shop until late in the evening. I saw no evidence of syphilis.

To relieve the mother I took the child to the hospital. On arriving I found that a report of this child preceded me and I found difficulty in getting the baby into a ward. Nurses hesitated to care for the babe because of the multitude of sores and blisters. I ordered cleanliness with castile soap, fresh air but warm and Horlick's malted milk for diet. I gave Carbolic acid 30th. in water, one dram every 4 hours until I could observe a change. It seemed hopeless. It took nearly one week to make an impression on the general condition of the child, and nearly two weeks before we saw a change in the particulars. At the end of the first week when the babe began to relish its food, sleep at longer periods, a more normal stool, I lengthened the intervals between doses to six hours until the skin began to heal, the blisters ceased forming and the irritation became lessened. Having laid a good foundation before restoring the generals, and now seeing the particulars — the skin — show signs of improvement, I stopped my remedy and gave heed to careful nursing and in four weeks the child was returned cured.

The hospital staff called it syphilis. I called it poisoning from Antitoxin. The staff would not admit that syphilis in such a form could be cured in four weeks; no one will admit that nor will the doctors who saw the child in counsel admit that

their folly could cause such distress, but all had to admit that the cure was remarkable and if relief had not come in due time the child would have died. They did not and do not know what I gave.

Recent reports from a distant city to which these people have moved say that the little girl is strong and hearty and doing nicely in her school work.

CLINICAL CASES.

MARGARET BURGESS-WEBSTER, PHILA., PA.

In October, 1918, I was called into a distant suburb to see a little girl ten years of age, who presented the worst case of chorea which I have ever seen. She had had an attack in the preceding year, but it had been mild and of short duration, but in May 1918, the present symptoms had developed,—during the summer months the general agitation slowly became more pronounced, but following a severe attack of influenza the chorea became alarmingly worse and her parents decided to ask my assistance. Her father at about her present age had been afflicted for over two years with St. Vitus Dance complicated with religious melancholia. Ann's trouble had started with twitching of the legs finally extending all over the body, until at the time of my first visit she was in constant motion with inability to stand, to sit up or even to hold her head up on account of the paralytic weakness. Her speech was unintelligible only one word being jerked out at a time,—her expression was silly, and she kept darting her tongue back and forth. Her hands were contracted in a claw like manner with some rigidity. Eating and drinking were very slow operations on account of spasm of the throat, even a spoonful of liquid produced audible gurgling when swallowed. *Cuprum met.* 1200 produced a very gradual and very steady improvement. She is now well, and has been since the first of the year, altho' still under observation, and one dose of *Cuprum met.* 1200 was all the medicine she required.

Since the birth of her first child four years before she placed

herself under my care Mrs. G. had been a constant sufferer from an intense sacral backache, "as though the back would break," and while walking or standing it was necessary to support the abdomen with her hands to relieve the dreadful bearing down. She had postponed coming for treatment as riding invariably made her "car sick." Constipation was inveterate she was compelled to lean forward in order to have her bowels move. Vaginal examination revealed marked retroversion. Lil-tig 200- was given, and as an adjuvant the knee chest position was advised twice daily. In two months she reported entire freedom from backache and abdominal bearing down, in spite of the fact that she had been constantly on her feet. Her bowels moved regularly and her car sickness had disappeared.

In May, 1918, Miss A. consulted me in regard to a severe pain extending through to her back; commencing two or three hours after eating and relieved by eating. On physical examination I discovered a sensitive spot in the region of the gall bladder, which was < by pressure of clothes, < by walking, and > by lying down. The most pain came at 10 or 11 A. M., again at 2.30 P. M., and again at 10 P. M., and was attended with nausea and vomiting of undigested food if she had been on her feet much. Her tongue was coated and trembled on protruding. Several remedies were given with only temporary relief and when she discovered a pronounced aggravation from eating eggs Ferrum tided us over two months with comparative comfort as far as the stomach symptoms were concerned. But my patient was not doing well, she lacked her usual strength, and her weight had dropped sixteen pounds. The pain of November recommenced with added violence and she reported having vomited for four days everything which she had eaten. Her tongue which had been better, now presented a decided "mapped" appearance. Taraxacum on reference to the text did not seem to cover the case except in the "mapped tongue" and the possible action on the gall bladder which I was not at all sure was involved.

At any rate I decided upon Taraxacum 200-. In one week

she reported no nausea, no vomiting, better appetite and less pain; — which improvement kept up for three weeks when the vomiting and pain returned with the 10 to 11.30 aggravation. Other remedies had given relief of the local symptoms, but none had produced such a feeling of well being in the patient herself. So I decided to repeat *Taraxacum* 200-. Improvement continued for another month with a gain in weight of six pounds, when it was necessary to repeat the remedy, this time in the 1m potency. This completed the cure.

HOMOEOPATHY WINS.

HARVEY FARRINGTON, M.D., CHICAGO, ILL.

Case I. Mrs. J. C. F., a lady of 64 years of age, had been given up by her physicians. There were five in number, three of the ordinary sort and two learned specialists in renal affections. All of them agreed that her death was but a matter of time, one stating that she could live only a few hours, another two days, a third three or four days. Her health had been failing for two years or more. Chronic Brights' disease was first diagnosed. To this was added, bronchial asthma, then cystitis and finally neuritis of the right arm and shoulder. Now she was sinking into uræmic coma. The Ladies' Auxiliary met at the parish house and agreed to wear white at the funeral. Down in her old home town in Illinois, preparations were being made to receive the body which was to be laid at rest in the little cemetery by the church.....

Then Homœopathy interfered.

The patient lay as one quietly sleeping; breathing deep and regular; skin moist but not sweaty; cool perspiration over the forehead; face a natural pink; temperature normal. She could be aroused when called in a loud voice, would answer correctly but would lapse into unconsciousness again. Her tongue was clean and red, mouth dry and sore; was evidently somewhat thirsty. Though too stupid to ask for water, she would drink it automatically when it was offered. The urine was all but suppressed. There were a few mucous rales in the lower right

chest — remaining from the bronchitis — and the pupils of her eyes were contracted almost to a pin point.

The picture naturally suggested such remedies as Baptisia, Arnica, Hyoscyamus and Opium. On account of the marked pupillary contraction, preference was given to the latter. She received eight doses of Swan's dmm in water about an hour apart, starting at midday February the 26th, 1919. Improvement began at once. By evening the pupils were normal and she was perfectly conscious the kidneys had begun to functionate and about two ounces of urine were obtained for analysis. The next morning found the patient considerably stronger, but suffering from dysuria. Evidently the bladder trouble was returning. It increased in severity and by March 1st was so acute that it required special attention. Tenesmus was almost continuous and the scanty hot urine caused cutting and burning during its passage, this was relieved very promptly by Merc. corr. and she had nearly a week of comparative comfort, except that the cough, which had accompanied the so-called bronchial asthma started up and she noticed some burning and lameness in the right arm and shoulder. The remedies thus far were working from within outward, gradually unravelling the symptoms, mixed and suppressed by her previous allopathic drugging. The cough, though annoying, was not severe, and no medicine was given for it, but in a day or two, the neuritis increased to such an extent that a new prescription had to be considered. She now presented the following: burning, throbbing and stiffness in right shoulder, extending even into the hand, with tingling and numbness of the fingers, worse at night, from cold, lying on the affected side, better by warm wraps and accompanied by great restlessness. A few doses of Rhus tox. 30th (B & T) gave prompt relief. A renewed attack, three days later was only palliated by the same remedy in a higher potency and Arsenicum, dmm, one dose was given. The relief following this remedy gave promise of a quick recovery. She was able to rest more comfortably at night and the arm was much better. However, on March 22nd a change was noted:— she began to complain of the heat of the room; whereas before

there was steady improvement in strength in spite of pain and loss of sleep, she now felt weak and weary, and there was much burning of the feet, especially at night, thus, not only the symptoms but the succession of remedies — Rhus. and Arsenic — called for Sulphur. The 10m (F. C.) was given followed by amelioration of all her complaints. Six weeks after Mrs. F. had been consigned to the undertaker, she met me at the door of her home. The first analysis of the urine showed sp. gr. 1020, acidity 66, urea 1% (by volume of the two ounces voided), albumen 1% and numerous hyaline casts. A second specimen was obtained but never examined. On March 30th, I received a message over the telephone that the patient was suffering so much with her neuritis that the family had decided to call another physician. Naturally I was dumbfounded. I swallowed my disappointment and determined to watch the future progress of the case through the eyes of the neighbors, who had seen this woman raised almost from the dead. Homœopathy won and then lost — and yet not in reality — for it had done all that it had been given a chance to do. And now, three months after my last visit, Mrs. F. is suffering agony with that arm, which is swollen even to the finger tips, and this in spite of frequent change of medical advisers, osteopathy, electrical treatments, mud baths, etc.

Case II. On the 26th of January, of this year, I was called to see Miss Mildred E., aged 23, a trained nurse. She had been vomiting for eight days. Her old school physician, after trying Bismuth and other remedies had ordered hypodermic injections of Apomorphine — which, however, was not given.

The vomited matter, at first undigested food, was now sour water and mucus. She could not retain even a swallow of water. Retching was violent, and each paroxysm was followed by cramps in the abdomen, but no diarrhoea. She related the following symptoms:

Head heavy; confused sensation; vertigo as if floating off the bed or, at times as if the walls of the room leaned forward and were about to fall on her, worse from any motion.

Chills; cold hands and feet.

Painful drawing sensation in the right parietal region, temple and above the right eye, sometimes extending to the teeth and tongue. Pressure over the right eye, involving, when severe, the whole vertex. Shooting stitching pains extending into the teeth and tongue, with exquisite sensitiveness along the nerves and the areas supplied by them, aggravated by cold air, dampness, emotional excitement, fright, and especially at night. Most symptoms are worse at night; has spells of unconsciousness when the pains are at their height; lies as if dead for two or three hours. Dreams of being pursued, of flying, or of a confusion of people, sensation of falling on dropping off to sleep.

Faintness in the morning or from missing a meal. On waking in the morning, objects disappear as though a veil hung before the eyes.

Face cold and pale or mottled, bluish and hot; at times head is hot.

The majority of the peculiar symptoms in this record point to Arnica. She received three doses two hours apart. The vomiting ceased after the first dose and gradually the pains were relieved.

The history of the case is interesting. Miss E. had been treated by at least sixty doctors. She could recall the names of a few but perhaps it would be unethical to mention them. They were for the most part, well-known specialists in nervous diseases. She had been in hospitals and sanatoria all over the middle west.

When a child of eleven she fell, striking the right side of the head and during the years that followed, she had a great deal of headache and neuralgia in and about the right eye and parietal region.

For some time she was under the care of two Jewish specialists in Fort Wayne, Indiana, who gave her several months relief by the injection of Alcohol into the supra-orbital nerve. They referred her to a Chicago neurologist of national repute. He concurred in their diagnosis of neuritis and in the treatment — which he had himself perfected.

In 1911 she was operated on for appendicitis and double inguinal hernia. The spells of unconsciousness and severe attacks of pressure on the vertex and over the right eye, date from the time of this operation.

Ten months later she consulted another eminent specialist. After half a year of experimentation with crude drugs, he opened up and drained the frontal sinus. This apparently touched the seat of the trouble, for Miss E. was almost entirely free from pain for three months and was able to resume her nursing. But the superficial soreness persisted and eventually the terrible pain returned in full force.

The next in line was a nerve specialist of lesser caliber but equal self confidence. He had the patient removed to Wesley Hospital, Chicago, and had an X-ray taken. The plate showed a spot in the brain somewhere in the right frontal region and a diagnosis of tumor was made. Palliation therefore, was the only recourse as operation would be too hazardous in a patient weakened by so many years of illness!

But the patient was not at all satisfied with this very scientific diagnosis and decided to try some local talent in her immediate neighborhood — the south side of Chicago. There is no harm in mentioning the name of this physician, as it was Jones. Well, Jones made a discovery — there was a simple case of hysteria, reflex from adhesions in the abdomen. He injected sterile water subcutaneously — doubtless for the mental effect and later performed a laparotomy, making a six inch incision in the median line, with a diverticulum running off at a tangent, which he explained, was the fault of a dull scapel. The cosmetic effect was wonderful — the curative results nil.

Disgusted with doctors in general and herself in particular, the poor sufferer all but gave up hope. But her friends encouraged her to make one more trial and Dr. Brown was called in. You see, the supply of real specialists has been exhausted and we are getting down to mediocre class.

Brown ordered another X-ray, and strange to relate, the tumor had disappeared. His diagnosis was incurable *Tic*, but he failed to account for the violent attack of vomiting which

had now started. This brings us back to the beginning of our story and the Apomorphia which was never given — for again Homœopathy interfered.

A careful review of the case January 28th developed the following: Jerking and spasmodic drawing of muscles in right side of face, at times including those of the back of the neck, left arm and left leg, (formerly the same in right arm and leg), movement of lower jaw forward and backward when unconscious. Knee jerk accentuated. Neuralgic pains increasing. Feels as if the mind were a perfect blank. Flashes of light before the eyes on closing them for sleep; rainbow colors in the field of vision. Pupillary reaction normal. Small, puffy swellings in the scalp, sore to touch. Tingling and drawing in the nerves of face and right side of head; heat and pressure as of a weight. Feels very weak in the morning, better during the day.

The second prescription was clear. The above symptoms, coupled with heaviness of head, vertigo as if floating, aggravation from cold, etc., noted previously, pointed unmistakably to Hypericum. This remedy was given in the dmm of Swan., and was followed by a marvelous change for the better. A repetition on February 10th in the 10m (F. C.) carried the patient for over six weeks, with only an occasional, temporary return of some of the complaints until March 18th, when the 10m was again given. Improvement was less marked and a powder of Fincke's cm was administered on the 27th.

Then a remarkable thing occurred. On April 6th Miss E. said that a few hours previous to my visit, she noticed that objects at a distance appeared to be very near; the wall ten feet away seemed close enough to be reached by the hand. This was again an old symptom but one of rare occurrence.

Kent gives four remedies for this peculiar symptom — Bovista, Physostigma, Rhus tox. and Stramonium. Under Physostigma venenosum in the *Guiding Symptoms*, we find: Injury to nerves, tetanus; dull pressive headache, especially in the vertex; flashes of light before the eyes. The shooting, throbbing pains, the jerking of muscles, the partial blindness or

blurred vision — all greatly ameliorated by *Hypericum*, are also characteristic of *Physostigma*. A powder of the 200th was given with gradual improvement; another was required April 22d.

This young lady called at my office, June 10th on her way to Wisconsin for the summer. She had nothing to complain of but a slight weakness. In spite of years of dosing with Bromides, Potassium iodide, Glonoin and other powerful drugs, in spite of the alcohol injections and meddlesome surgery, Homœopathy scored again, this time one against sixty! It is too early to report a perfect cure, yet the prognosis is extremely favorable.

Case III. More than fourteen years ago, a young married woman consulted me for prolapsus uteri. She had been under the care of a Homœopath of wide experience but claimed that he had not benefited her. She improved somewhat under the action of *Sepia*, but soon became discouraged and stopped treatment.

On December 3rd, 1915, this same lady, now 42 years of age, appeared at my office and asked me to take up her case. Shortly after leaving me she had fallen into the hands of a surgeon, who operated — performing ventral fixation and appendectomy and removing some ovarian cysts. She made a good recovery but in a few weeks was worse off than ever. The dragging in the pelvic region gradually increased and the uterus finally could be felt at the vaginal exit. All sorts of reflex symptoms made her life thoroughly miserable. I shall give the record in detail as it contains many new symptoms.

Goitre the size of a hickory nut removed two years ago — relieving an anxious feeling she had for some time — a feeling as though something would happen, and panicky feeling in a crowd or at a theatre.

Bearing down in uterine region with backache between the scapulae > lying on back and especially lying on stomach, dragging downward at times even from the chest.

No menses for 5 years; had hot flashes for awhile; they have now disappeared.

Spells of bearing down pains every 3 months as if the menses would come on, > heat. Usually accompanied by dyspepsia and constipation.

Pains in the arms, sharp shooting, and heavy throbbing in the wrists, tingling and numbness in fingers; heart feels heavy as a stone, with fluttering; pain in right ovary extending to a point under scapula, same side. All these symptoms are worse if she goes without the tampons that support the uterus, or gets over tired. Burning in the pit of stomach; craves sweets, salt, meat, sour things.

Inveterate constipation with bloating and sore spots in abdomen; has to take cathartics; mucus covered stools.

Swelling of ankles; soreness of feet if on them much.

Morbid, inclined to be melancholy; indifferent as to her recovery. > by company; cloudy weather.

Generally worse from exertion; while on feet, in hot weather; at dusk (great weariness). Better in cool weather; after sleep.

Aurum muriaticum natronatum, 7 doses, to be taken one every evening.

December 15. Much stronger; less bearing down, pain in arms etc., mentally better.

Sal. lac. January 5th, 1916. More like herself; bowels some better; heart much better.

S. L. January 19. Strength still improving; some dragging in pelvis, and pain over the crest of the ileum, extending down into hypogastrium.

S. L. January 29. All symptoms worse.

Aur. mur. natr. 30.

February 23. Aur. mur. natr. 1m.

March 16. No backache; bowels move normally three times a day; soreness in region of uterus; a slight rash has appeared here and there.

April 3rd *Aur. mur. natr. vm.*

April 17 improving; notices a creamy leucorrhoea.

S. L. May 6, 19, July 10, reports steady improvement.

July 25 Headaches, old pains in arms, pain left ovary.

Aur. mur. natr. 1m.

September 25 *Aur. mur. natr.* 10m (C.)

October 20 *Aur. mur. natr.* 10m.

December 4 Leucorrhoea less profuse; no tampons since July.

1917, January 31, *Aur. mur. natr.* 10m.

April 9, improving in a general way but has had to resume use of tampons.

S. L. July 9, *Aur. mur. natr.* 50m.

October 4, *Aur. mur. natr.* 50m.

On April 15th, of this year (1919) Mrs. B. reports that she has been wonderfully well. Shortly after her last visit she dispensed with all uterine support. She has been on her feet a great deal, having gone back to her old vocation as school teacher, and has suffered not the slightest inconvenience.

Few, if any of the symptoms in this case can be found in the provings of this remedy, the double chloride of Gold and Sodium. Some of them, however, belong to the parent drugs.

CLINICAL CASES.

BY BENJAMIN C. WOODBURY, M. D., SAN FRANCISCO, CAL.

Influenza.

February 17, 1919, the writer was called at 10.30 P. M., to attend Walter Ike, 1222A, Alapai Lane, Honolulu, a baby, aet. 17 months. Although this child was probably for the most part of pure Hawaiian blood, he had been christened, as so many children born at the present time in Hawaii, with an English given name. In this particular instance, this miniature Polynesian bore the prosaic name of Walter.

It is an interesting fact that there is an ancient custom of the Hawaiian race, that makes it incumbent upon a husband and wife who are for any reason childless, to adopt or care for, one or more children of some needy relatives, or for any who are parentless. In accordance with this custom, Walter

Ike, it was learned, had not only been removed from his home, but his father and mother had been brought with him to the home of a childless uncle and aunt, to be cared for; and more wonderful to relate it was these relatives who paid for his present illness.

It was found upon questioning, that the father and mother had both been ill with influenza, and were only now recovering, hence the reason of their accompanying the child to his aunt's home.

The child had, it seems, been ill for about a week, but had been attended by a Chinese doctor, who had attributed the difficulty to the child's nursing its mother while the latter was ill. This was in part correct, yet it was very evident that the trouble was more than simply digestive. It is interesting to know that the Hawaiians, even at the present, sometimes nurse their children from 12 to 18 months, provided both mother and child are in good health. This, as is the case with the American negro, no doubt accounts for the beautiful teeth of the primitive Hawaiian. This child, now 17 months old, had already a perfect set of teeth.

Upon examination it was found that the child had a temperature of 104.4; pulse and respiration very rapid. Skin was burning hot, but there was no apparent restlessness or mental anxiousness. There seemed to be no special abdominal symptoms, except a badly coated tongue, and there had been no bowel movement that day. The only respiratory symptoms then evident were the rapid respiration and a slight cough. He was given Ferr. phos. 6. and directions were given for the use of cool sponging, and cool body packs, which immediately seemed to afford relief, and the child was to be given plenty of water to drink. It was interesting to note with what fidelity the child's aunt, and self-appointed nurse, changed the compresses and gave the baby his bottle of cold water, which, on account of his thirst, he took eagerly, preferring it cold to having it warmed.

February 18, 8 A. M. Temperature had dropped to 101.6, but rales were now detected in various portions of the lungs,

although there were no decided areas of dulness. The respiration was loud, accompanied with a characteristic grunting sound, and there was a marked fanning of the alae nasi, which his aunt had not noticed before. The bowels had not yet moved. The compresses were continued, as they seemed to afford much comfort, and the bottle of water was kept ever ready, and served to answer for both food and drink. He was given Phos. 200th. in water, a teaspoonful once in two hours.

Upon the morning of the second day there were two or three large watery movements, with improvement of the general symptoms. He was then allowed barley water, and 48 hours later, his temperature became normal, the rales were cleared, and he was given diluted milk.

There is nothing particularly remarkable about this case, as hundreds and thousands of similar cases have been noted during the epidemic of influenza just ended. The impressive features of this simple experience to the writer, however, were the placid stocism of the mother, who was content to leave the care of her offspring entirely to another, the absolute freedom of the child from complaint, the pathetic appeal of his large brown eyes, the heroic devotion of aunt, and finally the atmosphere of trust and confidence of the whole household. All of these are traits of this remarkable race, who, as a recent observer has said: were in some respects at any rate, "civilized before civilization set in."

Epidemic Hiccough.

Whether or not the title of this sketch be the correct one, may remain for the members of this Association, who have had more experience in the present epidemic of influenza, to decide. The writer's experience with the Spanish influenza, as it was popularly called, was limited to about twenty-five cases all of which fortunately recovered. In the Hawaiian Islands, so far as we were able to ascertain, the disease was limited largely to the Orientals, and some Portuguese, and a few Hawaiians. The well-to-do classes were for the most part little affected.

It might, however, be said by way of explanation, that the substance of this latter data was intended to be included as

clinical comments upon a recent paper presented by the writer at the California State Homœopathic Medical Society, entitled: "The Etiology and Homœopathic Therapeutics of Hiccough."

It was, therefore, with much reluctance, upon the very urgent appeal of the Chairman of the Bureau of Clinical Medicine, for some case reports, that we turned to these brief notes, which, to the above mentioned paper (already too lengthy) were not appended.

All this by way of explanation. As will be seen by the reports to follow, the idea that there might be a form of hiccough (probably toxic in origin) resulting from influenza, or closely associated with it, had already been suggested to the writer, while in Hawaii. Yet it was only upon hearing of a similar clinical phenomenon, which occurred in Oakland, and the vicinity, following the influenza epidemic, that we felt justified in so interpreting the etiology of these cases, and in the choice of this title.

The writer is indebted for the suggestion of using *Nux vomica* in the CM potency in hiccough, to Dr. Mary Parker, of Cambridge, Mass., who first called his attention to its use in post-operative cases, at a meeting of the Boston Society of Homœopaths, in 1913.

The report of this case, with one or two others, was afterwards published in the *Homœopathian* (Vol. IV, xii, 418).

The following observations have to do chiefly with the clinical usage of a single remedy — *Nux vomica*. The first case in which this medicine was given was in hiccough, in a patient suffering with chronic nephritis, and was unquestionably of the uremic type, so frequently associated with this disease. This case was so urgent that the writer was called to a distance of seven miles at midnight, and the patient could only be reached by automobile.

In this instance *Nux vomica* was given, a single dose of the CM potency dry on the tongue. As an auxiliary measure the spinal process of the 7th cervical vertebra was percussed, with the result that the hiccough ceased within a period of about twenty minutes to one half hour, after having persisted for

twenty-four hours. Of course in cases of this type, hiccough is for the most part a manifestation of profound and rapidly advancing uremia, and is merely one of its toxic symptoms. This patient lived for a period of about four months following this attack, but the hiccough so far as our observation was concerned, never returned. In this case, it was simply a question of dealing with one distressing feature of a progressively fatal disease.

Case I. We do not recall having prescribed for this difficulty again, until comparatively recently, when a patient suffering with periodical attacks of vertigo, palpitation and an almost constant throbbing in the region of the abdominal artery, which had in fact been diagnosed as an abdominal aneurysm, applied for relief of hiccough, which he stated he had suffered from at intervals, more or less, since his early days of alcoholic dissipation. The present attack had lasted for about one day, and had already become very sore from the constant diaphragmatic spasm.

He was given one dose of *Nux vomica* CM., dry on the tongue, and encouraged to relax mentally and physically. He sat quietly for 15 or 20 minutes, till presently it was very evident that he was able to breathe more deeply, and to talk with less difficulty, until finally he was able to pursue his way in peace. It may be of interest to state that the remedy given him some time previously, and which, he said had given him much relief from the vertigo was *Phos. 200*.

Case II. While the case of hiccough just cited might readily be attributed to flatulency, in an elderly person with broken down constitution, such was not the case, when three or four days later, a second patient applied for relief, stating that he had already had trouble for two days, with brief periods of relief, when it would return upon the slightest provocation. He stated, furthermore, that his father-in-law had had the same difficulty a few days before. This man was a machinist, not subject to any occupational environment likely to induce such a condition. He sat quietly for a few minutes, while he was being given some dietetic directions, when to his surprise

his hiccough ceased. This may have been a physic cure, as he was at once assured that there was no cause for the alarm, which his wife had felt, and owing to which, he had come for treatment. He was given *Nux vomica*, with directions for its use in case of a return. Neither he nor the former patient returned, so there was no reason to judge that there had been any recurrence of the hiccough in either case. Especially in the instance of the first patient, as a note from him the following day upon an entirely different subject, made no mention of the affliction. The second patient did not return.

Case III. The next case which first suggested the possibility of there being an epidemic of hiccough in the vicinity, was that of a motorman on the electric railway, who had been hiccoughing for three days during which time he had been given various preparations at the drug-store, without anything more than temporary relief. This man at once volunteered the information that there was an epidemic of the same thing about, as he knew of one or two other men employed by the car company who were affected in the same way, and he had heard that one physician whom he mentioned had six or eight cases which he was able to control only by giving them hypodermics.

The patient was more or less full-blooded, had a badly coated tongue, was constipated, and had practically no rest since the attack began. In addition he said that the hiccough began, or was worse after eating, and was ushered in by eructation of gas, which gave no relief, and only precipitated the spasm. He was directed to rest quietly at his home, to drink freely of water, and to abstain from food, which direction he was reasonably faithful in carrying out. He was given *Nux vomica* CM., to be taken in water. The following afternoon, at about the same hour, he reported, saying that he had had no relief, had slept none during the night, or only at intervals, and there had been but slight remission of the hiccough. He was then given *Nux vomica* 1m potency, and while in the office, he was placed upon the table and when he succeeded in completely relaxing the abdominal muscles and the spine, the spasm stopped.

He reported the following morning that he had slept some and that the hiccough had not returned during the night. He accordingly was allowed to eat sparingly of cream of wheat and milk. About noon, however, after a drink of water, the hiccough returned, and he reported in the afternoon, at the accustomed hour, the hiccough still continuing. He was encouraged to relax again, but without avail. The spine was examined, and no sensitive spots were discovered. Percussion over the cervical vertebrae, and particularly over the seventh cervical gave no relief. Hot and cold drinks of various kinds had been tried. He had found that heat applied over the abdominal region had given some relief, but this was tried again without avail. He was then given Magnesia phos. 6th., but without benefit.

Finally, almost in despair, a cup of *hot Cocoa* was prepared and given to him, with milk and but a small amount of sugar. This he drank, and the hiccough immediately ceased. He returned home, and did not report again, until the following afternoon at the usual hour. He stated that he had gone earlier in the afternoon to the office, to report for duty the following day. Upon leaving the office he boarded a car, and was asked by one of his associates about his hiccough, when, to his dismay, either the exertion of getting on the car, or calling attention to his complaint, immediately precipitated another attack, and he returned for further treatment.

The various means that had been used before were resorted to, and finally, another cup of *Cocoa* was prepared for him, wishing to again test the virtues of this magic potion. After having been under observation for about an hour, upon the administration of this hot drink, his hiccough stopped immediately, and he departed, with directions to continue his powders (he was now taking *Nux vomica* 50 M), as before. It is worthy of note that in the four days, under this remedy, his digestion had noticeably improved, he had been able to clear his bowels with enemata, the tongue was much clearer, and his general condition improved. He had slept well the two previous nights, and hence there seemed to be no reason for changing the remedy.

The only modalities that were apparent in this case were the aggravation from hot and cold drinks (with the exception of Cocoa); the coated tongue, constipation, spasmodic eructations, all of which are found under this remedy. Just what pathogenetic effect if any is possessed by Cocoa it would be interesting to determine. This patient did not report again, and consequently there is reason to believe, his general condition being so much improved, that he eventually recovered. Just what relation there exists between hiccough and influenza remains also to be determined. So far as we were able to learn none of these patients mentioned had suffered with influenza during the prevalent epidemic. Was it then a masked form of influenza, due perhaps to the same or a modified form of the same toxemia? Cases of post-influenza cardiac weakness (probably of myocardial origin) are being recorded; has influenza left in its train a multitude of occult conditions, which can be attributed to its toxins, only by their previous history, and the exclusion of other etiological and pathological data.

With respect to Cocoa: a word may be not inappropriate. In the Medical Advance (Vol. 43, iii, 1384), Dr. C. M. Boger reports that the consumption of *Chocolate*, especially among young persons has given rise to forms of facial neuralgia, and other forms of neuritis.

"Such cases," he writes, "are relieved by a single dose of Chocolate high, which at times induces a very profuse flow of bright yellow urine, with consequent relief." Dr. Boger reports the successful use of the 200 m. and cm. potencies. This action, the author writes, is due to the Bromine, its active principle, which resembles the action of Caffein, Theine and Guaranine. In its synthetic form (Diuretin) it has been used by the old school for its diuretic action.

"Guarana is an old remedy for migraine. The high potencies also seem more active than those of Coffea, a fact that was also noted as to its crude action."

In corroboration of its diuretic action, the present writer has noted this: that, whereas, ordinary Cocoa (in the various domestic preparations) can generally be taken as a beverage,

without any noticeable effects, the cracked Cocoa, prepared from the whole beans, is very decidedly diuretic, and will produce almost invariably from one to several nocturnal urinations.

It would be of interest to know in the case above reported, whether there was any specific relationship between the apparent beneficial effects of this substance in hiccough, and the pathogenetic action that might be obtained from careful proving and further clinical study.

CASES.

BY GRACE STEVENS, NORTHAMPTON, MASS.

Two Failures.

Usually in thinking of cases to report, one tries, of course, to select those which best demonstrate a real cure—those most successful. This time I thought it might be for the good of my soul—and mind—if I humbly reported two or three failures and asked help to find the reason of the failure. I will report the worst first.

Case I. Miss W., College professor, age 55. History of lameness and stiffness of back and hips for years. Had inflammatory rheumatism at 9 years. History also of occasional attacks of urticaria during early girlhood. Always stiff on first rising, better after exercise, worse in damp weather. Depressed in morning.

March 21st 1918 I was called to prescribe for an increase of this lameness which yielded to *Rhus tox. M.* and on April 1st the 45M helped the general condition for some weeks. An attack of lumbago was promptly relieved by *Byronia M* but the old stiffness in the back and hips returned and the patient always bent slightly forward in standing or walking. *Rhus tox* in ascending potencies failed to help this, but November 19, Sulphur 10m relieved markedly so that the patient was much more erect. The remedy had to be repeated three times during the next four months, but the patient was generally more comfortable.

On May 4, 1919 she had an aggravation of stiffness, with pain in sacral region extending around right hip to the abdomen — the pain better when standing straight, worse when rising or sitting. Byronia 45m failed to help but there was slight improvement from Arg. nit. m. The next day the back was a little better, but the patient felt weak and suffered much from waves of heat followed by perspiration. Sulphur cm was given and the following day the stiffness was gone but the patient developed an urticaria that finally almost covered her from head to foot. The case was explained to her and she was urged to be patient. The itching was so intense however that she was finally given some *Urtica urens* which relieved for some hours. Then the eruption returned worse than before and at last Rhus tox. was prescribed. This cleared the skin but the stiffness returned in mild form and has so far continued in spite of repetition of the Sulphur.

Query: Was it really the Sulphur which developed the urticaria or was it only a coincidence?

She had had Sulphur several times before.

Case II. A. B. is a young girl whose case I reported two or three years ago as having been much helped by Sulphur. She was thin, scrawny, tubercular in type and suffered a great deal from asthma. Under Sulphur she gained in general health and weight but when she was about fourteen she began to have attacks of asthma every month accompanied by abdominal pains, although there were no symptoms of menstruation.

Examination showed nothing abnormal about the genitals. Pulsatilla did not help. Sulphur 10 m and cm very much lessened the severity of the attacks for several months. Then the patient reported that they were worse again and that since the last time she had had a loose, rattling cough with sour sputum — yellow in color. Kali carb. m was prescribed and there was no attack for 2 months. From that time on I saw the patient very seldom as the family left town but the Kali carb was repeated twice and the Sulphur once in spite of which the attacks came with more or less regularity.

A year and a half after the first dose of Kali carb. I saw her

in an attack and gave her the remedy again. The next day she began to menstruate and the asthma was relieved. She was then 16 years 9 months old.

Again I wondered whether the remedy which had been given several times before and had only partially relieved, was really efficacious at last, in causing the menstruation.

Two Sepia Cases.

I. L., a college student. October 30th, 1916, her mother reported her as suffering from a sick headache such as she often had which she described as follows: Wakes with fiery zig zags before eyes. Pain frontal, pressing, worse for motion. Nausea with headache. General symptoms: Indigestion, distress, gas, bad breath. Drinks very little water. Naturally constipated. Dislikes sympathy.

Prescribed Nat. mur. 200.

The next day I saw the patient herself and got the following additional details: The headache was better but, there was still a good deal of pain, worse on vertex and over the eyes. Generally, when the pain is extreme it is darting or throbbing, worse on moving, better on lying down; increased by light and cold air; better for warmth. Ties something dark over eyes. Lies on painful side. Very sleepy during headaches.

Prescribed Sepia m.

This carried her over a month and a half when she had a bad attack and Sepia had to be repeated in a higher potency. This held a little longer but had to be repeated. Later a hoarse cold which yielded readily to Causticum was followed in two days by a very severe headache which was not relieved by Sepia but was subdued quite promptly by Nat. mur. 45 m.

During the two and a half years since the patient had her first prescription she has gained a good deal in strength instead of having to leave college on account of weakness as she had feared. She has had to have her remedy repeated a number of times, but on the whole she has done exceedingly well, both physically and mentally, for she has made Phi Beta Kappa and comes out of college stronger than when she entered.

Case II. Mrs. D., age 64. Five children and five miscarriages. Has always had 'uterine trouble' with heavy feeling on overdoing. Says she has had prolapsus. Now has much pain in the abdomen with frequent small stools — often loose stools with mucous. At times protrusion of rectum. Frequent micturition day and night with pain at mouth of urethra. Shortness of breath on exertion; worse on ascending; worse in wind and increased by excitement. Much gas in stomach causing distress. Wakes in the night with sense of fear: Cramps in calves in bed. Very much depressed mentally. Weeps easily without cause. Very sensitive to cold. Feels better in hot weather. Drinks much tea.

Examination of chest negative. Examination of pelvis showed the uterus small and in place. Surrounding the mouth of the urethra was a very red warty growth that bled on touch. Examination of urine negative. Prescribed Sepia m.

A week later the patient reported improvement in every way except that the bowels were still loose and the breath short on exertion. The growth around the urethra no longer bleeds. In two weeks more the improvement included the bowels and breathing. Five weeks from beginning treatment she reported marked increase in strength and in well being mental and physical, with amelioration or disappearance of all the symptoms given.

Bureau of Obstetrics and Paediatrics

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A CASE OF TOXEMIA OF PREGNANCY.

E. WALLACE MACADAM, M.D., NEW YORK.

Of the various toxemias of pregnancy there are few more to be feared than pernicious nausea and vomiting. And yet even this dreaded illness may be easily and quickly relieved by the well chosen homœopathic remedy.

In early November 1918 a Mexican lady was suffering from this unfortunate condition. She was 24 years of age, characteristically dark in complexion, possessed of a pleasant disposition and of a lively wit. She gave the following history: At 16 years of age she was married and shortly after became pregnant; in due course, and without the slightest misadventure, she was delivered of a baby girl who is now alive and well.

Some years later, in 1915, she became pregnant again, but nausea and vomiting soon set in, and those symptoms were so severe and intractable and assumed such dangerous proportions that her physician in Cuba, where she was then living, advised that the pregnancy be ended in order to save her life. This was done, and she speedily recovered health.

Early in 1918, after she had come to New York, she again became pregnant. Similar symptoms began at once and despite the ministrations of one of our most noted obstetricians they continued with such constancy and severity that it was finally

determined to empty the uterus. She was accordingly placed in the hospital, curettage was again performed, and again she had instant relief.

In the fall of 1918 she found the same symptoms recurring. Placing herself in the care of her physician she followed instructions implicitly. Various homœopathic remedies were prescribed with no success; and then injections of Corpus Luteum were given, two each day, and suddenly after fourteen such injections, the vomiting stopped and she was apparently well. But in a few weeks the whole condition returned, and the physician in charge referred her to me.

When seen the following facts were obtained: A pleasant looking, uncomplaining woman, in good flesh, reclined on a couch with a basin near. About every minute she spat into the basin, every little while she vomited. Odors sometimes caused nausea and she was especially nauseated after either eating or drinking. She had a craving for cold drinks, but milk even when ice cold was vomited immediately, cold acid drinks aggravated all her symptoms, and even water and liquid peptonoids were usually ejected.

She had a sensation of dryness in the mouth although it was not actually dry, on the contrary it was filled with saliva. The vomiting and salivation began in the morning as soon as she waked, and continued all day long. There was entire relief at night. When darkness came the salivation was relieved, the vomiting ceased and she slept without being disturbed in any way; but in the morning emesis began again and so the weary round continued. She had eaten nothing for ten days and was daily growing weak and emaciated.

The temperature was normal, pulse 100, respiration 20, the blood pressure diastolic 80, systolic 130. There was a maculopapular eruption on the face which did not itch, but which had disfigured her for a number of years. The tongue was fairly clean, moist, slightly indented on the edges. The apex of the heart was somewhat displaced to the left, and over it there was heard a systolic blow. Physical examination was otherwise negative and the urine was normal.

Among other remedies my predecessor had prescribed Phosphorus, Pulsatilla and Nux vomica, without the slightest change in the symptoms.

I gave Veratrum album followed the next day by Sepia and this two days later by Kresote — all with no result. Following the advice of the physician who had referred her, I, too, used Corpus Luteum injections, one ampule each morning and evening, but without any of the beneficial effect which had been obtained a few weeks before. Every day I was met with a smile growing more and more wan, every day I could see my patient fading before my eyes, growing weaker and more thin. A remarkable fact was the entire relief at night, sleep being untroubled; but all during the day spitting continued, there was constant nausea, and whenever food or drink was taken, it was vomited.

That the woman could not go on in this way was evident and arrangements were made for her reception in a hospital, looking forward to what by this time we may call her habitual operation.

Mercurius vivus was now given in the two hundredth potency, every two hours. This changed her usual comfortable night to one of suffering, for she was awake all night vomiting frequently, and expectorating constantly. The next morning she seemed perhaps a trifle better. The Mercurius was discontinued and Placebo substituted. Steady improvement took place after this; the salivation gradually became less, the vomiting subsided until there was only a little each morning, all nausea disappeared. She was watched carefully throughout the ensuing months and Mercurius was given in ascending potencies at infrequent intervals as it was needed. The disfiguring eruption on the face gradually cleared up, the patient took on considerable weight and was well.

The case is reported because the time of aggravation of the symptoms was exactly opposite that of the curative remedy, and because of a successful use of an uncommon remedy in nausea and vomiting of pregnancy. It is worthy of note that in Kent's Repertory, Mercurius is not mentioned even in the

smallest degree under the rubrics "Salivation during Pregnancy" or "Nausea during Pregnancy" or "Vomiting during Pregnancy."

Nearing term a few doses of Pulsatilla were given; and one early morning in the latter part of May the citizenry of Mexico was increased by one fine dusky girl, who entered the world as easily as a pea is shelled from the pod.

OBSTETRICAL ROUTINE.

CHARLES BECKER, M. D., TORONTO, CANADA.

One of my very early experiences has lingered in my memory. I was still taking lectures in obstetrics and the professor was dwelling lengthily each day on its many difficulties, probably trying to make us realize how great a man must be, to be a Professor of Midwifery.

Well, fully impressed with the necessity for great care and skill I responded to a call. It may have been I was sent reluctantly forth as I was with my brother then and my brother when the spirit moved him or when the flesh held him was always wonderful in the matter of fact way with which he could turn over a pocket case and a patient with a cheery assurance that the "natural tendency in sickness is to recovery where no meddling is done" and then leave the substitute to his worries.

The patient this time fortunately for me had had a great deal more experience than I and she continued right on with her pains after my entry. I washed up carefully and very deliberately trying meanwhile to recall all I had heard and read about head presentations which was as far as our class had got. Then I proceeded to examine and was as I had expected immediately completely stumped. There was something round and hard, it must be the foetal head for it was very hard but where were the sutures and where oh where was a fontanelle! I poked away, the patient content in the knowledge that the doctor was doing something, but no familiar landmarks were to be found. But the fates were kind, a strong pain shot the hard something into my trembling palm. Even in my dazed

condition I could still recognize a breech and my troubles were over.

Shortly afterwards my brother took a couple of us into his office gave us a concise talk not on the difficulties but on the ease of obstetrics and afterward labor lost its terrors.

Then too I found that under homœopathic treatment troubles were few and far between. If the remedy could be seen results practically always followed. For instance yesterday afternoon at six, I saw a case — a primipara — that had been in labor from two in the morning. Examination showed very little dilatation; presentation L.O.A. The remedy appeared to be *Gelsemium*. I gave it, went home to dinner and came back in a couple of hours — expecting to have to complete dilation and deliver. But I found full dilation, steady progress being made and very shortly all was over satisfactorily, no repair work necessary. Such responses to remedies are common with you and with all Homœopaths.

I am still putting the patient on the left side, usually using the dorsal position only where it is difficult to apply the forceps. The lateral position gives good control over the head and perineum, then when the baby is born turn the patient a little more on her face and what deep stitches are necessary can be put in without blood flowing over and obscuring the field. I always put in my sutures before expressing the placenta and in most cases tie them immediately. This is safe as it is rarely indeed that we have to explore and evacuate the uterus later. With the nurse holding up the thigh you can too easily run your continuous suture down the vaginal wall though for this I like the dorsal, using an abdominal retractor to expose the surfaces. This is inserted under the os pubis the nurse hooks her finder in the curved end and you have a full view and easy access to the posterior and lateral walls.

I will not attempt to give you my experiences in mal positions. I learned from them the one thing needful, determine wherein the position was in fault and the technique to rectify follows as a matter of course.

In occiput posterior positions I always rotate trying first the

external manipulation and if this is not successful passing the gloved fingers alongside of the occiput and with steady pressure pushing it in the direction it should go — at the same time helping with the external hand. This when done sufficiently early has always been successful with me — though some cases will require the prompt application of the forceps to prevent the swinging back to the old position. I remember one case where with difficulty the head could be rotated but the body would not follow. With the internal hand in place I applied one blade then with nurse holding it, put in the other and delivered. The cord here was looped tightly over the shoulder and was not easy to push free, hence the difficulty in the manipulation.

My forceps are the Greville similar to the Neville used in the Rotunda, Dublin, but with the difference that they can be used without the axis traction. They are—The Barnes Simpson with a handle that is easily applied after the blades are in place. When delivery is easy we have an ordinary forceps — with I think the best weight and shape of blade of any in the market. I have seen none that grip the head better or mark the baby less. Then, when much and continued traction is required we have a handle that can be attached in a second.

When the axis traction is applied the handles of the forceps indicate the progress and direction of the head so that no mistake can be readily made. All we have to do is to pull along the line of the handles.

I wonder how much of the trouble following labor in past years was due to the douches then so much a matter of routine. I have never used them unless the lochia became very offensive but on a couple of occasions where the nurse had taken it on herself to give a copious injection on the day following the labor the patients had attacks of sudden severe pain — one having in addition a prolonged chill. Both did well but they were sturdy women and their labor had not weakened them.

SOME REMEDIES OF USE IN DENTITION

BY GRACE STEVENS, M. D.

There are several periods in the life of the human individual that are marked by great changes and are characterized by nervous irritability and instability.

The laity have learned to recognize this fact and are wont to look upon these periods as the cause of many fleshly ills. Thus, any discomforts that a woman may suffer between the ages of forty and fifty-five are usually assigned to the so called "change of life" while the age of puberty is considered an equally reasonable cause for the troubles of the early teens.

With babies it is — "I think it's his teeth, Doctor, don't you?" — whenever there is a disturbance of temper or digestion, and it appears that many people find nothing to do when the cause is thus assigned but to bear the discomforts — or leave them to be borne — as best they may.

This isn't strange, perhaps, when these people are cared for by physicians of the Old School, but those who have the advantages of homœopathic treatment should know that there is relief to be found in the well chosen remedy.

We have a long list of remedies for the conditions that may arise during the period of dentition and I can mention only a few. We have already spoken of the period as one of change and nervous irritability. The system is demanding mineral salts in abundance and must be in a state to assimilate them properly.

Where the nutrition is at fault and the dentition is consequently delayed, we find the bony development unsatisfactory in other parts of the body as well. The fontanelles are slow in closing and the child does not walk until past the usual time.

The three remedies that are most useful in such conditions are *Calcarea carbonica*, *Calcarea phosphorica*, and *Silica*.

These must be carefully distinguished in order to get the best effects. The *Calcarea carbonica* type is the fat, flabby blond who sweats profusely about the head and has cold, damp feet. Sometimes the arms, chest and legs become emaciated

but the abdomen and head are disproportionately large. The sweat and discharge are apt to be sour; the stools chalky and grayish. Often the cervical glands enlarge as do also the tonsils.

The child is apt to be sleepless or has bad dreams. The Calcareo phos. baby is scrawny and tall for its age. The neck is thin and seems too weak to support the head, while the abdomen is flabby and shrunken. During dentition there is often diarrhoea, thin greenish stools with much gas. The child is fretful and peevish and loses its breath on being lifted. Adenoids are often developed. Silica is useful in mal-nutrition and arrested development, where there is a tendency to exaggerated reflexes and spasms and profuse sweat about both head and feet. The foot sweat is very acrid and offensive, that about the head is less so and comes especially at night. Diarrhoea when present, is apt to be very dark and offensive. The hard stool is more characteristic however, and slips back into the rectum when partly passed.

The head is large in proportion to the rest of the body. Anyone who remembers the pain and irritation that comes with the cutting of wisdom teeth, or who has suffered the discomfort of wearing a wedge between two teeth for some time, does not wonder that teething babies are apt to be fretful. The nervous irritation which the process causes frequently results in slight fever with diarrhoea and sometimes vomiting.

Two of the very cross remedies are Chamomilla and Cina. They are both sleepless or the sleep is very restless. The Chamomilla baby starts and jumps in sleep. When awake it frets and cries and wants to be held or carried about. It is very thirsty and the mouth is so hot that it clings to the glass in order to cool the inflamed gums. The characteristic stool smells like sulphureted hydrogen and looks like chopped eggs and spinach. Another symptom is one pale and one red cheek. The Cina patient is even crosser than the Chamomilla one. He does not want to be touched or looked at. When old enough to ask for things he will throw them away as soon as he has them. He is thirsty and calls often for water, but drinking is apt to be followed immediately by diarrhoea.

Cina is unusually hungry in contrast to Chamomilla which has loss of appetite.

Constant rubbing of the nose a familiar Cina symptom.

Antimonium crudum is another cross remedy and like Cina, does not want to be touched or looked at. The very white tongue, much vomiting and thirst, however, are characteristic. The stools are watery containing hard lumps.

The sleeplessness that develops in children during dentition is often very troublesome. When the child seems simply excited but not cross, Coffea will often help, as it does in older people. Lycopodium is the remedy when the child sleeps with half open eyes, tossing its head from side to side. Sometimes it is so restless at night that one is reminded of Rhus. tox, but the red sand in the urine, rumbling of gas in the abdomen and characteristic hours of aggravation will help to distinguish. Of course the skin comes in for its share of troubles during dentition and there are many remedies which are useful.

Among these Graphites is one of the most familiar. The eruption pours out a gelatinous, watery fluid, and affects especially the scalp, face and back of the ears. At the evolution of each group of teeth this condition is aggravated. The child is usually very constipated with large, difficult stools.

When the gums are unhealthy, aphthous and excessively tender, Borax will help, if there is present the characteristic fear of downward motion and marked sensitiveness to noise.

Mercurius is the remedy if there is copious salivation, with blisters or even ulcers on the gums and tongue.

The numerous symptoms are worse at night.

Under Sulphuric acid we find an aphthous condition of the mouth and gums which is evidently painful because the child cries much and is very irritable and restless. A distinguishing feature of the remedy is the stool which looks like chopped mucous of a saffron color.

Proceedings of the
Forty-first Annual Session
1920

PROCEEDINGS
OF THE
FORTY-FIRST ANNUAL SESSION
OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION.
MINUTES OF THE 1920 SESSION.

The forty-first annual session of the International Hahnemannian Association convened in the Library of the Hotel Statler, Cleveland, Ohio, Thursday, June 24th, 1920, and was called to order by the President of the Association, Dr. George E. Dienst, of Aurora, Ill.

The Secretary, Dr. W. W. Wilson, read his report.
Fellow Members of the I. H. A.

The past year has been fairly filled with the routine correspondence of the office of the Secretary, and with the getting out of the Transactions of the 1918 session.

As directed by the last session, the various resolutions passed have been acted upon by the Secretary and responses have been received.

In answer to the resolution of respect drawn up by the committee on the death of our late associate, Dr. E. E. Case, the following response was received from Mrs. Case.

Hartford, July 18, 1919.

Dear Dr. Wilson:

It was a sad pleasure to receive your letter from Asbury Park with a copy of resolutions of the I. H. A., then, there in session,—tributary to the memory of Dr. Case.

It is consoling to know that he is still remembered and honored by the Society of which he was so loyal and enthusiastic a member for so many years — and I am very grateful to the society and to you.

With sincere thanks I am very truly yours,

Emoelte H. Case,

44 Lilley Road (Mrs. E. E. C.), Hartford.

There was a bit of misunderstanding regarding the forwarding to the War Department of the resolution, drawn by the Committee on Resolutions. The Secretary understood it to be incumbent upon him to forward the resolution while the Committee intended it to go through the Secretary of the A. I. H. However, the following interesting results have come out of the correspondence with the War Department and shows the attitude of the Government toward us.

The resolutions read from the minutes of the last session were forwarded to the War Department and the following answers were received

Mr. Wm. W. Wilson, Sec'y.,
International Hahnemannian Assn.,
28 The Crescent,
Montclair, N. J.

Dear Sir:

Referring to your favor of the 1st inst., transmitting a resolution of the International Hahnemannian Association, relative to adding homœopathic remedies to the Supply Table of the Army and stating that the mortality rate in Influenza under homœopathic treatment is 1.5%, you are requested to forward, with the least practicable delay, the evidence on which the mortality rate referred to is based. The names of investigators,

compilers, etc., should also be furnished, in order to enable this office to take intelligent action in the matter.

Very truly yours,

Edwin P. Wolfe,

Colonel, Medical Corps.

(This letter was referred to Dr. G. B. Stearns of N. Y., who was our statistician).

(Dr. Stearns letter in answer to above).

Surgeon General, United States Army,
Washington, D. C.

November 23, 1919.

Dear Sir:

Referring to S. G. O. 080-1 (Int. Hahnemannian Assn.) T.

At the annual meeting of the International Hahnemannian Association at Asbury Park last June, a resolution was passed that it be called to the attention of the Surgeon General's Office that in the influenza epidemic the death rate under homœopathic treatment was only a fraction of that under allopathic treatment, and asking that homœopathic remedies be added to the supply table of the Army.

The Secretary of the International Hahnemannian Association, Dr. Wm. W. Wilson of Montclair, N. J., sent the resolution as directed, and on the tenth of July received a request for the names of the compilers of the statistics regarding the homœopathic treatment of cases of influenza during the epidemic, etc.

As president of the International Hahnemannian Association, I collected statistics from the members, and I enclose a compilation of the same. The amount of work involved explains the delay in sending this.

One of our members, Lieutenant Herbert A. Roberts, had charge of the measles ward at Newport News, and later was Chief Medical Officer on a transport during the height of the epidemic. He used only homœopathic remedies, and it is a matter of record that he did not lose a case from any cause

throughout the whole of his service. His ship was the only one in the transport which did not lose a case of influenza.

I also respectfully call attention to the statistics collected by Dr. William A. Pearson, Dean of Hahnemann College, Philadelphia, Pa., a copy of which is hereto appended.

Very truly yours,
G. B. Stearns, M. D.

(Letter in answer to Dr. Stearns).

Washington, D. C.,
December 5, 1919,

International Hahnemannian Association,
180 West 59th Street, New York, N. Y.

Attention of Mr. G. B. Stearns.

Gentlemen:

The Surgeon General directs me to acknowledge the receipt of your letter of November 23rd relative to the resolution passed by your association at Asbury Park last June, requesting that homœopathic remedies be added to the supply table of the Army, and to express to you his appreciation of the interest taken by the International Hahnemannian Association in the welfare of the Army and its desire to promote the efficiency of the Medical Department. Such interest is always a matter of gratification to him and he desires me to thank you, and through you, the members of the Association, for the valuable suggestions submitted.

The standard supply table of the Medical Department has been developed as a result of many years' experience. It has been found to meet the requirements quite satisfactorily and this is especially true of the recent experiences in France. Since it has given satisfaction for such a long period, no change will be made therein.

The members of one of the units organized by the hospital of the Hahnemannian Association which was accepted into the service, were informed by the Commanding Officer of the hospital to which the unit was assigned that, if they desired remedies different from those on the standard supply table,

they had only to make request for them and purchase would be made to meet their needs. The Commanding Officer of this hospital reports that he has not received a single request for remedies other than those already provided by the Government. From this it is assumed that the members of this unit were satisfied with the materials furnished by the Government, and would further indicate the inadvisability of making a change.

Very sincerely yours,

Edwin P. Wolfe,
Colonel, Medical Corps.

(*Final reply.*)

As stated in the Announcement letter sent out, the Secretary applied to three firms for estimates for the publication of the transactions of the 1919 session. The responses of \$1000, \$900 and "no estimate" were referred by the Secretary to the Chairman of the Publication Committee who advised the withholding of the session matter until more favorable estimates might be received or the Association instructed the Secretary to proceed with the publication.

The decease of two of our members has been reported since the last session. Both were foreign members and their deaths have been referred to the Necrologist. The deceased were R. Gibson Miller of Glasgow, Scotland, and Leon Cattori of Locarno, Switzerland.

This year two more of our members join the ranks of the Honorable Seniors, Drs. Cyrus M. Boger and Milton Powel are those upon whom the honor falls. We congratulate them on their long membership and hope that they may remain active with us, as many other Honorable Seniors do, for many years to come.

Again the Secretary presents the list of delinquents and asks that the Association take some action in the matter. Very few of those referred to the Association last year have responded in any way.

The Secretary refers the correspondence of Drs. Almfelt, Pierson and Luff to the Association for instruction in the matters mentioned.

A communication has been received from Dr. Sarat Chunder Ghose of Calcutta, India, requesting that he be made a corresponding member of the Association and his letter is referred to the body and may come up under New Business.

The matter of Compulsory Health Insurance is coming up in some of our states and from its appearance it may become a great ogre to the medical profession. Does the Association care to enter itself on record of protest against the matter?

All things seem to be on a tendency upward. Our dues have been stationary for years. While amply sufficient just now to meet the running expense of the Association, the experience of the Publication Committee brings before us the desirability of having sufficient funds to print the transactions of our session. Does the Association care at this time to increase the dues of members?

The only matter of business holding over from the 1919 session is that of federation of the I. H. A. with the A. I. H. as recommended by the Committee on Resolution. The report of the Chairman of the Committee will come up under unfinished business.

It was moved and carried that the report of the Secretary be received and accepted.

In the absence of the Necrologist, Dr. Rushmore, his report was given by proxy.

NECROLOGIST'S REPORT TO THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION, 1920.

During the past year your Necrologist has heard of the death of three members of this Association, viz: Mary Parker of Cambridge, Mass., Leon Cattori, Locarno, Switzerland, and R. Gibson Miller of Glasgow, Scotland.

A memorial notice of life of Dr. Mary Parker is hereto appended. Information of the death of the two foreign members was received only very recently, quite too late to allow of getting material for a memorial notice.

June 20, 1921.

Edward Rushmore.

MARY PARKER.

Mary Parker, M. D. was born on Sept. 14th, 1872, the daughter of Alfred Wright and Clara Hallett Parker, at Yarmouthport, Cape Cod, Mass. At the age of 12 years she went to Waltham, Mass., and attended a private school there for about 8 years. She later took a course at the Boston Normal School of Gymnastics. A few years later she attended for two years the Woman's Medical College in Philadelphia. She then spent one year in Hering Medical College and one year at Hahnemann Medical College in Chicago from which she was graduated in 1910. Then she worked one year in the Homœopathic Hospital in Boston. She next spent four years in Framingham, Mass., and finally moved to Cambridge, Mass., where she continued to practice. She held a clinic for about six years in the out-patient department of the Homœopathic Hospital in Boston. She was also teacher of Anatomy and Physiology in the Boston School of Physical Education. She became a member of this Association in 1912 and died on the 8th of April, 1920, after a few months illness.

Plainfield, N. J., June 20, 1920.

Dear Dr. Wilson:

The serious and increasing illness of a long time patient led me to give up the Conventions this year. Please convey to the society my regrets, and my best wishes for an old fashioned feast of reason in developing the great arcona of medicine, discovered and declared by Samuel Hahnemann.

Most sincerely yours,

Edward Rushmore.

The President called upon the Board of Censors for a report but its chairman, Dr. C. M. Boger stated that a report would be rendered later on.

The President called for any unfinished business.

The Secretary stated that there was a resolution on the table from last year regarding the matter of how we might federate or affiliate with the American Institute of Homœopathy and

that a report should be presented by the Chairman of the Committee in whose hands the matter was left.

Dr. Patch reported that a report would be rendered later in the session.

The Treasurer, Dr. W. W. Wilson, then read his report.

REPORT OF THE TREASURER FOR YEAR 1919-'20.

RECEIPTS.

Received from Dues	\$960.52
Sale of Transactions	25.00
	<hr/>
	\$985.52

EXPENDITURES.

Stenographer	\$75.00
Printing 1918 Transactions	381.25
Expressage and Postage in Transactions	11.87
Printing of Letters and Programs	75.75
Envelopes and Postage	18.00
	<hr/>
	\$561.87

Balance	423.65
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WM. W. WILSON, *Treasurer*.

On motion, the Treasurer's report was referred to the Auditing Committee.

The President called for new business.

The Secretary reported that he had letters from some delinquent members asking for remission of dues.

Letters were read from Drs. Almfelt, Pierson and Luff requesting remission of dues.

On motion these matters were referred to the Board of Censors.

The Vice-President was called to take the Chair while the President read his address.

THE PRESIDENT'S ADDRESS.

Ladies and Gentlemen:

The forty-first annual meeting of the International Hahne-mannian Association is now in session. The past has been a series of struggles but fruitful in much good. The Association has erected a superstructure on an immutable foundation. An unswerving principle has been its inspiration. Truth, in its greatest accuracy conceivable by human intelligence, its constant guide. Even though the laborers have been few, the work as endless as a circle, nevertheless, much has been accomplished. We have held inviolable the law of Similars; our published transactions are classics in medical therapeutics, and the world at large has credited us with honor and uprightness. This is due to an unswerving faith in the laws we practice, indomitable courage in their advocacy, and persistence in working towards a single object. It is said,—“men see through a glass darkly” and yet a constant focusing of the vision on one single object discovers its most intricate outlines and beauty. Nothing is gained by vasillation. The constant dropping of water may wear the hardest stone: and the constant unchangeable adherence to truth and law may influence your fellows to do likewise.

BROADMINDEDNESS.

Breadth is not always indicative of depth nor height. Much is said about Broadmindedness, and being broadminded. Invectives have been hurled against the man wearing a “strait jacket.” His only salvation seems to lie in forgetting his “strait jacket” and becoming broadminded. Is it safe? Had a man not better stand alone in the consciousness of being and doing right than to plunge into a gulf of broad uncertainties, and, with an uneasy conscience, be lost forever?

This is not an ertation, neither a homily, but observation teaches that the broadminded cover too much space for safety. The pit falls in breadth are much more numerous than those of the “straight and narrow way.” However, it is impossible

for a finite to become omniscient even in things physical and it is but just that we credit others with ability to do where we may fail. The great problem in the medical world of to-day is — how to unite on essentials.

In Homœopathy there is an essential law by which physicians are guided in their diagnosis and therapeutics and this law is broad enough to cover all the essentials of acute and chronic diseases. It has been proven by every process of trial and has never been found wanting, and those whose practice is in strict obedience to this law are never found wanting in favorable results; and, since the only true success in the practice of medicine is dependent upon the real cures effected, you will understand that, to be broadminded means simple breadth of mind to comprehend and execute this law. Justice demands obedience to essential laws; folly continually suggests breadth and disobedience.

HISTORIAN.

This Association has been and is still making valuable history. Some of this history is found in the printed archives as they are published from year to year. Since men and women come and go, each doing the work his limited parish requires, many things of historical and biographical value are passed un-noticed for the reason that there is no one authorized to receive and record such things as should be accurately noted. It is my suggestion therefore, that this Association elect a permanent historian or biographer to whom all matters of personal and professional history may be referred. Strict record should be kept of such history and from time to time published as this Association, through its publication committee may direct.

EDUCATION.

The day is at hand when a more accurate knowledge of life forces, their intricate and operative nature, the elements which impair them and a more rational method of repair is at hand. The tinsel gods of crude materialism, poly-pharmacy and isopathy which, today, are in the sunlight, tomorrow in the shadow, must and will give way to saner and more logical

thought. They lead to confusion and often make confusion worse confounded. It seems inexplicable, when viewed in the light of the Organon, that men permit themselves to be blinded by things which appear demonstrable, when in fact they are not. So forcibly are the crudities of subcutaneous and intravenous methods of cure flashed to the public gaze, that men the "very elect" are deceived into a pseudo conception of human life, its diseases and cures. It is therefore, that we plead for a closer adherence to the teachings of the Organon in the methods of proving remedies, their potentization and administration as Samuel Hahnemann delivered them to the world, until a greater scientist than Hahnemann appears and proves his right to the title. The burden of this duty, as we see it, rests upon the members of the I. H. A. There must not be any "blind leading of the blind," but those who see must be the guides.

COLLEGES.

While deeply conscious of the value of a broad and a thorough education in every vocation, we cannot refrain from expressing regrets that the medical profession is responsible, in its efforts to broaden the curriculum of a medical education, for the dearth of instruction in essentials and the decrease in the number of students. The length of time required in the modern medical college, to meet the demands of law, the preparatory work, and the expense involved, though commendable, is such that but a few can take this course. We are not unmindful of the fact that, some of the best intellect in our land, hungering for an opportunity for development is and must remain latent because of legal inhibitions. Many of our best young men and women, because of circumstances over which they have no control, but with energy to press to the very pinnacle of usefulness, had they but a fair chance, are prohibited by law from doing so. This we consider neither just, truly American or in any manner altruistic; but a tendency to autocracy, un-American, class legislation and a violation of the spirit of the Declaration of Independence and the Constitution of the United States. While these things are as they are,

and a Post Graduate School of Homœopathy a difficult problem, we urge every school in the United States making any pretense at being Homœopathic to incorporate a chair on the Philosophy of medicine with the Organon as a text book, making it a compulsory study in the Junior and Senior years for every student, no matter what branch of medicine he may choose to practice; and that no one be selected to teach this philosophy except one capable and known to be a believer in and follower of the Law of Similars.

AMALGAMATION.

Doubtless, there exists no organization more keenly awake to the consciousness of strength in unity and the necessity of a union of strength than the International Hahnemannian Association. The struggles of truth against error have always been hard; the battle long and severe, the fatigue bordering on prostration, with Truth always the victor. Because of forces, political and professional, trying to defeat, not the law so much as the removal of the name, it has seemed advisable to some of the members of this Association to consider the feasibility of an organic union with the American Institute of Homœopathy. We are conscious of the moral strength of the Institute. We realize, that among its members are some of the most ardent advocates and practitioners of Homœopathy. The Institute is conscious also of the truth which is maintained and practiced in this Association and seems willing to aid us in the perpetuation of this truth. Indeed there is no question about the essentials of Homœopathy as taught in the Organon in these separate organizations.

The great question before us is, — How can we combine our forces so as to perpetuate these essentials to the greatest advantage in the work we both represent and still maintain our individuality as a unit in this great organization. We represent a distinct element in the world of Homœopathy, and this distinction must be sacrificed neither absorbed by another element. As in the sphere of human life, so here, we must maintain our individuality. Nevertheless, there has been no time in the history of these separate organizations, so gracious as this

present, to consider amalgamation. We must wisely consider the gain or loss before taking a decisive step.

In conclusion permit me to extend to each of you my deepest gratitude for the honor conferred upon me during the past year. Incompetency, the strain of hard work and want of time prevented me from doing the many things I so much desired to do, and for this I beg your compassionate consideration. Let me wish each of you professional prosperity, health of soul and body, a long life, and a peaceful rest when your toils are ended.

A committee consisting of Dr. B. G. Clark, chairman, Dr. Frank W. Patch and Dr. Eloise O. Richberg was appointed to consider and report on the President's address.

The President appointed an Auditing Committee consisting of Drs. C. M. Boger, chairman, A. D. Smith and B. G. Clark.

The Secretary reported the receipt of a letter from Dr. Gohse, of Calcutta, India, requesting admission into the Association as a corresponding member. Dr. Gohse said he was a corresponding member of Homœopathic societies of France, Russia and England and that he was the editor of a homœopathic journal of Calcutta, the Indian Reporter. Is president of a hospital in Calcutta and a corresponding member of the American Institute of Homœopathy.

The Secretary called the attention of the Association to the fact that under the Constitution of the Association there was no such relationship as a "corresponding" member. In Dr. Gohse's case we could but elect him to honorary membership.

On motion, Dr. Gohse's case was referred to the Board of Censors.

Dr. Richberg made an explanatory reference to a possible endowment that might come to the Association and Homœopathy through the generosity of one of her patients.

The President appointed Drs. Loos and Green to consult with Dr. Richberg on the matter of possible endowment.

No further new business coming before the Association the meeting was turned over to the Bureau of Homœopathic Philosophy.

In the absence of the Chairman of the Bureau, Dr. R. F. Rabe, the President asked Dr. Sloan to act as Chairman.

Dr. Krichbaum moved that all visitors be allowed the privilege of the floor. The motion was carried.

Under the Bureau, Dr. Woodbury's paper on "The Invisible Increment" was read by Dr. Patch.

The meeting adjourned to meet again at 2.30 P. M.

AFTERNOON SESSION.

Dr. Wm. Boericke, of San Francisco, Cal., came into the meeting before the opening of the afternoon session and exhibited the copy of the Organon, revised by Hahnemann himself for the sixth edition of the work, and made some interesting remarks as to how he came into possession of the book. The volume was passed about among the members who examined it with great interest and handled it with reverence.

At 2.30 P.M., the meeting was called to order by the President and an expression of thanks was voted to Dr. Boericke for his talk. It was moved and carried that Dr. Boericke be made an Honorary member of the Association.

Dr. Boger reported the following names as applicants for membership and recommended their election, having passed the Board of Censors.

Drs. J. B. Gregg Custis, of Washington, D. C.; W. J. Hawkes, of Los Angeles, Cal.; Fred L. Juett, of Lexington, Ky.; Richard M. Field, of New York City; G. A. Friedenwald, of New York City; J. E. Frasch, of Metamora, Ohio.

It was moved and carried that these applicants be elected to membership.

The president appointed a committee on nominations, consisting of Dr. Patch, Chairman, Dr. Krichbaum and Dr. Wilson.

In the absence of Dr. K. A. McLaren, Chairman of the Bureau of Clinical Medicine, the President appointed Dr. Krichbaum to the chair.

Papers were here read in the Bureau of Clinical Medicine. The meeting adjourned to meet at 8.00 P. M.

EVENING SESSION.

The President called the meeting to order at 8.00 P. M. He called for reports of committees and Dr. Boger reported the following applications from the Board of Censors:

Drs. Robert G. Reed, of Cincinnati, Ohio; Pauline E. Lange, of Chicago, Ill.; V. Taber Carr, of Tiffin, Ohio; Chas. A. Dixon, of Akron, Ohio; Ida E. McCormick, of Cincinnati, Ohio.

The Bureau of Clinical Medicine was continued and papers were read from this Bureau.

The meeting adjourned at ten o'clock, to meet Friday, June 25th at 9.00 A. M.

FRIDAY, JUNE 25TH.

Meeting was called to order by the President at 9.00 A. M.

Matters of business were called for and Dr. Boger reported for the Board of Censors:

Dr. Luff's letter was taken up and it was recommended by the Board of Censors that Dr. Luff's dues be remitted and that he be elected to Honorary Membership.

It was moved and carried that the recommendation of the Board of Censors be accepted.

Dr. Boger reported that the Censors recommended the election of Dr. Ghose of Calcutta as an Honorary Member.

It was moved and carried that the above recommendation be accepted.

Dr. Krichbaum: There is a matter I wish to bring up in regard to the illness of Dr. S. A. Kimball. Dr. Kimball is unable to be with us on account of illness that confines him to his bed. I move that the Association send him a telegram telling him how we miss him and how we feel for him.

The motion was unanimously carried and Dr. Patch was delegated to send the telegram.

Dr. Patch, Chairman of the Committee on Affiliation with the A. I. H., read his report:
Members of the I. H. A.:

Inasmuch as your Committee feels that the first duty of the members of the I. H. A. is to uphold the principles and traditions of this Association in its own way and control to as great an extent as possible the character of the work done therein — it would seem to us that any plan of complete federation with the A. I. H. would be inadvisable at this time.

While under the proposed plan of federation we should still be able to accomplish commendable results in our chosen field, it is probable that we should largely lose our identity as a definite individual unit untrameled by the influence of the larger body. Consequently your Committee recommends that, for the present, we retain our long established status, but that in order to show our loyalty to the A. I. H. and our support of the great national work it is doing, we more generally seek membership in that body as individuals and that we take a more active interest than even before in its deliberations.

Furthermore, that we continue the custom inaugurated this year of meeting at the time and place where the Institute meetings are held, when feasible, to end that we may become better acquainted and of greater usefulness to each other.

FRANK W. PATCH,
T. G. SLOAN.

The President: You have heard the report. Are there any objections?

Dr. Taylor: I am in favor of this report with one exception. I am not in favor of following the Institute around for our meetings.

Dr. Patch: That was not our intention, the report read only "when feasible."

Dr. Krichbaum: We don't think it proper to affiliate at this time. That will leave the question open for it to come up again.

Dr. Richberg: It seems to me that the meetings should not overlap. This meeting would be better attended if it had not overlapped.

Dr. Wilson: That should be left to the Committee on

Arrangements. It was suggested last year that the meeting come in this way so that the Institute and the I. H. A. meetings fill one whole week.

There was complaint last year because the meetings broke into two weeks. Men who wanted to attend both meetings had to break into two weeks to do so.

This time we grouped all the sessions in one week and requested the Institute to have its homœopathic bureaus the early part of the week so that time would be left free for us to have our bureaus the latter part of the week. I do not see how we could have grouped the meetings otherwise.

Our members had the privilege of attending the Institute meetings the early part of the week and now we are free to have our own bureaus and the Institute members have access to them. It would be fine if more of the Institute members would come to our meetings.

The President: Let's get through with this affiliation.

Dr. Boger: There is one thing, the words "**when** feasible" that we meet at the same time and place as the Institute when that can be done. When they meet in Denver, Kansas City, etc., we will still meet independently. I think it is very important to have that understood.

The President: All those in favor of this report please say "I." The "I's" have it. It is so ordered. It is suggested that the matter of time be left to the committee on arrangements.

The President: Are there any other committees to report?

Dr. Clark, Chairman of the Committee on the President's Address, gave his report.

Members of the I. H. A.:

Our President's address is replete with good suggestions which we recommend to your consideration.

Broadmindedness becomes us all. Broadmindedness does not mean irrational license which is deplored.

The question of an Historian with a separate Bureau means enlarging our Transactions, which at present we are unable to do. However in view of the fact that we have at present one charter member left, in the person of Dr. Rushmore, we

suggest that he be asked to write a history of our work, and add a short biography of the individual as far as he can.

The question of Amalgamation we leave for the report of the Committee having this matter in charge.

BYRON G. CLARK,
FRANK W. PATCH,
ELOISE O. RICHBERG.

The President: It has been moved and seconded that this report be accepted. Those in favor please say "I." The motion is carried.

Dr. Patch: I think the matter of asking Dr. Rushmore to act as historian is a good one provided he is able to do so. Dr. Rushmore is a remarkable man and we are fortunate in having him with us. We might find out if he would consider such a proposition seriously.

Dr. Dienst: Men are doing this and that and we know very little about it except what is in the Transactions. If each man would keep a very careful record of his doings a record could be made of this. This would be a History of Homoeopathy and I think some men are already in that history. If we had some one to whom we could refer these matters, this would add to the interest of the men in this Association.

The President: Is the Committee on Nominations ready to report?

Dr. Patch: We have had one meeting and would report the names of Dr. Milton Powel for President and Harvey Farrington for Vice-President, and recommend the re-election of Dr. W. W. Wilson for Secretary-Treasurer, and E. W. MacAdam as Corresponding Secretary.

Dr. Boger: We had two inactive members on the Board of Censors and I suggest that we put two active members on in their places.

A Member: I move that the report of the nominating committee be accepted.

The President: All that are in favor please say "I." The report is accepted.

Dr. Taylor: Does that mean that no one else can be nominated?

Dr. Patch: No.

Dr. Krichbaum: I move that we go into the election of officers.

The President: It has been moved and seconded that we take up the matter of election at once. Those in favor please say "I." The motion carried. Are there any further nominations?

Dr. Taylor: I would like to nominate some one as President of this Society who has traveled thousands of miles to attend these meetings and who is worthy. I place the name of Dr. Grace Stevens for President.

The President: Are there any further nominations? If not we will have ballot voting.

Dr. Stevens: I prefer to withdraw my name and the Secretary be authorized to cast the ballot for President as the Nominating Committee recommended.

The President: You have heard the motion. What is your pleasure? Those in favor please say "I." The motion carried. The Secretary will cast the ballot for President.

The Secretary: I cast the ballot for Dr. Milton Powel for President for the year 1920-1921.

A Member: I move that the Secretary be authorized to cast the ballot for Harvey Farrington as Vice-President.

The President: It has been moved and seconded that the Secretary cast the ballot for Harvey Farrington as Vice-President.

The Secretary: I cast the ballot for Dr. Harvey Farrington for Vice-President for the year 1920-1921.

A Member: I move that the President cast the ballot for the Secretary-Treasurer and Corresponding Secretary.

The President: I cast the ballot for Dr. W. W. Wilson for Secretary-Treasurer and Dr. E. W. MacAdam for Corresponding Secretary.

A Member: I move that we re-elect the present Board of Censors.

The President: It has been moved and seconded that we re-elect the present Board of Censors. Those in favor say "I." The present Board of Censors is re-elected.

Dr. Wilson: I move that Dr. Rabe be elected to the Board of Publication for a period of three years.

The President: It has been moved and seconded that Dr. Rabe be elected to the Board of Publication for a term of three years. Those in favor say "I." The motion carried.

The meeting was turned over to the Bureau of Clinical Medicine and the following paper was read: "Headache" by Dr. Grace Stevens.

This closes the Bureau of Clinical Medicine of those members present.

Dr. Krichbaum: I move that the papers of those not present be read by title only.

The President: It has been moved and seconded that the papers of those not present be read by title only. Those in favor say "I." The motion carried.

The meeting adjourned to meet at 2.30 P. M.

The meeting was called to order at 2.30 P. M. by President Dienst.

The President: I would like to appoint a Committee on Resolutions consisting of Dr. Patch, Chairman, Dr. Bidwell, and Dr. Grace Stevens.

The President: The committee to confer with the Institute of Homœopathy for next year will consist of the incoming President, Vice-President, Secretary, and Dr. Patch as to the time and place of meeting.

Dr. Green: I hear that the Institute is coming to Washington, D. C., next year. This committee should then decide whether we intend to meet there and whether we intend to have the Bureaus at the first of the meeting.

Dr. Richberg: I make a motion that we ask to have the first three days.

Dr. Taylor: The report of that committee said that we meet with the I. H. A. when feasible. The I. H. A. has a good many members in the west. If they stay in the east they will

not only not secure new western members but lose some of those already secured. Alternate meetings between the east and west is sometimes followed, but I feel sure that they should come to Chicago. I make a motion that we meet next year in Chicago.

Dr. Wilson: We met in Chicago three years ago and if I remember rightly by my having to address communications from time to time possibly we have fifteen members in Chicago and of those three attended the meeting. We were meeting in their own city and they did not support us.

Dr. Taylor: That is true and is regretted, but we have had a good attendance with the exception of that meeting and it might be well to remember that we had members proposed affiliation with the Institute and were here at the Institute meeting and then vanished before our meeting. We must give the west a chance if we expect to gain other western members. Give Chicago one more chance.

Dr. Richberg: I am interested in what Dr. Taylor said. People around Chicago and the west do not take interest because they feel that it is an eastern society and when they join any society they will go with the crowd. Not only being a convenient place we would get some worth while doctors from Chicago and from further west.

Dr. Boger: The history of the Association shows that the best meetings have been in the east or middle west. The Pittsburg meeting was a good meeting. I believe it should be left to the discretion of the Society. Chicago's turn will come. They already have an organization up there and so they are not left entirely without society affiliation.

Dr. Taylor: I should say that for the present we should go to Chicago. There are more members here from Chicago than from anywhere else.

Dr. Patch: I remember that seven years ago in Chicago we had a large meeting. The other one three years ago was not good, but the Society has already adopted a resolution to meet at the time and place the Institute does and for one more year

at least we should try that out and then if it doesn't work we should go elsewhere.

Dr. Green: It seems to me that if sometime we wish to affiliate with the Institute, looking upon the members of this Society as a special society, it is better to meet with the Institute and not only try to have our members in their meeting but to have our meetings with their meetings. That would do more for Homœopathy than anything else.

Dr. Richberg: I do not believe we should be at the tag end of the meeting. We can have ours and take from theirs. It would be better if we could have ours come at the first part of the week.

Dr. Boger: Quite a few who came and stayed would be members of our Society. They would not have appeared unless they had been here for the Institute. The Institute is going to have certain death unless we can rescue it.

Dr. Wilson: I can concur with what Dr. Boger said. They certainly have shown interest this time. We have never met in such a way that they could come to us. As I said early in this meeting, we met last year in the early part of the next week and in another hotel. We have had a larger meeting this year than I have attended in the last few years. All the applications we have had have come through the A. I. H. I am not in favor of affiliation or federation except with the "shun." I overheard Dr. Dienst in his conversation say Dr., when Dr. Dienst asked that in case we favored an affiliation with the Institute would they let us take over the Bureau of Materia Medica and the Bureau of Clinical Medicine, and he said no. That is the only way we could federate with them. Since they won't allow that, we ought not have anything to do with them. We could meet with them and get more members that way. It looks as though they want better Homœopathy than they get in the Institute. One man said that he had heard more Homœopathy in here than he had heard all week in the Institute.

The President: The question is that the Association will meet (1921) in Chicago instead of in Washington, D. C.

A Member: We must reconsider Dr. Patch's resolution before we go on with that motion.

Dr. Patch: The resolution said "when feasible" so that we only do so when it is best.

The President: All those in favor of holding the meeting in Chicago please stand. Those opposed the same sign. The motion was defeated.

The President: I have here a telegram from Dr. S. L. Guild-Leggett sending greetings to the Society.

The meeting was then turned over to the Bureau of Materia Medica and the following papers were read: "Euphrasia" by Dr. Grace Stevens; "Mercury and Its Salts" by Dr. P. E. Krichbaum; "Verat-Viride" by Dr. H. Farrington.

The meeting adjourned to meet at 8.00 P. M.

The last meeting of the session was called to order by President Dienst at 8.00 P. M.

Dr. Wilson: It has come to the attention of the Secretary since this afternoon, that during the year we have lost Dr. Mary Parker of Cambridge, Mass. She has been a very faithful attendant at all our meetings and has been very active in all the work. I was not notified of her death until Dr. Patch told me and of course, I not knowing, could not notify the Necrologist. It becomes the duty of the Society to pass a resolution of sympathy and regret on the death of Dr. Mary Parker and to submit such a resolution to the relatives she leaves. I move the Corresponding Secretary be communicated with and be directed to draw up a resolution of sympathy.

I was likewise just notified of the death of Dr. Wm. Hoyt who died May 31, 1919 and left some relative to whom I likewise think a letter of condolence should be written. I move that the Corresponding Secretary be directed to send such resolutions.

The President: You have heard the motion.

A Member: I second the motion.

The President: Those in favor please say "I." The motion carried.

The President: Is there any report from the Committee on Resolutions?

The Secretary: Dr. Patch and Dr. Bidwell have both left.

Dr. Krichbaum: I move that a vote of thanks be extended to the Hotel authorities for our appreciation of their kindness during our stay with them.

The President: You have heard the motion, those in favor please say "I." The motion carried.

The meeting was then turned over to the Bureau of Materia Medica and the following papers were read: "Here and There in Materia Medica" by Dr. Stanton; "A Study of Calcareo-flourica with Clinical Observations" by Dr. Elmer Schwartz, read by Dr. Wilson.

Dr. Boger: I have an application for membership of Dr. I. E. McCormick of Cincinnati.

A Member: I move that we elect her a member.

The President: It has been moved and seconded that we elect Dr. I. E. McCormick a member of I. H. A. Those in favor say "I." The motion carried.

A Member: Dr Case's Clinical experience, a book of 100 cases is a very good book to have. There are a few copies left so that if any member of this Society wants a copy he should get it before the supply is exhausted.

Dr. Karl: We (Karl & Ehrhart of Chicago) have the remaining 27 copies in our hands.

The meeting adjourned to meet next year at Washington, D. C.

Bureau of Homœopathic Philosophy

DR. R. F. RABE, NEW YORK, CHAIRMAN.

DR. THOS. G. SLOAN, CHAIRMAN, PRO-TEM.

THE INVISIBLE INCREMENT.

BY

BENJAMIN C. WOODBURY, M. D., BOSTON, MASS.

The crying need in the medical world today is a re-statement of ultimate purpose, based upon the invisible increment of faith in the healing power of nature. This is particularly important from the standpoint of the Homœopathist, for it has long been a fact that the atmosphere of faith created in the mind of every follower of Hahnemann, has been the strongest factor in his influence for healing. It is upon this invisible element of power that the very character of the true Hahnemannian depends.

Fifty years ago, the case that was considered incurable by the regular school or by all other methods, in fact, was advised as a last resort to "try Homœopathy." Many did try Homœopathy with the result that striking cures were made, which redounded to its glory and fame.

Not all such cases, to be sure, were thus radically cured, and hence not finding what they sought looked elsewhere for succor. The earnest seeker after truth, even though he was not successful in rendering relief to his patient felt that either his ability was insufficient to find a remedy, no remedy was at hand, or the case was an incurable one.

Meantime, in the course of years, under the influence of pathology, the physician's mind; if at all materialistic, was inclined to the belief that whatever is done for a certain class of patients some of these are sure to die. So well grounded has this belief become that it is safe to say that it is thoroughly ingrained in the physician's race-consciousness. Thus, tuberculosis, cancer, Bright's disease, Addison's disease, Hodgkin's disease, and many of the acute, infectious diseases such as plague, cholera, small pox and yellow fever, are so generally believed to belong to this lethal type that to make a positive diagnosis of many of these disorders is virtually to place the indelible stamp of death upon the innocent and unfortunate patient, who almost we might say becomes victimized by the evil spell of this adamant and inflexible type of pathological mind.

This is the type of medical genius who goes about with his mind steeped in the atmosphere of the hospital morgue and the dissecting room; to him the blush of health blooms for a day — like some exotic flower, but to be blasted by the next breath from some germ-laden air, or from the chance draught of miasm-infested swamp.

“Alas for him who never sees

The stars shine through his cypress trees.”

While these advances have been made in pathological fields, the science of mental healing has made rapid strides, and become organized into the powerful phalanx of Christian Science, Mental Science, New Thought, Psychotherapy, etc., and the invisible increment who formerly sought relief in Homœopathy as a last resort, now casts its lot with metaphysical healing and behold many of these get well.

Whereas the medical fraternity is wont to classify types of diseases at once as “curable” and “incurable”; to the mind of the metaphysician, staid on the eternal and all-sufficient divinity, there cannot be at the outset any such postulate as that any disease which is due to error or the result of disobedience to the dictates of the Divine mind is not curable. Hence no diseases are *incurable*, because to this optimistic (though oft

blind) philosophy there is no such things as incurability. Here then has been the strength of the metaphysical movement. It is not that it has actually cured any greater percentage of these sufferers than might have cured by sane and curative medicinal therapy, i.e., Homœopathy, but through the growing credulity of their followers, and the increasing nihilism in general in the medical profession, the majority of these who are impartial, and who by greater manifestation of faith might have been turned to Homœopathy, have been lost to us and have swelled the ranks of the drugless cults. The time should come when as a body of practitioners, standing firmly upon the principles for which our fathers stood, we should say again in one united voice: "There are no diseases: there are sick people." There are no incurable diseases; though there may be some *apparently* incurable individuals. Why say this? Because there are thousands of well-authenticated cases in which from apparently hopeless illness, sick people have recovered. Let us recruit again to Homœopathy instead of having the credit of such cures go to metaphysical or drugless methods. If in the spirit of Emerson's famous saying, we are making a better therapeutic mouse-trap than our neighbor — we think we are — a well trodden path should be worn to our huts in this forest of nihilism and doubt.

It can safely be reasoned that no case is really hopeless, yet some cases are more serious, less hopeful in fact, than others. Let us therefore, whenever possible give to even serious cases the benefit of the doubt, and ever bring to the hopeful sufferer that courage which the true Hahnemannian is so well fitted to bestow. Even to the hopeless sufferer, there is the assurance of the Divine Protection, into whose care all must eventually be entrusted.

Under favorable conditions the *vis naturae* is all powerful to heal, if we but have the proper element of *faith* to uphold us.

Another factor, in addition to faith, is the will to live, the desire to be healed. To what a minus degree this sinks in the melancholic and the suicidal: who sees in the burdens of life more than his frail strength can withstand. The pathetic

status of the suicide is so graphically described by Hahnemann.*

"By their unsteady, shy, anxious look," he writes, "by the despondency they display in their words and deeds, by their restlessness, that increases at certain times of the day, by their avoidance of things that were formerly most agreeable to them, and sometimes by their inconsolable lamentations over some slight, corporeal ailments, the patients betray their internal malady."

What a boon to the suffering world of humanity, were it generally known, as Hahnemann teaches that "the smallest dose of pulverized Gold attenuated to the billionth degree, or the smallest part of a drop of an equally diluted solution of pure Gold, which may be mixed in his drink without his knowledge immediately and permanently removes this fearful state of the (body and) mind, and the unfortunate being is saved."

It may be — and who knows to the contrary — that there is in these susceptible persons — since the use of Gold in dental surgery became the vogue — and it is certainly a great safeguard over the wholesale and indiscriminate use of Amalgam — that there is in these susceptible persons a slow and insidious absorption of this element by the action of the fluids of the body, and this self-destructive mania is the result. It has many times been demonstrated that the action of the saliva upon the Mercury used in amalgam filling has resulted in such a marked form of hydrargism that its effects have been readily noted by those who have knowledge of its symptomatology, and the removal and proper substitutive filling has restored the patient's health.

What has all this to do with the subject under discussion; merely this: conditions and so called diseases which were commonly treated twenty or even ten years ago, are now not even seen any more. Furthermore, many diseases a few years previously considered wholly incurable, are now rendered either

*On Uncharitableness Towards Suicides. Lesser Writings, Page 95.

curable by proper methods of hygiene, or medical treatment, or have in the process of nature entirely disappeared.

Or is it the unhappy lust, the perversion of the desire for gold — a noble and perfectly justifiable aim when sought after within its legitimate ends — that drives men mad.

It is obviously the desire for life and the will to live that sustains the majority of human beings in the arduous tragedies of life. Let this innate desire become lowered by illness, misfortune or other vicissitudes, and then unfortunately the desire for death becomes more intense than the will to live, and the unfortunate victim ends the struggle.

The situation is quite different, however, in the case of the unfortunate victim of an incurable disease. This person on the contrary has every intention of living, in fact, is fond of life and clings to it long after the physical substance has become so attenuated that often but a thin veil, as it were, separates matter from spirit.

In such highly sensitized individuals (sensitives they are sometimes called, who it is known become, in the spiritual sense — (mediumistic) the psychic faculties become in many instances keenly acute, and who shall not say, but in this highly receptive state, they actually take on the subtle masques of disease. Many persons have undoubtedly wished themselves ill, when in some state of emotional excitement or disappointment this desire to die becomes more powerful than the will to live. It is a fact well known to those who have made intimate study of psychism that in the trance-state it is possible for the medium or the subject to take on a variety of disease entities, to become obsessed in truth, for the time being with some disease personality, outside his own. Does not the person who is ill, then, vicariously take on as it were a host of disease conditions that are drifting about in his individual psychic atmosphere, when in an especially susceptible state? This may not be so far from the truth as it may seem at first thought.

Thus the earnest and self-sacrificing physician or healer, in the overzealous desire to minister to those who are ill, may

in certain overwrought states of consciousness take upon himself or herself the very condition sought to be cured. Thus, vicariously, perhaps innocently, the willing healer becomes the self-imposed victim, and the trusting patient goes forth healed. How many persons thus healed are conscious that in their own emancipation, some other soul has made a willing sacrifice of self that they might go forth free.

It is not that we can prove this; nor would we care perhaps to demonstrate its verity. But suppose that it sometimes has; sometimes does happen. It is known that the subjective state or induced mediumship is seldom without its dangers to the subject, what obviously is the remedy against both induced psychism and vicarious healing; obviously the cultivation of a positive mental attitude, and the consciousness of a crystal-mirror; a consciousness from which, when perforce it receives these sluggish earth-bound and disintegrating influences — it can purge itself clean and clear. Then and only then can true mental, spiritual and bodily healing become an accomplished fact. Then will become more evident the meaning and hidden truth of the great injunction — "Physician heal thyself."

Fear has played a baneful role in the production and perpetuation of disease, and hence the influence of the mind upon the body is now most assiduously and profitably studied.

"Canst thou minister to a mind diseased?" Queried the immortal Shakespeare.

"It is better to die according to the formulas than to recover irregularly," repeats Moliere's pessimistic physician.

Whereas the optimistic "Doctor Love" psychologizes: "The mind exercises a powerful influence over the flesh — My method is first to cure the brain."

Plato is credited with saying: "This is the great error of our day in the treatment of the human body, that physicians separate the soul from the body."

The late Dr. Morris H. Richardson of Boston wrote once as follows: "On telling the Truth to Patients with Serious or Hopeless Disease."

"How to tell a patient a disagreeable fact, is an art," but,

he continues, "There are many ways of breaking bad news gently" "Patients differ extremely in their own wishes No personal consideration should weigh against the patient's interest, whether mental or physical. If the physician is afraid lest his failure to tell the facts be taken as ignorance, he has always the recourse to friends. Indeed, if I have not said so already, let me say here, that whatever is told the patient, the plain truth should be told the patient's friends." "Rather cultivate the art of tactful communications which you will never from any point of view regret. If you cannot be truthful, you can at least preserve silence, and silence need not always mean to a patient hopelessness."

What finally can we offer as an antidote — a universal antidote — to the two cankers upon our modern civilization — of fear and ignorance. Obviously this finds its best answer in the substitution of *faith* for *fear*, and the enlightenment of knowledge for ignorance.

Then the true man and woman of the future will step forward, out of the shadow of his own timidity and error into the full light of truth and knowledge.

A FEW CONDITIONS OF SUCCESS IN CHRONIC TREATMENT.

JULIA M. GREEN, M. D., WASHINGTON, D. C.

This short paper is without formal plan or method. It is simply random thoughts from experience, set together to refresh our memories and perhaps aid some who have not had long acquaintance with Homœopathy.

First: Let us emphasize the value of knowing a patient's constitutional remedy. This often enables one to choose the correct acute remedy. For instance, a *Calc. c.* patient needs *Bell.* and not *Acon.* The *Sepia* patient needs *Nux v.* if the symptoms are doubtful between that and some similar remedy *Nat. m.* patient is likely to show *Ignatia* symptoms, and so on with many more chronic remedies and their acute ones.

It helps to abort an epidemic attack.

In the influenza epidemics those patients who were actively under treatment for chronic ills did not take the "Flu" as a rule, or if they did take it, the case was mild and short.

It shortens convalescence.

For instance, a patient who had a typical attack of grippé with high fever, severe aching, vertigo, faintness, nausea, great weakness, was helped over all the acute symptoms with *Gels.* so that convalescence was established in twenty-four hours but the prostration remained; a dose of *Sulph.* which was her basic remedy, put her in condition to superintend moving and take an active part in it two days later.

It establishes convalescence in a critical time when remedies apparently indicated do not act.

As an instance of this, an old lady had a severe attack of "Flu" and went into active delirium, with such weakness that she slid down in bed, bent her head backward to breathe, jaw dropped, unconscious part of the time, cold all over. *Stram.* which seemed to be indicated by the mental condition, would hold only for some hours; a few other remedies were tried without relief and she seemed in a dying condition. A few years before she had a severe cystitis for which *Nit. ac.* made a remarkable cure and she had had none of this remedy since. Without any definite indications for *Nit. ac.* in this illness, it was given and the rapid convalescence seemed marvelous.

It helps in deciding the deep remedy for some near relative.

A young man had the "Flu"; the choice of remedy seemed to lie between *Phos.* and *Nat. m.* The latter was given and the case wavered back and forth for a few days without permanent gain. Then it flashed into my mind that his mother had been improving satisfactorily on *Phos.* This was given with a prompt recovery.

Sometimes one member of a family will show one group of symptoms of a deep remedy and other members other dissimilar groups of the same remedy.

It shows what basic miasm lies behind the family.

If several members are benefitted by the *Sulph.*, *Calc. c.*, *Lyc.* group or by one or another of these three, we feel fairly sure that the family is psoric.

If *Calc. c.* and then *Nit. ac.* show up, we say there is syphilis mixed with psora.

If *Thuja* is indicated for one and *Tuberc.* for another, we think it must be sycosis.

So it is a distinct advantage, in order to learn the constitutional remedies of our patients, to practice long in one place and a place with a stable population.

Second: There is great value in prescribing the proper sequence of remedies related to each other.

Many cases present a composite picture instead of one pointing to a single remedy; then to see the group called for is a comfort after trying to cover the whole with a single prescription.

For example (*Sulph.*, *Calc. c.*, *Lyc.*) (*Ars.*, *Lyc.*)
(*Ars.*, *Sulph.*, *Psorinum*). (*Phos.*, *Sulph.*, *Tuberc.*)
(*Sep.*, *Nat. m.*) (*Lach.*, *Lyc.*)

Complex cases may be cured layer after layer by the different remedies in a group, given in the right series.

Carefully written records, frequently consulted, prevent the busy doctor from prescribing hurriedly on the symptom group last reported and thereby spoiling the effect of the series which had been benefiting the patient through several weeks and months.

Third: There is a distinct value in a definite series of potencies over prescribing any, one happens to have on hand, in a haphazard series; that is, the 2c., 1 m., 10m., 50m., cm. mm. carries the patient along far better than such potencies as 3c., 11m., 42m., 77m., etc. There seems to be a rhythm about it like chords in music.

Fourth: A knowledge of miasms and the remedies prominent in the cure of each is helpful. In trying to get the symptoms of the miasms there is much overlapping, but the characteristic picture appears slowly as one becomes familiar with many patients and many remedies. The same thing happens when trying to see the epidemic remedy.

It is of value, in choosing a remedy, to know which miasm is most prominent. There are mixed miasms and mixed remedies; one remedy removes certain phases, then another miasm comes to the front and this leads the way to the next remedy.

Fifth: We should endeavor to learn the length of action of the different remedies, their pace of action and plane of action so as to suit these to the susceptibility and pace of patients. Some patients need quick acting remedies; some need slow ones; some need long intervals between doses; others use up the effect of the remedy in a short time.

The interval is *shorter* in *old* people and in *incurable* cases.

The susceptibility to the action of remedies is most various in different people; some are provers of the medicines given them and need the smallest bit to get the reaction; others seem phlegmatic and need more to get them started

Therefore we should have care with high potencies.

Some of the effects shown in susceptible patients are: a diarrhoea, a long refreshing sleep, a mucus discharge of some kind, sudden vertigo or faintness.

Sixth: A study of the place of the nosodes in medicine is most important and interesting. Their provings furnish a symptom list which corresponds closely to the pictures of the three chronic miasms of Hahnemann. If the student can get so thoroughly familiar with these groups that they become separate entities instead of a heterogenous mixture of unrelated symptoms, he can then see in each puzzling case which refuses to yield to the best prescription he can make, the nosode which suits it. Marvelous cures can be made with the nosodes in this way. If tuberculosis is of sycotic origin as seems probable,

then in some cases, when *Tuberculinum* has helped much and been outgrown, *Medorrhinum* will follow with great benefit, possibly preparing the way for Tuberc. again to take hold.

When a series of remedies following each other well, like *Sulph.*, *Calc. c.*, *Lyc.*, has made a fundamental improvement but cannot finish the case, the suitable nosode will cure or else act as an intercurrent, enabling the original series to take up the work again.

The same is true of curable cases for which a single remedy has acted well for a long time and then loses its hold, leaving no clear picture of another remedy. The nosode will complete the cure or reveal the remedy to follow. Sometimes one of the acute remedies will do the same thing.

Probably other uses for these wonderful nosode remedies will be found.

Seventh: Some of the signs of success in chronic treatment are:—

Disappearance of symptoms in the right order, that is from *within outward* and from *above downward*; also the disappearance of *recent symptoms* and *reappearance* of *earlier ones*.

Increase of endurance and resistance even though most symptoms persist. Long curative action of the remedy which denotes plenty of vital force.

In incurable patients:

Mitigation of all symptoms. Upholding of strength in spite of the progress of the disease until within a few days or weeks of death.

Swift ebbing of vitality with a minimum of suffering or evidences diagnostic of the disease; for instance, cancer in which disease Homœopathy is an angel of comfort.

Many other points will occur to you to add to this group; there is nothing new in these mentioned, but if we could act on them all, all the time, we should succeed better in spreading Homœopathy through the world.

WHAT HOMŒOPATHY MEANS.

C. M. BOGER, M. D.

That likes seemed to cure likes was noted in the earliest times, but that similia is the law of cure is not generally accepted, even now in spite of an ever increasing evidence in its favor. It seems that truth can only become truly active thru conviction.

Science has greatly broadened the scope of Homœopathy so that it does more things now than formerly, but it does them no better. It was Hahnemann himself who predicted the successful treatment of cholera as well as demonstrated that of typhoid fevers. A little later Homœopathy triumphed decisively over every other method, including no treatment, in pneumonia, in the Vienna Clinic. Still later it surprised and confounded its adversaries by the record it made in yellow fever, while recently we have all seen how surprisingly efficient it can be in influenza. It is a proud and convincing record.

We might recite victory after victory over acute diseases, epidemics and opposition only to finally realize that every day medicine remains firmly wedded to strongly materialistic ideas and that sanitation is gradually showing us how much better prevention is than even the best of cures. At the other extreme surgery is removing one after another of the end products of disease, so that at last we are left to choose whether it be better to rely upon the unfettered recuperative powers of nature, upon surgical relief or upon the stabilizing power of dynamic drug action, without which there can be no real Homœopathy.

The Homœopathist knows that the governing life principle but seldom reacts directly and specifically to strong measures, but will respond quickly and effectively to a similar or more or less cynchronously acting force. It may be well to remember here that the calming down of disturbed vital action is a daily task that can not always wait upon the decisions of the microscope or the knife.

To my mind there is necessarily a close relation between

things able to excite and other things capable of calming down similar vital disturbances. Reaction, whether to drugs or disease is clearly of a kind; it not only discloses susceptibility, but its speed is governed by its adaptability, the amount and convertibility of vital energy present and the obstacles to be overcome. Viewed in this light there is certain to be a vast difference between recovery and cure, while susceptibility is finally resolved into one of the great miasms.

When the life forces vibrate in an unusual way, symptoms which we may finally call disease, appear; they serve as indices for diagnosis, prognosis and treatment, as the case may be. The coarser ones are of more diagnostic and the finer ones of therapeutic import. That they unfold gradually should argue strongly against a hasty prescription.

The mind which is trained to sense material things only takes to the giving of strong drugs like a duck takes to water. For it the supersensible world is a void, that absurdity of physics; it is not fitted to comprehend such ideas. This is the real reason why the dynamized potency looks absurd and impractical and its seeming effects are viewed with suspicion. Such ideas are viewed with a feeling akin to that which caused the burning of witches and the flagging out of sins, only we hate to admit that many of us are still bound hand and foot by such bigotry, narrow-mindedness and conceit. Because we can't rapidly see the other side we would fain make ourselves believe there is no such thing.

I take it that many of you have come here with an open mind; not quite satisfied with your former results you are looking for better things and perchance Homœopathy looks worth while. If this is your idea, let me beg of you to remember that all things contain only what we patiently work out of them, and Homœopathy is no exception.

All true science is really grounded in philosophy, and the only therapeutic guide which has stood the fire test of painstaking investigation is the natural law of similia, whose various aspects, ramifications and philosophy, dovetail most intimately with most of the sciences, in itself a fact of momentous im-

port. It must be mastered from this point of view, which will then soon show how little it encourages the idea that the adaptabilities of milleniums of years can be lightly set aside by the brainracking concoctions of the modern therapeutic laboratory.

Nothing happens without an adequate cause and successful remedial measures carry their own evidence of correctness. The use of simples as well as the selection of curative herbs by animals most assuredly arises from impulses, themselves born of the prompting of and the involuntary obedience to this same law. In the nature of things it can not be, nor is it otherwise.

How easily we carry a load of nascent poison until vital resistance falls, when it suddenly expands its scavenger hosts and overwhelms us. In a panic we hunt microscopic life into its remotest recesses and consult the pathological findings of the dead house for an explanation; but an indefinable something has escaped us. The distress signals thrown out by nature can't be answered, because in our mad rush after material things we have not learned her code.

It took ages to realize how the apparently sinking ship on the horizon proves the earth's rotundity. Just so, you who see mostly with the pathological eye, objective phenomena exclusively or mental states only, etc., all partial and often variable factors in the sum of the evidence, must finally come to see that these are but expressions of a single central disturbance before you can grasp the full significance of sickness and how it must be handled.

We speak glibly of the liver being out of order or the kidneys effected, of fevers, apoplexies, blood pressure and so on interminably, as tho these things really explained something, which needs only to be adjusted when the machine will run again, just as it did before. Worse than all we have gotten the laity to believe the same thing and some of you may even think it is so too. It is really difficult to think of anything more lamentable, than to have chased away evil possession only to have made room for the physical mechanic who dabbles

first with this organ then with that. It never seems to occur to him that the central life giving power is showing distress by the only signs it is capable of making, and which must be read as an unit of expression.

I might harp on the subject of telling you how to read life a long time, and you be none the wiser unless I also tell how you may go about it; which is, after all, not telling you what to do, but only hinting at how it may be done. This should open to your minds a glorious vision, which can be yours also, not for the asking, but by the most strenuous getting of knowledge. You must persevere, work and then work some more. At last understanding will come and you will know.

Your knowledge of your patient must be of the most comprehensive sort. You must discover his attitude towards his surroundings, the elements, mobility or anything that affords him an opportunity to express himself; for it is him that you are dealing with, and not his big toe or his nose. He reacts to disturbing factors in his own way, which you must learn if you wish to succeed. His mentality moves along certain lines; these you must learn if you wish to be of the utmost service. His symptoms take on a definite course or expression, this you must grasp if you wish to help. His whole action bespeaks an underlying life principle which shows the man, him that you must know if you wish to cure radically and finally.

You will coapt these elements and see what the picture reveals in its totality of expression. It may look like a part of this proving or that clinical record; if it does, beware and step warily for it is not a true likeness and will disappoint you. A real cure is not made by the lopping off of symptoms, however entertaining it may sometimes be.

The general symptoms being worked down to a few remedies by the use of a good repertory the correct selection is made by consulting the materia medica text so that the sense of the finer symptoms may correspond to those of some one of these provings.

A single dose is given and the effect awaited. In very acute

affections, the response will come in a few minutes or hours. If the disease is of a more prolonged nature from the fourth to the twelfth day will develop a crisis and show us our bearings. In chronic diseases periods of aggravation may come and go like waves even until the sixteenth week, while the patient shows a gradual general improvement. When however each of these waves is followed by increasing weakness the case is usually hopeless.

Theoretically there should be no repetition of the dose as long as reaction lasts, but practically many of us are guilty of rather indiscriminate dosing. This arises mainly from three causes; inability to visualize a true perspective of the disease, ignorance of what constitutes reaction and impatience. The larger the number of doses or remedies given, the greater is evidently the uncertainty of the prescriber or the more firmly is the disease fixed upon the organism.

A weakly Miss, aged 19, had repeated chills across the hips at irregular times, followed by heat with sweat. The nose was obstructed yet there was occasional slight nosebleed, with hawking down of post nasal mucus. There was a craving for piquant things and a sense of dryness of the lower legs with restlessness of the whole limb. From day to day she showed the characteristic step ladder temperature, sordes appeared on the teeth and the right inner conjunctiva became red. She tried to escape from bed and a general aggravation after midnight appeared. Here you will easily recognize the oncoming of a severe type of typhoid, but the indications for Arsenicum were so clear that I decided to give a single dose in spite of the warnings of authors against giving this remedy too early. For several days there was no change, then a slight aggravation came on, followed by steady improvement so that by the twenty first day her temperature returned to normal.

A laundry worker, aged fifty, was suddenly attacked by a violent transfixion pain in the epigastrium, spreading backward and upward to the cervical spine and along the left clavicle. She sat bolt upright in bed, gasped for breath and was overcome by a deathly agony. There was considerable

left ventricular dilatation and a loud mitral regurgitant sound heard over a large area. Four doses of Aconite DMM quieted her twenty-four hours only; then came a relapse with the information that she had drunk much cold water while overheated, but Bellis did nothing. Because of the symptom "Gasps, fears to lose the breath and die." Lactroductus was now chosen. The first few doses relieved her greatly and in one day she felt pretty well. This shows what can often be accomplished even in the presence of an irremovable lesion.

A lady aged 87, complained of burning in hands and feet. A hard ache with soreness in the right lower leg < lying on it. Cloudy weather causes stupidity with rheumatic pains < on the right side. She received a single dose of Sulphur followed by plenty of Sac. Lac. and at the end of twelve weeks wants more of the same remedy because it still helps her greatly.

J. R. V. age 60. Dismissed from Johns Hopkins Hospital as incurable from enlarged liver. Malaria years ago. Shoulders stiff, ache and get cold. Dyspnoea. Tongue feels coated. Chills in the evening. Memory bad. Easily worried. Water is tasteless. Can't sleep with much cover. Right foot cold. Pale about mouth. Gray stools. Constriction about waist. Aggravation from cold and lying on left side. He received a single dose of Natrum mur. 12 and at the end of seven months he is still improving, more rapidly of late, having gained seven pounds in six weeks.

An elderly maiden lady of 68 years, confined to her chair for two years from rheumatic stiffness of back, hips and ankles with soreness of the bone. Pains from the ovarion region down the face of the thighs. Numbness of both hips down outside of thighs to toes < in heels and < at night. Vertigo in morning, seeming to ascend into head, with momentary blindness. Easy sweating. Night sweats on back, upper arms and thighs < after 11 P.M. Formerly had migraine beginning over either eye and moving to the opposite side, < in the sun. As of cold water flowing over hips and thighs. Itching eczema on ankles. Severe constipation. Puts feet out of bed at night. Aggrava-

tion from wind, drafts, dampness, cold and exertion. Better, continued motion. She received a single dose of Sulphur 12, on November 1st, 1919 and is still improving. She now walks well, goes up and down stairs and out on the street. Here a single dose is still acting at the end of seven months.

A merchant, aged 60. Forgetful, irritable and fidgety. Weak attacks. Easy sweating; foul foot-sweat. Sore, stiff neck; soreness of small of back. Pains ascend from nape to vertex. Sleeplessness. Emptiness at stomach. Oxalates, phosphates, spermatozoae and trace of sugar in urine. Sour flatulence. Nightmare. A single dose of Silica 12. At the end of six weeks no sugar in urine and wants more of that same medicine which has especially helped him lately.

Mrs. L. P. M., age 68. Wakeful at night. Irritable caruncle at meatus. Ulcer on heel. Numbness of hips and lower limbs < on lying down. Cold feet at night in bed. Oppressed breathing if lies on left side. Red conjunctiva. Blisters between toes. She received two doses of Sulphur first 12 then in three months the CM and in nine more weeks the MM. The caruncle was cured and only sudden bloating attacks and as of a weight on chest with shortness of breath on every exposure to wind, cool air or fatigue remained. The arterio sclerosis remains the same, but these attacks of dyspnoea have been relieved more than she, her friends or her two allopathic physicians believed could be done, by a single dose of *Actea spicata* 12.

Man aged 40. Has had flu followed by a dull heavy then a cutting pain at heart going downward and backward. Choking attacks on falling to sleep. Dim vision in lamplight. Like drops of water floating before vision. Vertigo on stooping. Aggravation; lying on left side; after eating. Heat. Has taken much Aspirin. \mathcal{R} Kali-carb. MM. At the end of seven months he remains well and looks unusually well.

Woman aged 56. Backward going pain (to scapula) in liver, epigastrium and right chest; it compels motion and is < stooping or touch. Sense of hardness in gall bladder. Heaviness at heart. Sweat about waist; clammy sweat. Clothes

feel wet; as of cold cloth across shoulders. Craves sweets. A little food fills her up. Burning working in bowels. Acrid leucorrhoea. Urine stiffens or destroys the clothes. Aching like a band about ankles. Soreness all over; everything bruises her. Anxious dread. Aggravation; ascending. April 4, 1920. Received a single dose of Sepia MM; the symptoms were irregular until June 1st, when a rapid improvement set in; Sepia characteristically acts this way.

I wish to emphasize that we will obtain the best results by far by scrupulously avoiding any repetition or change of remedy as long as improvement continues, even intermittently, even if it runs into many months; but in order to do this the prescription must be most accurately fitted to the symptoms and we must know how to wait intelligently upon the ceasing of the reaction which we have called forth.

Do these results look strange and improbable to you? then you have not sensed the real meaning of my arguments and it is up to you to learn more about such things, only do not go at them with a lot of preconceived opinions and prejudices or your work will all be in vain.

WHY TAKE THE CASE "AND MAKE AN ANAMNESIS."

S. L. GUILD-LEGGETT, SYRACUSE, N. Y.

Is this a *theory*, a *law*, or in any way more *effective* than any other method of applying a knowledge of the *Materia Medica*?

We are often told that the practice of medicine is not scientific; that medicine is not an exact science; that there is no law of putting exact quantities together in the human animal kingdom and producing an exact result, such as is possible in the chemical crucible; that the forces of the animal kingdom must be reckoned with; that something within that system, either neutralizes desired effects, or activates to the danger point, what seems to be innocuous.

Before Hahnemann's time a good result following the most exact method could not be copied with hope of producing the

same in a second case of what was *supposed* to be an identical condition, or so called disease.

The most careful diagnosis dependent upon the naming of certain groups of symptoms fortuitously or not, which failed in perception of the individual characteristics of the patient according to disturbances presented as a part of the sickness, failed to point to the cure of *all* cases in each group.

Hahnemann pointed to the fact that the characteristics of the sick was the guide to the cure, rather than the diagnostic signs.

Pursuing the idea, he directed that the sick man himself should be most carefully interviewed, his functional disturbances, organic destruction, removable ills, and above all his feelings, according to time and circumstance should be noted, when we should find a complete picture of the sick man, regardless of the diagnosed condition.

Now, what has that process done for us, beside making for us many remarkable cures of conditions heretofore pronounced incurable?

It places straight facts before the eyes of the physician where there is little danger of forgetting or over-looking indications for treatment; it points to conditions, to organic destruction, to functional disturbance, and to feelings which time and circumstance effect and which the proven drug has put within our reach.

It also shows to us much more of the physiological animal kingdom, than any other method of medical science. Taking a case in a manner set forth increases the world knowledge: helps to apply facts of use in the various discoveries of the microscope in its records of disease action; to make *fitting* use of the various experiments in serum therapy, toxaemic, etc., but, greatest of all, most useful to the world, it would bring knowledge of the perverted act or of the vital force, under disturbances by infection; by exhaustion: by whatever cause mental or physical; sins against the body or against the soul; artificial conditions produced by provings or poisonings: all, all are within its teachings.

The careful application of a knowledge of the *similiar*, and the difference in the result as between theory and facts is taught. It teaches how to harmonize the warring forces of the animal kingdom protective and infective; to recognize a grain of truth which may be contained in a theoretic assertion; it broadens our knowledge and so our mind. We attain some ability to recognize the inner causes as well as external causes of disease; we know when we meet the gonococci, that the way to oust him from the system is not to catch and kill, which is impossible, there being so many hiding places, and he multiplies so rapidly. So, with other bacilli, the various methods of sprays, etc., injure the patient far more than the bugs.

Taking the case has taught us to seek for remedial relief through the only means by which they can be obtained, i e., careful proving upon the healthy—i.e., observed activities under exact conditions, which gives the only safe and sane method of application. The response made by the healthy human animal kingdom to the application of a drug, a virus, or a disease product, under careful ministration and observation carefully tabulated, is the only sure method of its application to the sick.

To record a case in all its intricacies broadens the outlook, removes fears, indicates procedures and power of prognosis. Finding tubercular bacilli, gonococci, spirochiti, etc., we have the opportunity to get after it or them, by just the indications shown in the record. Hahnemann lived before the full recognition of germ causes—as theorized today—but he did not fail to cure or diagnose as readily as do the physicians of our day, nor did he fail to make a fortune by his remarkable cures.

So then, taking the case, carefully, painstakingly does this, as it seems to me who speaks from its practice of over thirty years; it carries a growing understanding of the wonder forces of life, in their activities, their control, their adjustbilty.

The comparison of remedies—which we call *Anamnesis*—until adjusted to the particular condition before us, broadens our knowledge of *their* sphere of action, as well as our own knowledge of the human animal and its spiritual kingdom.

Bureau of Materia Medica

DR. E. A. TAYLOR, CHICAGO, ILL., CHAIRMAN.

THE RELATIONSHIP BETWEEN PHOSPHORUS AND LYCOPODIUM.

FRANK W. PATCH, M. D., BOSTON, MASS.

Seventeen years ago, in March 1903, there came to my office a slip of a boy, 19 years of age, undersized, a blonde and apparently with little ambition and less resistance. At that time he was office boy in an architect's office, being if I remember correctly, the whole force of the office except the proprietor. His father had died of tuberculosis some years before. He had been to school, but had nothing more than the rudiments of an education. A few years before, had erysipelas and during his whole life he had been subject to a continual succession of inflamed throats and swollen tonsils besides a general catarrhal state of the nasal passages.

There were very few symptoms aside from these, and what there were were rather indefinite except for the fact that the attacks of tonsilitis usually began on the right side.

He was given a dose of Tuberculinum in the 1m potency, and nothing more was heard from him for nearly a year when he again reported as having recently had a severe acute cold beginning in the throat and extending to the chest, resulting in a dry cough. Again no definite symptoms. This time he was given Phosphorus 1m, which was repeated after a week and with noticeable improvement.

Nothing more was heard from the young man until the winter of 1906, two years later. Here was evidence of considerable improvement as he had gone through the winter of 1905 with no especial difficulty. This time he was suffering from an acute "cold" followed with cough. Again he was given Phosphorus 1m. The condition did not wholly clear up, but settled into a catarrhal state with slight cough, some expectoration and discharge from the nasal passages. Lycopodium 1m was now given and cleared up the remaining symptoms and nothing more was needed until December of the same year.

Meanwhile, the young man had left the architect's office, had begun to show signs of more ambition and more energy, and through the influence of a friend, had obtained a position in a large cotton manufacturing plant in New England as a "boy," with the opportunity to learn the intricacies of the business provided he was able to "make good." He had made considerable improvement physically, put on weight, and now presented a strikingly different appearance from that of two or three years before.

The interesting part of this report lies not in the unusualness of the prescriptions nor in the skill with which the case was managed, nor in anything whatever of a spectacular nature. The interest hinges wholly on the fact that for 17 years this young man has gone on improving in health and strength physically and mentally, under the influence of these few drugs.

I do not mean of course, that he has taken medicine continually but that whenever he has had the catarrhal colds, which were practically his only disability, he has been given Phosphorus if that seemed especially indicated, and if the symptoms did not all clear up this was followed with Lycopodium.

In addition to the initial prescription of Tuberculinum in 1903, he had had one dose of Psorinum in 1909, after complaining of dull aching in right chest, with slight remaining

cough and a little dyspnoea on walking up hill, this followed *Lycopodium 2c*.

In December 1910, he again was poorly following an acute cold which did not clear up well. This time he did not have either the *Phosphorus* or *Lycopodium* but, showing the following symptoms: night and morning cough without expectoration, obstruction of the nose, itching between toes with cracks, itching blister like eruption between fingers, dryness and slight itching of the scalp: was again given *Psorinum 50m*, which carried things along for more than a year.

Since that time he has been inclined to get a slight cold about every winter, but they have ceased to bring out any psoric symptoms, and he has constantly improved in strength and health in every way. He now weighs about a hundred and sixty, is well set-up, and has a fine carriage, and the appearance of perfect health.

He has had the usual prescriptions, either *Phosphorus* or *Lycopodium* or the one followed by the other whenever these colds have made their appearance, but nothing else up to December 1919, when he was given *Arsenicum iodide 60x*.

He seems now to be on a thoroughly sound basis of health, and his ability as a business man and manufacturer has grown until he now occupies the position of General Manager of the big plant where he has been from the first.

The interesting questions that are raised are just what influence these simple drugs may have had not only in the health of this young man but on his development in mental capacity and business ability as the years have gone on.

I cannot help feeling that a large part of this growth has been due to the homœopathic prescriptions which he has had from year to year and to which he has been absolutely faithful in every way.

It is seldom that one has an opportunity to observe the influence of drugs over a period of years, and it is a source of great regret that we cannot follow our cases more often in this way.

Another interesting thing that is brought out is the rela-

tionship existing between Phosphorus and Lycopodium. We find them mentioned by Hering and other authors as compatible remedies. I feel, not only in the light of this experience but from observation of other similar cases, that their relationship is something more pronounced than that of mere compatibility. It seems to me that it is safe to assume that Lycopodium is practically a complimentary remedy to Phosphorus and that it acts in sequence in the same manner as does Sulphur after Nux vomica: Silica after Pulsatilla: Natrum muriaticum after Ignatia and so on.

The more of these sequences we can work out through observation the simpler our prescribing becomes and the more definitely we are able to carry our cases through to the end.

THYROIDIN IN A CASE OF HYPERTHYROIDISM AND CARDIO-VASCULAR-RENAL DISEASE.

GLEN IRVING BIDWELL, M.D., ROCHESTER, N. Y.

Family History: S. F. age 50 years, occupation dressmaker. Father died 85, nephritis. Mother died 92, old age. One sister living in good health.

Physical Examination: Bad pyorrhea upper teeth — left lobe thyroid enlarged — heart sounds all markedly accentuated, no normal sounds heard, irregular in time and volume; rate rises quickly from 104 to 140. Very emaciated — eyes prominent exophthalmus — left knee tender to touch on inside joint.

Chest examination by chest specialist as follows: No definite organic lesion of heart determined — Probable fibrosis both upper lobes, slight exophthalmus (this was after Thyroдин had been given for a few weeks) blood pressure systolic 160, Diastolic 90; slight tachycardia.

Diagnosis hyperthyroidism, cardiovascular-renal disease and pulmonary fibrosis.

Laboratory Findings: Urine 11-1-19 sp. gr. 1.010, albumin 2%, nothing else of pathological import shown.

Urine 12-22-19 Sp. gr. 1.010 albumin 2%.

Urine 3-16-20 Sp. gr. 1.020 albumin negative.

Functional kidney test 3-17-30

Dye output	1st hour	55%
	2nd hour	12%
	3rd hour	2%

Total	69%
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Wassermann 11-2-19 2 plus

Wassermann 3-27-20 Negative.

Symptoms present illness: Present illness began June 19-19, weakness and loss of weight, palpitation and loss of appetite. History shows that although for the past twenty years she had been very much over weight (estimated weight 230 or more but from lack of courage patient was not weighed or if so denied weight) and while from the nature of her business (running a large dress making establishment) she was more or less nervous and had considered herself in good health. During the winter and spring of 1919 took tablets (probably extract thyroid gland) to reduce her weight and after some few weeks began to loose rapidly but with this loss of weight nervous symptoms grew markedly worse, the appetite was lost and palpitation and distressing weakness appeared. For this she entered an old school hospital the 19th of June 1919, here evidently diagnosis of hyperthyroidism was made and she was fed various thyroid gland products the principle one of which was Thyroidectin. The other treatment consisted of rest in bed, quiet and light nourishing food. This treatment had little or no beneficial effect and on October 30 she entered our hospital with all the above mentioned symptoms. The pulse rate on entering ran from 96 to 168 and continued this rapid rate for several weeks in fact until she had Thyroidin for some weeks: this was not lowered very much and while the remedy relieved all other symptoms the pulse rate at this time remains too rapid and will run up to 130 on the least excitement. The

physician on service at the time of entering the hospital put patient to bed gave a light nourishing diet and record shows the following remedies were given. Lyc. 30 on admission; 11-1-19, Ars. alb. 30; 11-11-19, Phytolacca, 30; 11-17-19, Mag. phos. 30; 11-19-19, Bell. 30; 11-21-19, China, 30.

All through this treatment remedies had been directed at the pain in the knee which was very distressing to the patient and over which she made a great deal of fuss; but the result of treatment was indifferent and any relief experienced was but of temporary character, if at all, as when I came on service the pains were just as bad and it was difficult to extract other symptoms than those which referred to the knee for as patient would state "cure the pain in my knee and I will get my strength and be all right."

On examination for individualizing pathogenetic symptoms the following were recorded. Fear (that she will not get well — that she will not walk — that the doctors are not doing enough to help her).

Tongue coated thick white-brownish base: is protruded with difficulty and trembles when protruded.

Thirst large quantities and often choking sensation when drinking, worse cold drinks.

No appetite, disgust for food; wants some particular food but when prepared refuses to eat or takes but a few mouthfuls.

Bad taste in mouth all the time.

Pain in left knee, burning in character, relieved by heat and rubbing; but very sensitive to touch. Tendons shortened pain greatly < by extending leg.

Burning of soles of feet < at night.

General aggravation from heat, in summer, and after sleep.

Never well since menopause.

On the above symptoms Lachesis 200 one powder each night for four nights. 12-2-119.

No results, on 12-15-19, Lachesis 1m one powder was given with equally brilliant results.

At this time the patient was very toxic and we all thought

she would soon die, the weakness was so great it was with difficulty she could raise her hands and would take no nourishment.

In looking up the symptomatology of Thyroidinum in Clarkes Dictionary I found the following non-pathologic symptoms which agreed with our case, Tongue thickly coated great thirst. Loss of appetite; slight nausea with faintness. Constipation. Slight trace of albumin — mania and general < from disappearance of menses (refer to < since menopause) signs of phthisis at apex of left lung. Palpitation — pains in hands arms and legs with malaise — Malaise great — loss of weight —. Without much hope for relief I gave Thyroidin 6x one tablet night and morning beginning the remedy 12-20-19. The pulse rate at this time varied between 140 and 168.

12-27-19. The tongue had cleared and appetite was returning, this was the most marked result we obtained and the digestive symptoms continued to improve until the appetite was normal and the excessive thirst disappeared. The pulse rate had improved to 120 to 130.

1-5-20. The exophthalmus greatly diminished, pulse 100 to 120.

1-15-20 pulse 98 to 110, exophthalmus greatly diminished, pain and tenderness in knee somewhat relieved.

2-20-20, pulse 90 to 110, sleep and nervous condition much better. Albumin gone from urine, general and marked improvement. Patient remained in hospital some time under other service and while there was a general improvement in many ways, the pulse rate never became normal or did the strength entirely return. The marked improvement in the severe toxic symptoms with the diminishing exophthalmus and clearing of the digestional symptoms are the striking features of the case. The disappointing features were the failure to put on weight and the only partial response of the nervous symptoms to the remedy.

There is a very meager proving of Thyroidin and we are trying to work out clinically just what this remedy will do for hyperthyroidism, so far we have found that it will relieve

the gastro intestinal symptoms. The nervous symptoms, some of the ophthalmus, but will not reduce the size of the gland. I wish members of the society would try the remedy on their bad toxic cases and report symptoms relieved to me that they might be compiled and published. There is one paramount point to be remembered in hyperthyroidism and that is that the size of the gland has little to do with the production of the toxic symptoms for the small gland often produces the gravest toxic cases.

The Thyroid test is a very simple and easy means of determining the diagnosis.

EUPHRASIA OFFICINALIS.

DR. GRACE STEVENS, NORTHAMPTON, MASS.

EUPHRASIA OFFICINALIS is a plant of European origin. It belongs to the Scrophulariaceæ or Figwort family which is known by the two-lipped or more or less irregular monopetalous corolla. The genus Euphrasia are hemi-parasitical plants having the upper lip of the corolla parted and recurved.

Several other members of this family — though not of this genus — are included in our pharmacopœia — namely *Digitalis* or foxglove, *Gratiola* or hedge hyssop, *Linaria* or toad flax and *Verbascum* or mullin.

The common name of Euphrasia — Eye-bright — shows that it had a reputation for healing diseases of the eye, and it undoubtedly had been used empirically before it was proved by Hahnemann and his associates.

For medicinal uses a tincture is made of the whole plant, except the root.

The provings have produced very marked catarrhal symptoms, especially affecting the mucus membranes of the eyes and nose. In studying it we should compare it with *Pulsatilla* and *Allium cepa*.

In its first action the symptoms correspond to a very severe, fluent coryza, with sneezing, profuse, acrid lachrymation, making the eyes red and swollen, and a bland discharge from

the nose. These symptoms are worse in the open air and in the evening — coryza worse lying in bed.

Contrast with this *Allium cepa* which has a bland discharge from the eyes, and a very acrid nasal discharge. Both are very much better in open air, but also worse in the evening.

Euphrasia also produces a sub-acute conjunctivitis with a free discharge of thick, sticky, acid mucus, which clings to the cornea and leads to the characteristic symptom of persistent winking to clear the vision. The pain and irritation in the eyes are much worse from light.

The cough most characteristic of Euphrasia is loose, with free expectoration, especially in the morning after rising. The patient may sleep quietly all night with no cough at all, and immediately on rising have so continuous a cough, that he is forced to lie down again for relief.

This contrasts markedly with *Pulsatilla* which has a cough immediately aggravated by lying down.

Note also that while the Euphrasia cough is better while lying, the coryza is worse.

The expectoration is especially free, so that it is easily raised by hawking.

The cough is much aggravated by any smoke — a modality which reminds us of *Mentha Piperita*.

It is relieved by eating and drinking.

The provings produced mental dulness and a dull frontal headache, a bruised feeling and at times a bursting pain. Added to this were general aching and weariness, so that the remedy should be very useful — as it has proved to be — in the type of influenza which begins with coryza.

It is often most helpful in the early stages of measles.

MERCURY AND ITS SALTS.

PHILIP KRICHBAUM, M.D., MONTCLAIR, N. J.

In taking up the study of Mercury and its salts, I appreciate the magnitude which such a procedure would attain if followed

out with any elaboration. However, this last is not my intention. I wish rather to merely touch upon a few of the salient and particular symptoms of this great family group, bringing to your notice the individualizing strands which appear here and there in the various preparations. First be it remembered, the tie of relationship between these mercurial combinations is never lost to view. The differentiation of symptoms frequently seems to be one of *degree*, rather than difference. The finger prints of Mercury are easily traceable. Parenthetically I may here state, that I have made no attempt to separate Merc. Sol. and Merc. Viv. What I have to say of one applies to the other. In a pathological sense we find then, that Mercury and all its salts, is associated with such processes as paralysis, congestion, inflammation, and ulceration. Every organ and tissue of the body is affected. Burt gives us sixteen great centres of action. The key note symptoms of Mercurius are classical; the modalities run through all the preparations; to wit, the aggravation from heat and cold, the aggravation at night, the profuse sweats with nearly all complaints, which sweating does not relieve and in some instances may even aggravate the complaint. The next particular found in this interesting series, is the mercurial odor. The Mercury patient is offensive, body and excretions, while the breath is often excessively fetid, with mawkish sweetish taste in the mouth. Body tremor is another distinguishing characteristic. This symptom is so pronounced and universal that its presence renders Merc. the best general remedy in paralysis agitans. This tremor may attack any organ of the body. If it seizes the heart, sudden death is likely to result. The mind under Merc. is as weak and tremulous as the body. Everything is hastily performed. Conversation is hurried and rapid. On the other hand, with the back swing of the pendulum, your patient may be very slow in answering questions. The Mercury subject has loss of will power and memory, suffers from embarrassment, is absent minded, and may lapse into imbecility. Time passes too slowly. The victim whom Mercury fits, desires to flee, has thoughts of suicide, or even harbors

murderous intentions. It is a thoroughly disorganized mentality. The sores and ulcers of Mercury have many characteristic points. The grey lardaceous ashy or cheesy base, the burning stinging pain, the dirty look of the deep seated sore, the tendency to form pus, yellow or green, burrowing in cavities and excoriating the tissues; all this is Mercury, in one form or another. Again Mercury is a great solvent. It dissolves living tissue, inducing excessive emaciation. Edema and dropsies are absorbed; rheumatic swellings obtain. Merc. intensifies the action of absorbents. It may also paralyze them, hence we have the often observed enlargement of glands with the well known pricking pains, inflammation and suppuration. Salivation is another red strand of Mercury. In fact, Mercury is seldom indicated when the tongue is dry. Slime in the mouth and in the stools, speaks for Mercury. People who exhibit an abnormal tendency to take cold, when the nasal secretion is excoriating and the nose red, the "dirty nosed child"; such suggest one of the Mercuries.

The various and manifold sensations found when these preparations are called for, need not be given in detail. In what follows, it is my plan to lay stress upon the points of difference which we find when we read these medicines side by side. Merc. corr. then we discover is Mercury plus. All authorities agree as to the intensity of the action of this remedy. The patient evinces a disposition to lie on the back, with knees drawn up. The well known tenesmus of Mercury is here markedly exaggerated; the stools have more blood, ulcers spread more rapidly and Merc. corr. leads all preparations of Mercury in the frequency with which it is called for in the albuminaria of pregnancy. In the male sexual organs, Merc. corr. is highly useful, when from slight irritation, we have phimosis or when the foreskin of an infant has been forcibly retracted and left so, inducing para-phimosis. Like the Mercuries in general; it affects all tissues with the added intensity herein noted. In fact you may at times be deceived into prescribing Canth. for these Merc. corr. urinary conditions. "Ter-rific tenesmus, with intense burning in the urethra and dis-

charge of mucus and blood with the urine or after it" reads the text. The fine line of difference must be determined from concomitant symptoms. In throat affections Merc. corr. is a stand by. If you encounter a congested flabby elongated uvula, causing a troublesome and obstinate cough, swab the tissues with a solution of Merc. corr. low. It will relieve the condition often permanently. Under Merc. corr. there is severe throat constriction, any attempt to swallow induces violent spasms and fluids are ejected. The classical rectal tenesmus of Mercury is of course present under Merc. corr., the difference which decides our choice of the latter medicine, is again one of degree. In cases of Dysentery occurring from May to November, Merc. corr. may be useful. The tongue, under Merc. corr. shows the typical Mercury ear marks, but in addition we may have a blackish coat and the swelling go on to the point where the patient cannot protrude the member.

Under Merc. dulcis the key-note is *pallor*. Add to this characteristic pallor, a condition of flabby bloatedness, and Merc. dul. comes into its own. Pale scrofulous children who have swelling of the cervical glands, or the cadaverous looking infant, whose breath smells like fresh cow's milk, call for Merc. dul. When our old school friend sees these children, he says "Worms" and promptly prescribes Santonine and Calomel. In many instances his prescription is justified to the extent that he gets the worms and when any lasting benefit ensues, the Calomel was of course homœopathetically indicated. Merc. dul. has many of the catarrhal symptoms of the family group, with a few accentuations, for instance you may run across a case where there is a literal gluing up of the Eustachian tube and a catarrhal inflammation of the middle ear. In the intestinal tract, the point of demarcation may lie solely in the fact, that the diarrhoea associated with the typical Merc. grass green excoriating stools, is *not attended with tenesmus*.

Merc. praecipitatus ruber has in its symptomatology one curious sensation, a patient suffering with Gonorrhœa will complain that the urethra is felt as a hard string. Phagadenic ulcers and bubos come under this remedy, when the edges are

red, indurated, hard and spreading. Also syphilitic iritis when the pains have ceased. Pemphigus neonotorum and intertrigo syphiliticus, eczema acute or chronic with sero purulent exudate, tinea tonsurans, circinata, and sycosis; are all conditions where this form of Mercury may prove valuable.

Merc. iod. has a distinctly individuality based on the general Merc. characteristics. The right to left direction of its symptoms in throat or chest is like Lyc. but the throat symptoms are aggravated by warm drinks and Lyc. is relieved by them. The tongue also is typical, it has a thick yellow coating at base while the anterior portion is clean and red. In the eye we find corneal ulcers looking as if they had been chipped out by finger nail. Head pains immediately following heart pain; pain in right forearm and left hip simultaneously; pain in heart with pain in chest. Jaws tired from clenching teeth during sleep. Nausea at sight of food. Cough worse from laughing. Susceptible to drafts while perspiring, very sensitive to damp and cold weather. Mostly a right sided remedy.

Merc. sulph. Lippe considered this preparation as important as Ars. in dropsies of the chest. The indications for its employment are, pain in right chest extending to scapulae, patient can scarcely breathe and is greatly aggravated from 4 to 5 P. M. When acting, this remedy often produces a watery diarrhoea with great relief to the patient. It has a marked affinity for hydrothorax, depending upon liver or heart affections. Here again, the Merc. tongue comes up but under Merc. sulph. there is apt to be great soreness of the tip.

Merc. biniodatus, this preparation acts more intensely on the lymphatic glands and cellular tissues than Merc. sol. Its great sphere of action is upon the throat especially the left side. Tonsillitis with Merc. symptoms. Aggravations are on empty swallowing, also upon swallowing food. Merc. bin. will often help you out in case of asthma, where general Merc. symptoms are present. The explanation of this rests upon the fact that the Merc.-Iod. combination dissolves large quantities of uric acid and urates causative agents in producing asthma. Merc. bin. has special affinity for old cases of syphilis in persons of

lax fibre, the scrofulous, and those who have taken much Mercury. In the female generative organs, we have ulcers and erosions of the cervix with profuse greenish corrosive leucorrhoea.

Merc. nitricus is to be studied when we find conditions suggesting Merc. and at the same time exhibiting the sharp *sticking pains* of Nitric acid. Pustular conjunctivitis and Keratitis with burning lachrymation, photophobia and the afore-said sharp sticking pain calls for Merc. nit. Coldness also predominates under this remedy, with a flushed face. The pains are intolerable, driving the patient to thoughts of suicide.

Merc. aceticus should receive consideration when we find the key-note symptom *congestion* with stiffness, dryness and heat of parts affected. The eyes are inflamed, worse in the corner with burning and itching, worse morning and evening. *Lack of moisture* is the distinguishing feature here. The throat is so dry that talking is difficult. Merc. aceticus also has a barking cough which causes lancinating pain in the larynx or pharynx. Simple swallowing does not hurt but there must be enough motion in parts to move the cellular structure. "Pressure in lower sternum and dyspnea on standing erect," is a peculiar symptom but is in keeping with the general aggravation from moving the affected parts; i.e., mucus membranes wherever attacked. In the urinary organs there is burning in the urethra so intense that it awakens him. This burning increases as the bladder fills and is associated with cutting pain upon emission of last drop. The copious but slow emission in the morning proves that the mucus membrane of the urethra is thickened, giving it the characteristic compressed feeling. Still further under male sexual organs, we find the glans penis inflamed and swollen at the extremity with burning and lancinating pain. It is aggravated by cold bathing but relieved by tepid water. Profuse sweat moving about obtains here as under Merc. in general.

Merc. biniodatus cum Kali iodatum; Hale says of it: It causes profuse discharge of watery mucus from the nose with sneezing coughing and watering of the eyes. Take a patient

who cannot ride in an automobile winter or summer, without the above phenomena ensuing. It is a condition that conforms to this preparation of Iod., Merc. and Kali. The combination consists of one equivalent of red oxide of Merc. and 2 equivalents of Iod. of Potassium. Acute facial paralysis from cold (Merc. sol. and corr.) come under this remedy. Remember to look for the Merc. tongue with the Kali expectoration.

Last but not least we have Merc. cy. the great cure and prophylactic in diphtheria. Extreme feebleness, trembling, and syncope, the characteristic trio, appear of course. In diphtheria when the membrane is greenish and inclined to spread through the nose involving a large surface, with great destruction of tissue and intensified fetor. Swallowing is well nigh impossible because of the severe cutting pain. There is icy coldness with nausea, thought of food causes retching. This is a dark picture but Merc. cy. has won many laurels in just such conditions. The chronic sore throat of public speakers with rawness in spots in the throat as if about to ulcerate, will often be benefited by a dose of Merc. cy. if the general supporting and basic symptoms of Merc. are present.

I realize that the foregoing have been but the lightest touch, a more extended exposition or minute comparison would lead us too far from the confines of a brief paper. I have simply endeavored to jog your memories by whipping into prominence these very few points of difference in a great group of homœopathic medicines, wonderful Mercury and her Salts.

VERETRUM VIRIDE.

DR. H. FARRINGTON, CHICAGO.

Veratrum viride is a member of the Melanthaceae — all more or less poisonous and useful as medicines. Its common name is the American White Hellebore, and this together with the fact that the botanical title includes the word *viride*, or green, has led to some confusion and even to errors in compiling its pathogenesis. An accidental proving of *Helleborus viride*,

or Green Hellebore crept into the records of the *Veratrum* in Allen's Encyclopædia.

Two features stand out prominently in this remedy — Suddenness and congestion. It belongs to the list of emergency remedies, those that are indispensable in violent and acute conditions, conditions which, if not relieved promptly soon pass on to a fatal issue, or at least to very serious diseases. It is in relieving these violent congestions that the drug has won most of its laurels. Many cases of incipient pneumonia, meningitis, eclampsia, sun-stroke, apoplexy, have been restored to health by its action alone. But it must be remembered that the congestions of *Veratrum viride* are not the active type characterizing *Aconite*, *Belladonna* and *Glonoin*, for they are due to a vaso-motor paralysis and engorgement of the capillaries. Thus we note fulness and heaviness of the head; buzzing in the ears, flushed face, at times bluish; constriction of the chest, oppression as from a heavy load, resembling *Phosphorus*, —etc.

The regions mostly affected appear to be the head, especially the occiput, the spine, the chest and the stomach; and wherever the congestion may be it is almost invariably accompanied by faintness, vertigo, nausea even to vomiting and in severe cases, syncope. These symptoms are induced by any sudden motion such as rising up from bed. In fact this group may be the first indications of illness. The patient, apparently well the night before, almost swoons on raising the head from the pillow in the morning. *Veratrum viride* will afford almost instant relief in these cases.

The pulse may be soft and flowing but is more characteristically, full, almost incompressible with high fever and a condition simulating arterial excitement. If death is imminent, it becomes weak, intermittent, with hypocratic countenance, coldness, profuse sweat and great prostration, a true picture of cardiac paralysis.

Unfortunately the provings and the majority of clinical confirmations were obtained with the tincture and cruder potencies and, undoubtedly, there are many peculiar symptoms

that have never been discovered. There is one however, which is more or less constant and has been considered a "key-note": a yellow coated tongue with a clean band of red down the center. Its absence should not prevent your giving the remedy. The writer was once called to see a man of about fifty five years of age who had been chilled the day previous while walking against an icy wind. He said that he did not feel "quite himself" and as he had important business on hand, thought it best to call a physician. He walked briskly from one room to another and in fact, to all appearances, was in good health. He had a troublesome cough, with glary, amber colored expectoration, mixed with a little brown blood. The stethoscope revealed crepitant rales through the entire left lung and lower lobe of the right, his pulse was 90 and hard as a whip cord and he had a temperature of 103.4 (F). This was a pretty high temperature for a man of fifty-five who was rather stout and flabby and therefore not the kind of a patient who would do well in pneumonia. He was put to bed and given a single dose of *Veratrum viride* cm. Next morning his fever was down to 101. By evening it was 99 and in another twenty-four hours it was normal, with entire subsidence of all clinical findings. His tongue presented a thin, pearly white coating, with no suggestion of a red center. He had had only a slight spell of nausea, followed by diarrhoea and sweat.

Some of the books tell us that *Veratrum viride* is especially suited to the robust and plethoric. But note the following case in a feeble old lady of seventy. She was suddenly taken with fever, marked dyspnea, faintness on rising up in bed. There were rales through the lower lobes of both lungs, her pulse was rapid and like a bar of metal, her face was dark red and bathed in cold sweat and there was a well-defined streak of red down the center of her tongue. Here was a typical case. In spite of her age and decrepitude, she went back to normal in twelve hours, after three doses of the cm potency in water.

Nash warns us not to give this remedy in cases with weak heart — especially in pneumonia, but he refers to the giving

of it in appreciable doses and empirically. Many a case of pneumonia has been hurried into the grave on account of the paralytic effect upon the heart, mentioned above. In endo- and pericarditis, the curative action of *Veratrum viride* is remarkable, if the potency is not too low and enough of characteristic symptoms are present. These are nausea, faintness on slight exertion, violent palpitation, dull burning in the cardiac region, pricking pains, oppression of the chest and sudden increase with gradual decrease of the pulse rate; orthopnea.

The burning in the region of the heart is an example of a general feature, for we note burning in the pharynx and esophagus, the stomach, the spine, under the sternum and of the skin as of hot water poured over it. Burning and fulness almost to bursting in the head. Belladonna, Glonoin or Opium are given in many instances, where *Veratrum viride* is the remedy. In sunstroke, apoplexy or meningitis. Unless you study the symptoms closely, you may make this mistake. The patient is dull and stupid, the pupils *dilated*, pulse slow and hard, and if sufficiently conscious he complains of ringing in the ears, throbbing carotids, and dim vision, nausea and faintness on rising up from the bed. Or he may be comatose, bathed in cold sweat and the pulse soft and intermittent.

Many interesting things may be written about this remedy but it is impossible to include them all in a short paper. The sudden onset, the violent congestion and the concomitant group of nausea, faintness on quick motion, hard, whip-cord pulse and red streaked tongue are the guiding symptoms, no matter what the name of the the disease may be.

HERE AND THERE IN MATERIA MEDICA.

LAWRENCE M. STANTON, M. D., NEW YORK.

This paper is a rambling one and to that extent at least, does not belie its title. If the one or two cases here included, belong appropriately to Clinical Medicine, they are not therefore out of place in this bureau, for they are drug pictures quite as much as they are clinical experiences.

The following slender case would be of little interest, were it not for an infrequent symptom it presents and the unusual remedy that cured it. A sore throat that was neither worse or better by swallowing and was not aggravated either by hot or cold drinks, but was particularly painful when talking or on any motion of the tongue, so that the patient desisted from such practice as much as possible. It had persisted a number of days and was most annoying for so slight an ailment. The remedy was *Ambra grisea*. Another throat symptom of this drug, and one that I do not find in the Repertory, though in the materia medica, is pain in the fauces between the acts of swallowing, but not on swallowing.

A child suffered from frequent colic, ran an irregular temperature, was generally sick, and upon investigation it was discovered that she had a very marked case of pin-worms. The colic doubled her up and she would press on the abdomen for relief — a typical *Colocynth* colic. But her remedy was *Stannum*, which has a similar colic and which has the worms which *Colocynth* has not. *Stannum* at once relieved the suffering and in a short time cured the worms. To say that the *Colocynth* colic is an idiopathic one and that that of *Stannum* was, in the present case at least, reflex, will perhaps, distinguish the one from the other. This, however, is not implying that *Colocynth* might not cure worms because it lacks the pathology of worms, whatever that may be. Given a symptomatic picture sufficiently inclusive, it probably might.

A facial neuralgia, more or less troublesome for a month, had become severe and of daily recurrence during the past week. Almost clock-like it would appear at ten every morning, would increase until early afternoon and as gradually decrease till evening, when it would entirely disappear. The pain was right-sided, supraorbital, in the eye, in the face and teeth. In the eye especially it was burning, like a ball of fire, otherwise it was not describable, except that she was frantic with it. Flickering or confusion of vision. A very marked symptom was the patient's subjective coldness. In a warm room, with couch

drawn to an open fire, herself covered with blankets and eider-down — yet she could not get warm.

Nat. mur. chiefly on account of the ten A. M. appearance of the attack, and Stannum because of the crescendo—diminuendo character of the pain, did not help.

Under *Aranea diadema* the next paroxysm was less severe and, though the patient had some lingering pain for another few days, it was really the last attack she suffered. The first feeling of relief was that of the icy coldness giving way to a pleasant sense of warmth.

The *Aranea* picture in the case is this:

The *periodicity* of the attacks, recurring daily with almost clock-like regularity. (Cedron).

Great *subjective coldness*.

The burning of the face, more especially the eye, which was like a ball of fire.

Flickering or confusion of vision.

For my own benefit I recently made a study of *Xanthoxylum* and was impressed by some quite unusual symptoms. These gathered from various portions of the proving, I have tabulated, adding a few comparisons; and think they may be of general interest.

Pains are radiating in character (Berb., Diosc., Mag. phos.), notably those of the ovaries which extend to the hips, back and thighs.

Many of its pains are accompanied by a catching of the breath or the desire to take a long breath. Some of these are: severe momentary pains in the region of the heart, making her catch her breath and turn pale; shooting pains in the right ovarian region, making her catch her breath; a cough, with desire to take a long breath; Oppression of the chest with desire to take a deep inspiration; thought she could not get air enough into her lungs; In dysmenorrhoeal pains the patient is awakened from sleep by suffocation.

The headache and other pains are accompanied by a red face.

Some pains come and go gradually, like Stannum, Platinum and others.

Sensations are pricking and peppery, the latter reminding of Capsicum. With the peppery sensation on the tongue, in the mouth and throat, wants to open the mouth to let in the cool air.

Numbness is marked, especially on the left side, though many pains are right-sided. Numbness of whole left side, including the head and face.

In paralysis, when attempting to walk, seems as if the floor were soft, like wool. *Alumina* in tabes has a sensation, on stepping, as if the sole of the foot were soft and swollen.

Xanthoxylum has markedly benefitted a neurasthenic patient with the following symptoms: heat and redness of the face toward evening, lasting through the night; frequent headache with redness of the face; gastric crisis of vomiting, accompanied by flushed face; great dryness and burning of the mouth and tongue at night; weakness and numbness of the lower extremities; a sensation in the soles of the feet, when walking, as if stepping on something soft. The more usual remedies, with indications like these for Xanthoxylum, had of course first been given.

It is a little puzzling to most of us, or has been until we have given the matter some thought, to understand the apparent contradictions of our *Materia Medica*, and to men of the other school they are a stumbling block to a belief in Homœopathy. That a drug should be at the same time "good for" diarrhoea and constipation; that the same drug that causes a dry, hacking cough will also give us a loose one, with profuse expectoration; that the mucus produced by some drug should be almost as typically sweet or salt, or should have a watery expectoration as well as a thick and viscid one; that under one and the same drug we find during labor a rigid, unyielding os uteri and an os that is atonic and relaxed—all such facts seem strange, though they are not inexplicable. They argue no inconsistency of drug action but, instead, only a variability in the reaction the drug has established, though really one cannot here speak of

action apart from reaction. Cause and effect may be definite and fixed in the realm of matter, but effect must vary a great deal when the human organism is the body acted upon. The chemical doctor may do all very well with an antacid for a sour stomach, and the professor of physiology may prove a definite enough reaction when he stimulates a frog's heart with the electric current, but they will be woefully disappointed if they expect such singleness of result from the finer reactions in dynamics. How would one behave under another's circumstances? Would I yield or resist if your temptation were mine? What special bit of foolishness would you be guilty of if your house were burning up or your ship were sinking? All such questions are pertinent to our consideration and mean that there is little telling, short of the event, what will result when something happens. Some incident will cause one person to become hot and bathed in profuse perspiration, while his neighbor's face will blanch and he will have a nervous chill. An ordeal will produce diarrhoea (forty movements in a day a patient tells me), while another's bowels will be tied up under like provocation. It is all a matter of individual reaction. Of course, therefore, the drug provings that constitute our *Materia Medica* will be full of these paradoxes.

These drug symptoms of opposite nature in no way detract from that drug's individuality. Indeed they enhance and enrich it, for not merely do they interpret action, measurable only by the scope of reaction, but through this apparent inconsistency of symptoms run those constant peculiarities and modalities of the drug which give it its identity, and are the more striking because of repeated emphasis.

A further thought suggests itself in regard to this personal equation in reaction and that is, why may there not be a great difference in racial, as well as in individual, reaction, and a different drug picture obtainable according to whether drug provings are made on the Mongolian, Ethiopian, Malayan or Caucasian. On the African we know already how well certain remedies act, even though the particular racial indications for them are as yet scanty.

Germane to this matter of individuality, is one connected with drug proving. While the symptoms evoked in the majority of provers constitute, as they must, the back-bone of that drug's symptomatology, yet those manifested by a few provers, or only by a single one, must also be considered. The fact that some provers only, develop certain symptoms, shows a particular susceptibility on the part of these, and probably therefore, the greater value of such symptoms. They should not be thrown out of the proving, as they often are, because of infrequent verification.

It may be stated that the more sensitive the prover, the more individual (though of less frequent occurrence) are his or her symptoms, and consequently the greater their relative worth. I believe such symptoms are the most precious records of our *Materia Medica*, and that upon their judicious choice our loftiest work is accomplished.

Is there such a thing as an epidemic of a drug? Or more clearly, if less briefly, in the treatment of diseases do we encounter from time to time an epidemic need of some one drug for their cure?

I am not speaking of the epidemic remedy for an epidemic disease, say *Gelsemium* for influenza, which is quite another matter and has been frequently discussed by this Association. That is the case of an epidemic disease of so definite a type, that some one remedy is indicated in the majority of its cases.

The proposition here is, the opposite of this, so far as a definite epidemic goes. In this instance, the epidemic impulse, if it can be so stated, does not appear strong enough to focus in some particular disease, but disperses, instead, in various diseases and complaints. In doing so the epidemic impetus, it is imaginable, passes to these divers maladies with a definite group of symptoms, and one can hardly fail to recognize its recurrence. I am sure everyone has had the experience of a succession of patients, within a short time of each other, variously afflicted, but presenting symptoms of some one drug, and has been convinced that this was more than coincidence. It is this recurrent syndrome in a heterogenous lot of diseases

at about the same time, that makes the occurrence seem an epidemic one. I recently had, each within a short time of the other, a number of vertigos, gastric disturbances, a case of neurasthenia and one of angina pectoris — all having marked symptoms of *Tabacum* and all of them decidedly helped or cured by this remedy.

It is hard to account for, or adequately to express, such a phenomenon, but it would appear that whatever the force that makes for disease, and whether of the environment or within the human organism, when it manifests itself epidemically it does so in one of two ways. Either we may have a true epidemic disease, or the epidemic impulse may run through a number of diseases at about the same time, with certain constant symptoms, and such a recurrent syndrome may point to one and the same remedy for its cure. In the latter case, I think we might not inappropriately speak of an epidemic of that drug.

A STUDY OF CALCAREA FLUORICA WITH CLINICAL OBSERVATIONS.

ELMER SCHWARTZ, M. D., CHICAGO, ILL.

We have here a patient, a gentleman who is sensitive to cold, to drafts and to changes in the weather, especially damp or wet weather, more especially the cold wet weather. Of course we would know from this he would be relieved by heat and worse during rest and better from motion.

These modalities are the same in *Rhus. tox.* and *Calc. fl.* being a much deeper acting remedy we may expect it to cure when *Rhus. tox.* fails especially in the more chronic complaints, such as severe cases of rheumatism that have worried your patience. The writer had had wonderful results in just such cases. *Calc. fl.* is quite frequently indicated, not alone in rheumatism, but is quite frequently indicated in enlarged tonsils and glandular complaints, such as tumors, growths and even ulceration when the edges are very hard, such as ulceration of the cornea; throat troubles with large indurated tonsils.

Induration may take place in any part of the body. Suppuration may take place and in this it is similar to Sil.

The appearance of the Calc. fl. patient is not at all rotund and fat, rather the opposite, being thin and of the hatchet-like face, but usually strong and sinuey, and when feeling at all well can endure great exertion.

We have but little written upon this wonderful remedy, consequently we are guided to its use principally by its modalities and the nature of its complaints.

We will give two cases of rheumatism of the semi-chronic type which will give a symptomatic picture which will assist in its selection.

Case No. I: A gentleman 43 years of age, suffering from rheumatism. Complained of severe pain in the region of the liver < from motion and jar. Stiffness all over body in the morning on rising from bed: < mornings—greatly < by wet weather, especially if it is cold. A general lack of vital heat—sensitive to cold. Rheumatic pains in hip when getting cold at night. Generally > when exercising, but becomes stiff on resting.

This patient works in a grain elevator and becomes overheated at times and then takes on this rheumatic condition.

Rhus. tox. was given at the beginning with but little or no benefit, but was entirely relieved by Calc. fl. having one dose of Calc. fl. 10m January 18, 1918, and one June 4, 1919. The reason for his not following up the treatment was that he was so quickly relieved that he had no further need for medicine, although just one year later he was taken down again with the same complaint and one dose of Calc. fl. corrected the difficulty.

Case No. II: Married lady age 40 years:
April 8, 1919

Had had an attack of appendicitis year previous, no operation but resulting in adhesions of intestines. A case of rheumatism of the worst type—even the slightest touch on spine caused great pain.

< from extremes of temperature.

Faintness from heat of summer.

Headache before a thunder storm.

General aggravation before a storm.

Stiffness in back and shoulders < before a storm.

Stiffness and soreness in lumbar region, spine and shoulders with throbbing on motion.

Numbness of left side, followed by tingling.

Fainting in summer from *thunder storms*.

Rhod. 52M.

April 21, 1919

General improvement — only remaining symptom is a soreness in lumbar region.

In good spirits.

Sac. Lac.

May 6, 1919

Old symptoms returning — Stiff and sore all over — Gas on stomach.

Sac. Lac.

May 22, 1919

Sensation of a band around the lumbar region.

Aching and soreness in lumbar region.

Mentally improved — Cheerful.

Sac. Lac.

June 9, 1919

Stiff and sore all over body.

Rhod. 52 M.

July 1, 1919

Aching and burning in lumbar-sacral and Sacro-iliac articulations.

< on lying down.

Aesc. 45 M.

Aug. 5, 1919

Rheumatic aching in ankles and in ilio-sacral articulation.

< morning and > by motion. — Pains darting on beginning to move.

< before storm. — Cold and wet weather < Burning in bladder on urination.

< lying on left side and back.

Rhus. tox. 10 M.

Aug. 22, 1919

< mornings and > at night. — Numbness in left hand while lying.

Pain in sacrum; soreness and sharp pains on beginning to move.

No pain when quiet. Little or no improvement.

Calcarea, flourica, 10M.

Sept. 22, 1919

Still pain in lumbar region. — but general improvement.

Calc. fl. 50 M.

Oct. 12, 1919

Excoriation of genitalia — burning. — Feeling well generally.

Sac. lac.

Dec. 1, 1919

Aching of spine. — Snow storms < motion < that is beginning motion.

Gleeful spirits, but suffers pain. Note. Evidently 50M was too high.

Calc. fl. 1 M.

December 18, 1919

General Improvement.

Calc. fl. 10 M.

January 15, 1920

Has been greatly improved; yet some pain in lumbar region.

Calc. fl. 50 M.

February 28, 1920

Has been feeling well until last week. Some old symptoms have returned.

Calc. fl. 50 M.

May 6, 1920

Observe that two months or more have passed before patient comes for medicine.

Some pain in back with stiffness. Some swelling and stiffness in knees.

Calc. fl. 50 M.

May 26, 1920

Some pains still remaining.

Calc. fl. C. M.

The patient now goes weeks without any pain whatever; she is doing the work of three ordinary women, as she has a rooming house and does all her own work including washing, ironing and cleaning. When she came for treatment about a year ago she could scarcely walk at all. The spine being so sensitive that it could not be touched. This was discovered when I attempted to give her a physical examination and found it was impossible.

Summary.

There is no doubt that this was a Calc. fl. case from the beginning, but owing to her being so greatly disturbed by thunder storms and having the modality of being > by motion and sensitive to cold weather, Rhod. was given which in reality was not indicated. Likewise Aesc. did not belong to the case.

This proves that Calc. fl. should be proven in the higher potencies to bring out its numerous characteristic symptoms.

ARSENICUM ALBUM.

GUY BECKLEY STEARNS, M. D., NEW YORK.

A man of 53, had been ill for fifteen weeks of septic endocarditis and was in extremis; he was delirious, covered with purpuric spots, very restless, had hiccoughs constantly and painful spasms of the diaphragm for three days. Arsenicum covered his case, relieving the hiccough and causing sufficient reaction to prolong his life for two weeks. Study of his case made it clear that *Arsenicum* had been his remedy from the start—that is to say, fifteen weeks before I was called in.

I obtained from the family all the early symptoms which

they could remember and reviewed the few similar cases that had come under my own observation. *The only salvation for these cases is the administration of the exact similimum, early.* This man first remained home because of a slight fever and headache; then, three days later, went to business, although feeling weak and in the evening found that he had fever, so stayed home again and called in his physician. After twelve days, a heart murmur was discovered. All that I could learn from the family was, that he objected to remaining at home as, for the first three months, he did not feel that he was ill enough to make staying home necessary; all that he suffered from was some pain in the occiput and inability to get his head in comfortable position because the scalp was sore, and he felt worse when the weather was wet. His appetite was gone, but during the first half of the night he was thirsty for small amounts, frequently repeated.

The urine was profuse at first.

Restless and worried from the beginning of his illness and the worry and restlessness were worse during the first half of the night.

This is not a text-book picture of Arsenic, but, reviewing the salient features, we have:

1st. A streptococcic infection; the streptococcus causes virulent infection which tends to invade the entire organism instead of localizing.

Arsenic is a virulent poison and clinically is one of our commonly indicated remedies in septic infections. So the quality of malignancy of infection must be recognized early and is one of the key-notes of Arsenic.

2. Restlessness is one of the most typical things about Arsenic and we are taught that it is worse at night, especially from 1 to 3 A. M. I have often observed, as in this case, that the restlessness begins in the evening and is worse before midnight. As to the worry in this patient's case, there was much in his business affairs to cause it. But he was not what could be termed "anxious." In my serious Arsenic cases, anxiety

has been as often absent as present, and in some cases there has not been even restlessness.

3rd. Appetite and thirst. He had the classic combination: loss of appetite and increased thirst for frequent, small amounts. Later, he had neither appetite nor thirst. In severe acute illness requiring Arsenic I have just as often found thirst insatiable for large amounts—"Can't dring enough." Occasionally thirst has been quite lacking.

At times, the lack of appetite is very striking and is expressed by both words and countenance—"I can't endure the thought of food." This symptom is given by Lippe as "loathing of the thought of food."

This keynote is one of the most valuable that I have picked up for Arsenic.

4th. Aggravation in wet weather: this is at times a strong modality in Arsenicum, but I do not remember ever meeting it in an acute case before.

5th. This patient could not find an easy place for his head because the scalp was so sore: Hering gives the highest value to the following symptoms: "Can scarcely bear to have the hair touched, because the scalp is so sensitive."

All these symptoms develop sufficiently early in the attack for a careful prescriber, even though at first he might not have seen Arsenicum as the remedy, to find it very soon, by comparing groups of remedies having the general characteristics: "Worse in wet weather, worse before midnight, and restlessness." Since the patient had vitality enough to live seventeen weeks, he might have had resistance enough to live with the aid of Arsenicum, if given early.

There are a few other indications on which I have learned to rely.

Usually there is something characteristic in the face; if the illness is well developed, the expression registers "sickness" and with this may be anxiety or suffering or distress. The face may be pale or flushed, blue or hippocratic, but the evidence that the patient is ill is plain. Very characteristic, however, is an angry, circumscribed flush on the cheeks; this

is as characteristic as under Phos. or Sang. or Sul. It has often been the first symptom in serious cases to lead me to study Arsenic.

Another objective symptom relates to the tongue.

In gastric conditions, it may be white as though white-washed; in infections, it is thickly coated, with red edges, or it has a red streak in the center with red tip, or red edges which take the imprint of the teeth, or dry red with the papillæ elevated. All of these are characteristic and each is the kind of tongue that occurs in severe infection.

In one case of long-lasting infection, the patient complained of a constant sweet taste and that everything she ate tasted sweet.

We are taught that the Arsenicum patient is chilly; this at least is not always marked. Many of my Arsenic cases have preferred the covers well up around the neck, but in a few instances this was not so. One thing I have observed and that is, that the patient would become flushed and warm toward late afternoon and in the early part of the night and then want the covers off. Hering gives this as "evening and night," and Sulphur has a similar symptom in the afternoon or evening.

In a case of septic endocarditis, in a young woman who died of it in about 5 weeks, the following were practically her only symptoms:

Hectic flush.

Face flushed and patient so hot that she demanded air and to be uncovered in the late afternoon and evening.

Coated tongue with red edges.

Sulphur has all of this and was given, but with only a temporary checking of the symptoms.

In the light of what I have since learned, Arsenic was her remedy.

A Hollander landed in New York with an acute exacerbation of a chronic appendicitis. Complicating this was a severe bronchitis. The latter yielded to Bryonia, but a retrocæcal abscess formed. After the operation a bronchitis flared up and the wound became infected. He was irritable, anxious,

fearful of draughts; had a slight hectic flush; became flushed in the late afternoon and evening and then wanted the covers off; had much thirst and little appetite, the thirst being more at night; his feet were at times so hot that he put them out of bed; and the pus from the wound was profuse, green and very offensive. Expectoration was copious and green. Sulphur slightly modified his condition, but under *Arsenic* 1m the wound became clean in three days, and in less than a week the surgeon freshened the edges and sutured them and there was no further trouble.

From this last, we can add "green discharges" as a keynote. I have observed green expectoration in pneumonias requiring Arsenic, but more frequently the expectoration has been frothy and white, later becoming bloody.

An old man with a serious pneumonic infection presented the following complex: The attack commenced with chilliness, severe headache and vomiting; his temperature was high and his pulse very tense. He had the hectic flush, the later afternoon flush and heat. He had responded to Aconite, in the manner that patients always do respond to a partially similar remedy, by temporary improvement. Then he rapidly began to grow worse, with mental dulness and confusion and involuntary yellow diarrhoeic stools. At that time, I did not know the value of the hectic flush or evening heat symptoms, but whilst I was watching him, the nurse gave him a drink. After drinking, he gave a short, hacking cough. I asked the nurse whether he often did that and she said "Yes; every time he drinks." All through his illness he never coughed except after taking a drink. Arsenic is one of the remedies that has this symptom and it cured him. Since then, I have many times verified the symptom under Arsenic: "*Cough after drinking.*"

Now a word as to the Arsenic pains.

The classic burning pains, better from heat, are most frequently observed, but just as characteristic are sharp, cutting pains resembling those of Bryonia. These are worse from

motion, but also are worse from touch or pressure, this last serving to distinguish them from Bryonia.

Illustrating the pains, a young woman with acute articular rheumatism involving both knees and ankles, had severe cutting pains, worse in the evening before midnight, with restlessness at this time and excruciating pain worse from the slightest motion or touch. Her tongue was heavily coated, with red edges which showed the imprint of the teeth. She was thirsty; said she couldn't drink enough, but, to use her own words, "could not bear the thought of food." Her face was pale.

Arsenic 1m cured her so quickly that she left the hospital in less than a week.

Another typical case was a young man who had influenza. Home treatment with Aspirin brought him to the hospital very ill, with right-sided pneumonia. He had intense cutting pain in the lower right chest, worse on breathing or motion, worse lying on the right side; insatiable thirst, aversion to food, face pale with angry hectic flush, tongue white-coated with red edges; expectoration white, frothy and bloodstreaked.

As is usual when the exact similinum is given, *Arsenic* 30th brought his temperature down to normal within 48 hours.

Arsenic cases of pneumonia are likely to develop pleuritic effusions which may become empyemas. He had the effusion, but it cleared up,

Summarizing the Arsenic infections: They are of a virulent type, such as occur from the streptococcic, the influenzal, and other groups of bacteria that tend to spread through the blood, instead of localizing, or the toxins of which are very depressing.

From my observation, I believe Arsenic is the most nearly specific remedy for septic endocarditis and for a general streptococcic infection. I have cured with it one case of the former and one of the latter, and have seen two cases of septic endocarditis which died and in which Arsenic was undoubtedly the similinum—but which had not been given.

I have heard of two cases of infective endocarditis cured by Phosphorus and some consider Phosphorus the specific. It

may be that honors lie between Arsenic and Phosphorus; they are closely related and have similar symptoms and one will help, where the other is better indicated, as I have a few times demonstrated.

The following combination of symptoms, however, can be absolutely relied upon: An angry hectic flush, with a red tongue or a white-coated tongue and red edges and red papillæ showing, or red streak down the center of the tongue, the patient being thirsty for small quantities of water frequently, or an insatiable thirst for large quantities, or, in rarer cases, no thirst at all. Lessened appetite, especially if there be loathing of food. Usually, although not necessarily, there is restlessness, and this is particularly characteristic when the restlessness is more noticeable around 1 A. M. or in the evening and the first part of the night. Very typical, also, is the flushed face and sensation of heat in the late afternoon and early evening, when the patient usually wants warm covering, though not always.

With any of the above-mentioned combinations the face may be pale or flushed all over.

In pneumonia, cough after drinking is a reliable symptom, and the expectoration may be green or frothy and white.

Loose cough is characteristic, where the patient recovers slowly, is pale, and has a pleuritic effusion.

The face almost invariably expresses severe illness. There may be burning pains ameliorated by warmth, or intense stabbing or cutting pain, aggravated by the least motion.

All of the above has been gleaned by repertorial analysis of many cases, followed by comparison with the *Materia Medica*. It is not possible to give elaborate comparisons, but the following remedies are mentioned in Kent's Repertory:

Septic fevers: ANTHR., *Apis* ARN., ARS., *Bell.*, BAPT., BRY., *Cadmium*, *Carb v.*, *Cur.*, CROT. HORRID., ECHI., KALI PHOS., PHOS., *Phos. ac.*, *Puls.*, PYROG., LACH., LYC., *Merc.*, MUR. AC., *Rhus tox.*, *Rhus v.*, SUL., TARENT. C.

Hectic flush: ANT. TART., ARS., CHINA, *Colchicum*, *Dulc.*, FER., *Iod.*, *Kali carb.*, *Creos.*, *Lach.*, LYC., PHOS., *Puls.*, *Sang.*, *Stan.*, SUL.

Tongue with red streak down center: *Arn.*, *Arg. nit.*, *Ars.*, *Bell.*, *Bry.*, *CAUST.*, *Cham.*, *Crot. horrid.*, *Eupat. pur.*, *Kali bi.*, *Lac. can.*, *Phos.*, *Phos. ac.*, *Pb.*, *Sang.*, *VERAT. VIR.*

Tongue with red edges: *ARS.*, *Bapt.*, *Canth.*, *CHEL.*, *Crot. horrid.*, *Fluor ac.*, *Gels.*, *Iris*, *Kali bi.*, *Lach.*, *Lyc.*, *MERC.*, *Merc.*, *bin.*, *Nit.*, *ac.*, *Phos.*, *Pb.*, *Rhus tox.*

Tongue with red tip: *Apis*, *ARS.*, *ARG. NIT.*, *Fluor ac.*, *Lach.*, *Lyc.*, *Nit ac.*, *PHYT.*, *RHUS TOX.*, *RHUS VEN.*

Loathing at thought of food: *ANT. CRUD.*, *Ant. tart.*, *CHINA*, *COCC.*, *COLCH.*, *Ip.*, *Puls.*, *SEPIA*, *Thuja.*

Thirst for large quantities: *Acon.*, *ARS.*, *BRY.*, *China*, *Cocc.*, *Eup. perf.*, *Fer. phos.*, *Lac. d.*, *Lycps.*, *Merc. cor.*, *NAT. MUR.*, *PHOS.*, *Stram.*, *SUL.*, *VERAT ALB.*

Thirst for small quantities: *Apis*, *ARS.*, *Bell.*, *China*, *Coloc.*, *Corn.*, *Hell.*, *Lach.*, *LYC.*, *Rhus. tox.*, *Sul.*

RECENTLY USED REMEDIES.

DR. THOMAS G. SLOAN, SO. MANCHESTER, CONN.

Bryonia has been indicated in nearly all of the cases of influenza this year (1920). The bodily aching, soreness of the eyeballs, headache, all worse from motion, slight coryza, dry cough hurting the upper part of the trachea and head, vertigo, chilliness and prostration have yielded quickly to *Bryonia*.

Recurrences of fever, with or without other symptoms, have promptly responded to this remedy unless some other remedy was clearly indicated.

ACTEA SPICATA.

C. M. BOGER, M. D.

Radix Christophoriana. Natural Order Ranunculaceæ.

Tincture of the green root gathered before flowering, in May or of the berries.

Toxic Action:

Maniacal delirium and death (Linnaeus).

Intense sick feeling with cold sweats (Golden).

A sort of intoxication, with great cerebral excitement, irritation of the digestive organs, vomiting and constipation (Lemercier).

Blisters on the skin (Monnier).

Popularly used as a purgative, to induce sweating and in lung affections.

The changes induced in the mental and physical spheres by *Actea spicata* are numerous and suggestive.

General Action:

Great nervous excitability in the morning.

In the morning painful tension, yet more like a burning heat in the right lower leg, ceasing on motion; with fruitless urging to urinate and violent burning.

Involuntary muscular movements.

Occasional jerks in the right calf.

General itching, more especially on the head and face.

Cold shivers over back, trembling and great nervous debility.

Very sensitive to uncovering, admission of air causes a feeling of painful tension in the chest and chilliness.

The attacks of fever, mostly announced by a slight cold shiver along the back, always come at uncertain times.

Nightly attacks of fever, unto the 6th night.

Strong febrile movements at night.

Constant restlessness and anxious tossing about.

Violent internal and external heat.

General, sour smelling sweat.

Clammy sweat toward morning.

Violent ebullitions of blood, and congestion of blood to the head, excited by drinking coffee.

It is impossible to lie in bed at night.

Nightly sleeplessness.

Somnolency.

Sleeplessness.

MIND:

Disinclined to reflect.

Diminished power of comprehension.

Confusion of ideas.

Dejection.

Sadness.

Doubtful of success, even in the most trifling undertakings.

Hopelessness.

Great desire to work, yet inability for it.

Irresolution.

Wavering mood.

Anxious concern, when at rest.

Increased joy of life.

Craving for rich foods.

Cheerful when in motion.

Prostration.

Constant complaining and sighing.

Occasional wailing.

Fear of death, more at night in bed.

Mental debility; decides with difficulty.

Dulness of the senses.

Low spirits with inclination to weep.

Very fearful, starts at the slightest thing, noises etc.

Constant apprehensiveness.

Attacks of weakness of the will, almost amounting to insanity.

Hasty speech.

Confusion, with intercurrent absence of mind.

Delusions.

Weakness of mind.

Weakness of memory.

Whimsical.

Dissatisfied with self.

Angriness.

Beside himself.

Distrustful, with aversion to physical motion in the open air.

Inclined to scold, after eating.

VERTIGO:

Vertigo with staggering, during motion, gradually disappearing in the open air.

Beclouded.

Whirling, with turning black before the eyes.

Frequent attacks of fainting.

HEAD:

Burrowing, cutting pains, as from a dull instrument within the head, with transient loss of consciousness and repeated roaring and buzzing within the depths of the cranium.

Feeling of fullness and fine stitches in various spots on the forehead when raising up, disappearing almost entirely from warm coverings.

Boring and tearing headache on the whole of the right side of the head, with a very sore pain, diminishing by motion in the open air, disappearing entirely after drinking coffee; when standing it is combined with beclouded senses and a drunken feeling.

Violent itching and crawling of the entire scalp, alternating with a feeling of heat (After 8 hours).

Falling of the hair.

Beating, bruised feeling of the whole head, when sitting and lying.

Sticking drawing or sometimes a dull pressure in the brain in the supra orbital region, with darkened vision, after smoking.

Throbbing in the brain, by fits and starts.

Pressure in the occiput.

Burning heat in whole occiput every evening.

Sudden stitches thru the right temple into the brain.

Tearing stinging pain in the right temple, especially in the pars mastoidea as if it would be wrenched out, at night in bed.

Very violent, sticking tearing from the crown to between the eyebrows, driving one almost to distraction.

Heaviness in the forepart of the head.

Congestion to the forehead, with violent redness of the face.

Branny desquamation on the forepart of the head down as far as the forehead.

Dizziness, with an empty feeling in the forehead, when stooping.

Violent sticking and tearing pain in the forehead.

Burning heat on the forehead, not far above both eyebrows, alternating with a clamping pain between the forehead and the parietal bone.

Occasional digging boring in the center of the forehead.

Digging in the left frontal eminence, with a feeling as if the bone were being crushed, forcing one to tears, after eating and cold drinks.

Cutting, sometimes gnawing or crunching in the left frontal cavity; often they cease suddenly and jump to single spots on the crown, yet soon return again, after midnight.

Increased sensitiveness of the entire frontal bone, on motion it is converted into a pain which necessitates screaming.

An anxious heating up of the forehead.

EYES:

Sensitive itching and burning of the eyes.

Tension, pressive digging or sometimes quivering within the eye, in the evening.

Peculiar pressure, as from a grain of sand lying therein on closing the eyes.

Violent burning and tearing of the right eye.

Frequent fiery apparitions, like balls, after midnight.

The eyes are affected and dim.

The eyes are actively red, brightly sparkling, protruded and rotating rapidly.

Keenly sensitive to light.

The eyes are dim, sunken and encircled by blue rings.

Sparkling and flashing before the eyes.

Throbbing and hammering alternating with burning under the right orbital arch.

Sense of heat between the eyebrows toward evening.

Boring tearing pain behind the right orbital cavity.

Puffiness and dry inflammation of the eyelids, especially the upper; constant itching and crawling of them, necessitating rubbing.

Single, small millet-like vesicles on the right upper eyelid, without biting or itching.

The eyelids are agglutinated by yellow, pus like mucus.

Frequent twitching of the left eyelid in the morning; blinking.

Smarting pain in the right upper eyelid.

Sticking, biting in the inner canthi; after reading and writing.

Excoriation of the inner canthi (after 4 days).

EARS:

Tight pain in right inner ear, with drawing extending to the cavity of the mouth.

Great sensitiveness of the ears to drafts.

Perspiration behind the ears, when lying.

Tinkling, buzzing and dull ringing.

Stopped feeling with *transient deafness after eating*.

Loud roaring.

Tensive pressure in the tympanic cavity.

Tearing, boring pain in the right inner ear.

Outward digging.

Feeling of cold air streaming into ear and aggravating the pain, in the afternoon.

Sense of heat alternating with itching in the left ear lap.

Biting in the lobule of the right ear, with a feeling of fierce eating.

Burning itching, with a hot feeling in the right concha, when lying.

Thin, sour smelling earwax.

NOSE:

Scabs and pustules on and within the nose.

Redness with a superficial erysipelatous inflammation of the tip of the nose, with violent itching and biting.

Burning in the left nostril, with a feeling of dryness and coldness.

Chaps in the left wing of the nose, in the morning.
 Violent, tearing, boring pain from the root of the nose to
 the right frontal eminence.
 Sore feeling in the nostrils.
 Catarrhal tendency.
Fluent coryza, with persistent tickling on the floor of the
 right nostril, causing sneezing.
 Profuse discharge of serous fluid (after 24 hours).

FACE:

Pale, sunken, emaciated face.
 Bright red face.
 Bloating of the right side of the face, with a dull pressure
 or sometimes compression of the parotid gland.
 Peculiar tensive outward pressure in the fleshy parts below
 both eyes, intensified by motion, sneezing and stooping.
 Tearing squeezing in malar bones.
 Boring in the periosteum.
 Swollen cheeks, with rheumatic pains.
 Outward tearing with frequent stitches in the left lower
 jaw, worse after midnight.
 Drawing and tension in the lower lip, extending to the chin.
 Occasional violent cracks in the lower lip.
 Dryness and soreness in the upper lip after eating.
 Dry herpetic eruption about the mouth, with solitary itching
 pimples.

TEETH AND GUMS:

Stitches and unbearable tearing in the molars of the left
 lower jaw, with the feeling as if they projected too far,
 diminished by smoking.
Burning in the gums, with a swelled feeling.
 Tensive drawing in the right upper gum, spreading to the
 uvula; heat therein after smoking and cold drinks.

MOUTH:

Much expectorating.

A sour fluid gathers in the mouth.

Sour bitterish, often salty taste.

Changing burning in various spots on tongue.

Tongue very red, clean, hot and tremulous.

Rawness on back of tongue, worse in the morning.

THROAT:

Severe pressure and swollen feeling in the left tonsil.

Dryness and burning heat in the throat; sometimes a feeling like hot air streaming thru it, at night.

Burning scratching in throat.

Burning in throat when swallowing solids.

Frequent thirst, with a scrapy dryness in throat, as after making a night of it.

Dull pressure in the entire gullet, with some oppression of the chest.

STOMACH:

Frequent eructations; with constant pressure in pharynx, after speaking.

Sour belching.

Regurgitation of food, with loathing and qualmsiness.

Heartburn after eating.

Feeling of a spoiled stomach.

Throbbing pain in epigastrium.

Moderate drawing and tension in the epigastrium, alternating with chilliness, during motion in the open air.

Tensive, often oppressive pressure in the stomach, after eating.

Weak feeling in the stomach.

Nightly constriction of the stomach.

Much growling, with gripping toward the pylorus.

Slight boring at the cardiac orifice, not infrequently followed by burning.

HYPOCHONDRIAE:

Not infrequently, fleeting stitches and tearing boring from the right to the left hypochondrium; worse while lying; with painful distension of the right hypochondrium; better from eructations.

Pressure deep within the liver.

Fleeting burning in the liver.

Full feeling in the liver.

Tensive and rending asunder pain, like congestion of the liver, in the evening and on motion in bed.

Tightness and distension in the diaphragm especially on the side of the liver.

ABDOMEN:

Spasmodic drawing directly over the naval; a gnawing drawing, often passing into actual pain, at night.

Very painful tension and pressive twisting about the navel; below it there is a sharply defined red, painful, tense, slightly raised swelling.

Swollen abdomen, especially on the right side.

Spasmodic retraction of the abdominal muscles.

Feeling of a lead, like hundredweight on the lower abdomen, while lying.

Distension of the hypogastrium with transient stitches like needles, sometimes a sticking tearing, extending into the right side of the chest.

Outward sticking pains in the hypogastrium, excited by coughing or sneezing.

Frequent rumbling and grumbling sometimes cutting, before the advent of the menses.

Almost a drumlike tenseness of the lower abdomen, with frequent rumbling from below upward and eructations, after eating; gradually disappearing when moving about slowly in the room.

Pressive pinching in the intestines ordinarily passing into a cutting pulling, often before stool; not infrequently also in the evening.

Sense of burning heat in the whole lower abdomen, when sitting.

Continuous violent pinching and cutting boring in the intestines.

Strong pressure in the hypogastrium, and rattling, then profuse, first mucus and lastly black bloody stools.

STOOL:

Pinching then copious discharge of flatus.

Discharge of flatus.

Frequent ineffectual urging to stool.

Passing hard stools in the morning.

Urging to stool; thin, *biting, acrid, copius, twice with much bloody mucus*, in the evening.

Constipation, with drawing tension from the small of the back to the loins.

Sticking drawing in the region of the rectum.

Violent pressure or sometimes burning and cutting in the rectum.

Protruding hemorrhoidal nodes.

Biting burning in the hemorrhoids.

Excoriation and eating in, about the anus.

URINE:

Occasional stitches in the region of the bladder along with pressive pains in the rectum, without stool.

Burning dribbling of urine, during stool.

Forcible urging to urinate, with violent itching and crawling in the meatus.

Discharge of much mucus.

Profuse fiery red, turbid, thick urine.

He urinates blood.

Constriction of the urethra.

Violent burning in the urethra.

Sticking from the urethra toward the abdominal cavity.

Fleeting stitches and drawing tension in the urethra.

SEXUAL ORGANS:

Tearing or inward boring in the right testicle.

Spasmodic erection combined with tensive pains in the penis.

Voluptuous sensation.

Inclination for coition.

Menses four days too early and very profuse.

Raw sore pain in labia, with frequent biting-itching.

Tensive drawing, pressure or sometimes fleeting stitches from the pundendum upward into the uterus.

COUGH:

- Cold air as well as cold water causes an irritation to cough in the larynx.

Violent straining cough with spasmodic constriction of the twigs of the lower bronchi.

Occasionally a somewhat slimy, bloody expectorate.

RESPIRATION:

Very short, irregular, panting, rattling breathing, at night while lying, diminished by raising up.

Great oppression and extraordinary anxiety along with a feeling as if the thorax were screwed together, almost to suffocation.

Very violent oppression of the chest, with a stopped feeling, as if the blood could not flow freely thru the larger blood-vessels.

CHEST:

Occasional fleeting stitches crossing diagonally thru the whole lung, with attacks of *shortness of breath*.

Violent pressure in the back of the lungs, sometimes as if they would be torn asunder, at night.

Active compression of the right lobe of the lung, along with it there appears sticking drawing or painful tension toward the left shoulder.

Dull stitching in the left chest, toward the spine.

Slight, dull pressure in the external chest.
Swelling of the female breasts.
Feeling of heat in them, sometimes burning.
Frequent fleeting stitches in the right female breast.
Occasional tensive drawing in the left, (breast) at night.
Flaccidity and prickling superficially in both breasts in the forenoon.
Continuous itching in the nipples, turning to burning after scratching, in the morning.
Violent digging in the sternum, forcing its way into both clavicles.
Sudden, violent tearing or drawing from within the thorax down into the hypogastrium, alternating with burning, intolerable from the heat of the bed.

HEART:

Intense pain in the heart with pressure toward the abdominal cavity.
Pressive crowding from the heart into the hepatic region, with fearful anxiety and a bluish red or brown face, at night.
Heart beat weak, suppressed, unequal.

NECK:

Stiffness of the neck (anterior).
Tension from the nape into both shoulders.
Occasional slight chilly feeling between the shoulders, in the morning.
Boring pain in the shoulder joints.
Burning as from hot water in the nape.

BACK:

Violent tearing in the left side of the back.
Jerks of lightning rapidity in the spine, leaving a bruised feeling behind.
He lies on the back.

Formication in the spine, especially the lumbar region.

A circumscribed intensely painful spot about the middle of the spine, on touch it burns unbearably, at midnight.

Sense of weakness in lumbar region.

Drawing from the ribs of the right side into the right loin.

UPPER EXTREMITIES:

A lame feeling, with formication, in both arms.

Occasional twitching and thrusts from the chest out into both arms.

Stiffness of the entire right arm.

Biting and gnawing deep in the left humerus, as if in the periosteum, worse at night.

Digging boring in the wrist, with an outward tearing pain as far as the bones of the forearm.

Swelling of the wrists, with redness and inward sticking pains.

The hands go to sleep.

Burning on the dorsae of both hands.

Tensive pains in the fingers of the right hand, severest in the thumbs.

Numb feeling of the tips of the fingers of the left hand.

Fine stitches in the little finger of the right hand, with drawing toward the hand.

LOWER EXTREMITIES:

Violent burning itching close under the hip joint of the right thigh, worse from rubbing.

In the knee and ankle joint the most maddening, tearing, burning, often forcibly distending pains, as from a glowing hot wire thrust into the bone or the whole leg were split.

Swelling and purple redness of the ankle joints, extremely painful on pressure; even the bed cover is unbearable, at night.

Boring digging throughout the whole shinbone into the ankle joint.

Boring and smarting pain on the right outer ankle bone.

Boring pains in heels (Boger).

Complete numbness of the dorsum of the right foot, almost an insensibility.

Shaking-buzzing in the soles of the feet alternating with burning.

Tearing sticking in the toes.

Fine sticking in the left little toe.

Swelling and marked redness of the left great toe with violent tensive pain, after midnight. Acts from 8 to 12 hours in acute and about 12 days in chronic diseases.

Coffee seems to intensify its action.

This symptom complex appears on pages 186 to 190 of vol. II of the Real Lexicon, published in Leipzig, in 1836. If we are to judge of its value by the other articles contained in this valuable work I should say it is very great, and that the pathogenesis is genuine even altho the original provings are not available now. Several of the symptoms have proven very reliable in my hands, particularly the shortness of breath on exposure to cold air,—cardio-vascular spasm—of sclerosis. Still saw no advantage in using it, over *Cimicifuga*, but these symptoms look genuine and have an individuality which bespeaks great usefulness, in spite of having been hidden so long in a little known work. A little experience will soon set the proper stamp of value upon them.

CHELIDONIUM MAJUS.

BY W. A. MC FALL, M. D., TORONTO, CAN.

Chelidonium Majus or the great celandine is a perennial plant growing about 18 inches high, with small yellow clustered flowers and belongs to the botanical order of *Papaveraceæ*. While Homœopathists are not particularly interested in the more or less arbitrary classifications of botany, it is interesting to note that one other of the members of the *Papaveraceæ* or poppy family, habitat of America, is the blood root or *Sanguinaria Canadensis*. The blood root and the celandine have many points of resemblance in their symptomatology and it would

be an interesting study to draw up a comparison between them. But there is a wide difference between the habits of the two plants.

The *Sanguinaria* grows in the forests and rich woods while the *Chelidonium* is never found in the woods, but is always found near the homes and haunts of man. Underneath a bay window, alongside the fence, or under a hedge it is found, not far away from the house. It is the friend and companion of civilized man.

The plant when pressed, yields from all its parts a milky, corrosive juice of a markedly yellow color. So decided a yellow is the juice that the ancients used the plant in medicine according to the law of signatures, the yellow juice of the plant against the yellow bile and jaundiced look.

A happy discovery, as the provings indicate. Kent says that the skin is likely to be sallow and gradually increase to a marked yellow or jaundice, in connection with complaints which *Chelidonium* cures.

Some of the more important symptoms of the remedy are:

Fixed pains under inner angle of right scapula; stitches and pressive pain in region of liver shooting towards back and shoulder; gnawing pain in stomach relieved by eating; pain across Umbilicus as if abdomen were constricted by a string; complaints on the right side; alternate diarrhoea and constipation, stitches and soreness in lower part of right chest; tips of fingers cold; pain in right knee with burning and stiffness, —worse when moving. It has been useful in gastric and intestinal catarrh; right-sided pneumonia; supra-orbital neuralgia; rheumatism; but with all these complaints there is generally associated a disturbance of the hepatic function, as the chief action of the remedy seems to centre upon the right lobe of the liver.

Case: September 1912. Mrs. B., age 40, has been suffering for 2 years with severe attacks of what has been diagnosed as gallstone colic. She was given Morphine and told that an operation was the only hope of cure. I was called during an attack, but she was in such severe pain that it was difficult to

get symptoms. Her face was red and the pain so severe that I gave *Belladonna* 200th. There was no improvement and I was called again in four hours, to see her. She was vomiting and complaining of the great pain, which was of the greatest intensity in the region of the gall-bladder and which she said extended through to the back under the right shoulder blade. *Chelidonium* 200 was given with relief of all symptoms. Two weeks after this, she had another attack, but much less severe and *Chelidonium* again relieved. She received the remedy at irregular intervals and she has not had an attack since.

Can the homœopathic remedy cure gallstones and if so how?

MAGNETIS POLUS AUSTRALIS. SUMMARY.

DR. ERASTUS E. CASE, HARTFORD, CONN.

The following summary is a tabulation of symptoms gathered by the late Dr. Erastus E. Case after having given a dose of the remedy to a patient in whom it turned out to be a proving.

Dr. Case offered this article to the Association through Dr. Houghton at the Chicago session in 1917.

In the death of Dr. Case, in the winter of 1918-1919, we were delayed in getting the article, but finally through communication with Dr. Royal E. S. Hayes, we were able to get the manuscript from Dr. Case's son and are now able to present the article as prepared for Dr. Case by the prover.

The whole proving is in manuscript and in the hands of the Secretary and may be published at a future time if the Association so desires.

The Publication Committee thought best to just publish the summary as the essence of this proving.

Publication Committee.

MIND.

Difficulty in making conversation.

Dull, stupid feeling.

Wants to kick, and weep.

Wants to say something hateful or make up a face.

Aversion to any one who comes near, even persons fond of.
 Desire to be alone, especially in morning until 2 P. M.
 Apprehensive, frightened without cause.
 Can't express thoughts in words.
 Can read or write but tired senses.
 A blank when trying to talk.
 Aversion to talking.
 Lack of self-confidence.
 Forgets names of objects and persons.
 Absent minded.
 Homesickness with aversion to those who come near her.
 Frightened when waking in the night with forboding of impending evil (old symptom).
 Ambitious after 8 P. M.
 Periodic depression, the same day every week.
 Confused, must hold head in both hands to think clearly.
 Thinks all her friends are about to die.
 Aversion to mental exertion.
 Noise aggravates.
 Aversion to being touched (old symptom).
 Noise like slamming door causes vibrations all over body.
 High pitched voice causes painful vibration, followed by weakness.
 Noise of rustling paper aggravates.
 Restless during headache.

VERTIGO.

Dizzy when first lying down.
 Dizzy when rising up in bed.
 Dizzy with nausea and urging in rectum.

HEAD.

Constant severe pain from 3rd or 4th cervical vertebrae up into cerebellum, to left or right orbital region, into eyes, never both sides at same time.

Sudden pain in vertex and forehead, into eyes, lancinating and as if nerves were being pinched and pulled, excruciating pain, suddenly relieved from no apparent cause (cured symptoms).

Crawling chills under scalp.

Soreness from pressure.

Pain from mental exertion, reading or writing.

Headache worse 9.30—10 P. M.

Severe ache in occiput.

Severe ache in middle of forehead.

Sensation as if there were no forehead or head above the pain.

Sensation as if top of head were soft.

Pain extending deep into head.

Aggravation from noise.

Aggravation from music.

Aggravation from cold.

Cool or cold air causes sensation of straining in brain.

Pain relieved by covering head.

Pain relieved by sleep.

Sensation of shock, aggravated by sympathy for another.

Headache beginning at noon lasting 12 hours.

Pain worse while eating and after eating.

Vibrating pain up back of head through vertex to forehead.

Lancinating pain in left frontal eminence.

Pain relieved by lying with arms over head.

Pain relieved by getting feet warm.

Pain with desire to continually change position.

Head subjectively cold, objectively hot.

Tight, strained feeling.

Numbness vertex, but sensitive to touch and noise.

Painful, intense vibration in head.

Hair dry like hay. Head itches.

Hair falling out.

Running hand through hair, causes sensation of electric shock at roots.

Sore eruption edge of hair.

EYES.

Small, black hazy spot before right eye, follows motion of eye (old symptom).

Dulness.

Sore when pressed.

Sensitive to light.

Sensitive to cold air.

Must close eyes.

When closed, eyeballs ache and sting with sensation of bunches on lids.

Lachrymation from light and air.

Vision weak (old symptom).

Smarting, and stinging.

Coldness.

Sudden aching pain across eyes.

Pain comes and goes suddenly.

Small, hard, white excessive pushing up under skin, right eyelid. (cured symptom).

Relieved by partly closing eyes.

Fluent discharge from eyes alternating with dryness after headache.

Lachrymation when laughing or moving eyes.

Pain looking upward.

Smarting and stinging in, and back of eye.

Sudden stinging, extending deep into eye, closing eyes involuntarily followed by watery discharge, worse left eye (old symptom).

Sore eruption right eyebrow.

EARS.

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Noises in ears:—Singing. Ringing, like tooting fog horn
Rustling like croaking frog.

Moving head quickly aggravates noises in ears.

Hearing very acute.

Throbbing in ears.

Sore pimples in left ear (old symptom).

Right ear swollen inside, and sore.
Discharge of blood from right ear.
Sticky discharge right ear.
Sensitive plug in ears from sound of high pitched voice.
Soreness, extending to jaw.
Moisture in ear.
The two heart sounds heard with painful distinctness.

NOSE.

Watery excoriating discharge.
Soreness, and smarting.
Stopped and dry.
Thick, dirty pieces of mucus.
Scabs from inside nostrils.
Tingling.
Bloody mucus.
Greenish bloody discharge.
Soreness nostrils, inside and out.
Cold nose.

FACE.

Crawling chills under skin.
Sensation of stick about an inch in diameter being pushed
up under left side chin (cured symptom).
Upper lip sore, and stiff as from acrid discharge.
Roughness of skin.
Face hot objectively.
Trembling sensation.
Jaws unsteady, shaking.
Under lip parched, and cracked.
Corners of mouth sore.
Tiny hard particles rubbed from skin.

MOUTH.

Sudden pain in decayed wisdom tooth, left side upper jaw,
3.30 P. M.
Aching with pain as if nerve were being jerked continuously
for a few minutes.

Pain comes and goes suddenly.
 Profuse bleeding from gums when brushing teeth.
 Tongue feels as if it had been scalded on end.
 Mouth so dry tongue clings to roof.
 Foul taste in morning.
 Coppery taste after drinking milk in night and early morning.

THROAT.

Soreness beginning at 4 P. M.
 Sensation as if a piece of wood were pressing into right tonsil from inside.
 Sensation of piece of wood pressing into front of throat from inside.
 Pain when swallowing.
 Sore from pressure on outside.
 Relieved, wrapping up.
 Pain extends from right to left side.
 Pain and soreness disappears suddenly after lasting twenty four hours.
 Posterior nares stuffed.
 Breath catches in posterior nares with snoring sound, when lying on back.
 Raises with difficulty, yellowish gray, gelatinous mucus from posterior nares.

LARYNX.

Voice weak and hoarse, breath husky in morning until 10 — 11 A. M. (old symptom).

CHEST.

Sore when breathing, during inspiration and at end of expiration (old symptom).
 Aching sore pain through heart.
 Suffocating palpitation of heart.
 Sensation that palpitation would be relieved if something in chest would give way.

Disturbing palpitation afternoon and evening.

Wandering pain extends left side heart.

Palpitation, reverberating in head—the two heart sounds painfully distinct.

STOMACH AND ABDOMEN.

Nausea.

Nausea with dizziness and urging in rectum.

Nausea after stool.

Nausea from nervous excitement, must lie absolutely quiet to prevent vomiting.

Qualmishness with cold sweat (old symptom).

Weakness in stomach when sitting, feel as if stomach collapsed—weakness extends to back (old symptom).

Nausea from drinking milk or water (cold drinks?) at 6 P. M.

Nausea relieved by lying quietly on stomach.

Fulness from stomach to throat while drinking.

Thirsty for large quantity of water.

Thirsty when fatigued.

Burning eructation, leaves a burning tract from stomach to throat after eating acid fruit (old symptom).

All gone feeling in stomach.

Constant distress in stomach and abdomen.

Stomach and abdomen full of sore pain.

Distension.

Sore pain worse from touch or pressure.

Acute shooting pains come and go suddenly from right side, through stomach and up into chest (old symptom).

Pain as if pieces of wood were wedged between ribs.

Distress in stomach, aching pain across it in latter part of afternoon and evening.

Pain in stomach extends to back up each side spine under shoulder blade, as if pushing shoulder blade off, worse right side (old symptom).

Gurgling of gas in stomach and abdomen after pain is relieved (old symptom).

Empty eructations from change of position, does not relieve distress.

Pain and distress in stomach from 6 P. M. until midnight.

Severe aching pain right side defined by shape of liver.

Pain in stomach extends to back accompanied by faintness and nausea.

Eructations at night tasting of food eaten at noon.

Pain relieved lying on stomach.

Pain in stomach relieved when menstrual flow began.

BACK.

Neck stiff hurts to move in any direction.

Creaking noise in neck, bending head back.

Soreness entire length spine.

Pain as if 6th and 7th dorsal vertebrae were rubbing against each other.

Pain extends from spine through chest (old symptom).

Hurts to move as if spine were made of rusty hinges (old symptom relieved).

7th cervical vertebra sore as if raw, (symptom aggravated).

Pain as if 7th cervical, 6th and 10th dorsal vertebrae were broken and protruding from spine.

Pain in spine worse before menstruation.

Pain in upper spine when waking (symptom relieved).

RECTUM.

Constipated.

Urging without stool.

Urging at intervals for a half hour after stool.

Inactivity no desire for stool.

Stool difficult to expell at first then easier.

Stool large at first, then of many small round balls.

Stool of many small round balls.

No stool after enema.

Soft stool expelled with difficulty.

Stool offensive odor.

Partially digested food in stool.

Excessive dryness.

GENITALIA.

Stabbing pain comes and goes in region of left ovary.

Menstruation too soon.

During first 12 hours of menstruation flows only when urinating.

Flow profuse during urination and stool; otherwise scanty.

36 hours after flow began (10 P. M.) severe pain (aching) in ovaries spreading across abdomen and into thighs, lasted about an hour.

Flow slightly clotted.

Great prostration during flow.

Dryness of labia so they adhere together.

Tearing pain in labia when urine forces through.

URINE.

Dark color.

Strong offensive odor.

Difficulty in starting urine from dryness of parts.

EXTREMETIES.

Pain in right shoulder, worse before menstruating.

Tingling and aching in left arm from elbow to finger tips.

Sensation of vibrating ache for half an inch around the length of each finger, followed by dull aching pain from elbow to fingers.

Stiffness of fingers, requires effort of will to move them, seem paralyzed.

Sudden aching, pressing pain under nail of left thumb, worse from pressure.

During pain pressure causes soreness.

Pains come and go suddenly under nail, second finger, left hand.

Pains come and go suddenly under nail third finger right hand.

Pains come and go suddenly under nail first and second finger right hand.

Pain under and about finger nails worse in middle of afternoon.

Pain in fingers nails of both hands but never in more than one finger at a time.

Hang nail thumb, right hand.

Painfully stiff hands and fingers, waking from sleep.

Hang nails, thumb, second and third finger left hand.

Nails brittle, break when filed.

Backs of hands rough, skin looks like stretched crepe.

Lameness and stiffness, fingers and toes, painful from motion.

Sensation of shock left hand and wrist, between 5 and 6 P. M.

Sudden pain down left arm from elbow, and up arm from fingers.

Sudden wandering pain, from left arm to foot going down heel, then to left knee, then to foot going off toes from sole.

Sudden wandering pain, right arm to leg.

Wandering pain from left side.

Wandering pains worse 10 P. M.

Sensation of shock comes and goes suddenly in shoulder, elbow, wrist of left arm, worse from noon to 4 P. M. and 10 P. M.

Soreness and pain under and around nail of big toe right foot.

Cold sweat hands and feet.

Hot sweat hands and feet.

Desire to keep arms and hands under bed clothes.

Numbness hands and wrists, feet and ankles, waking from sleep (old symptom).

SKIN.

Oily.

Chilly.

Skin throws off small round hard particles.

Skin throws off dried skin.

Profuse offensive sweat all over body.

Cold sweat.

Hot sweat.

Superficial cut inflamed, sore throbbing pain, great in proportion to injury.

Cut heals slowly.

SLEEP.

Yawning.

Dreams when going to sleep.

Dreams when waking.

Dreaming at the same time conscious of what is going on about her.

Vivid dreams of reading of philosophical book (old symptom).

Wakeful with frequent sensation of shock in head.

Waking frequently, with restlessness (symptom relieved).

Wakes frightened.

Sleepy from 5.30 P. M.—8. P. M.

Dreaming after 4 A. M.

Wakes at 6 A. M., no sleep after.

GENERALITIES.

Aggravation 5.30 P. M.—8 P. M.

Aggravation of pain 10 P. M.

Aggravation left side.

Cold aggravates.

Cold air aggravates.

Excited nerves.

Pains come and go suddenly.

Pains, wandering.

Pain leaves a part entirely then appears in another.

Pain distinctly defined.

Pain occupies small area.

Pain seems round in middle smaller at each end, but equal intensity.

Pain of short duration.

Pain, vibrating ache.

Pressure aggravates.

Motion aggravates.

Aggravation waking from sleep.

Aggravation before menses.

Aggravation during menses.

Lying amelioration.

Lying on stomach ameliorates.

Great prostration.

Dryness of mucous outlets.

Sensation of electric shock.

Jar aggravates.

SELENIUM.

E. A. MOULTON, M. D., CHICAGO, ILL.

The only reason, worth while, for any one writing a paper of a known remedy, of which there are pages describing its effect on the human organism, is that attention may be called to forgotten resources that may be needed.

Many papers have been written for *Materia Medica* bureaus which have failed of their purpose because of a lack of coherence or because in the effort to describe the wealth of symptomatology characteristic of most of our remedies, the real nature of the drug was lost. This paper will be brief.

The method of interpretation which has been of greatest help is that of Dr. Kent. The use of the colloquial style introducing you to the strange, rare and peculiar nature, or personality, if you will, of the remedy, has proven itself of great value to students. Homœopaths great and small are students as long as they live.

This valuable unit of our homœopathic armamentarium has a special use as it has no peer in the management of the patient with an unmanageable appetite for alcohol of the periodic drinker.

It has all the amateness or lasciviousness which characterizes a certain type of inebriate.

Mental weakness, *unfitness for any sort of work*. Thoughts are lascivious, worse when alone, very irritable, lazy and sleepy. Loquaciousness as marked as Lachesis due to nervous unrest and exhaustion. Worse in the evening. Slightest task seems insurmountable. Inability to commence anything; but may do it if he starts. *Memory unreliable*. Dreams of forgotten things; of day's work.

Vertigo and general symptoms all worse in the evening.

Vertigo with faintness, cold sweat and pallor (*Tabacum*) and vomiting. Vertigo worse when riding, standing and in the evening.

Head symptoms have the characteristic stitching, jerking pains in the forehead and temples, with heaviness in the vertex and occiput. Worse after drinking sour drinks, as lemonade or sour wine. Worse from odors and *hot weather*. Worse in the afternoon and evening. Periodic headache over *left eye*. Waving and fluttering sensations in the brain.

Eyes: Twitching, burning pains with herpetic eruptions on the lids. Myopia, lachrymation with diminished vision.

Mental and sexual prostration: *Loses semen and no erection*. Comprehension difficult. *Uncontrollable lasciviousness*. If these thoughts are distressing to the patient he is curable; but he can't be cured if he delights in such things. He dreads society.

Stomach and Abdomen: Aversion to solid food. He *craves* whiskey and cognac. Pulsation over body after eating. Worse from sugar, salt and tea. The liver is enlarged and patient suffers from long lasting constipation with *hard, impacted stool*. Stitching pains in the liver and at times a fine rash is seen over the liver and right side. Loss of appetite.

Urine dribbles, due to laxness and vesicular weakness. Involuntary urination when walking. The urine is dark red and scanty. Red sand and sediment is found in it.

In the male sexual system are found some of its most striking symptoms and uses. *Weakness* and *impotence*, with thin semen. *Lewdness*. *Slow erections* and *quick ejaculation*. Prostatic fluid escapes during sleep. Disagreeable feeling along urethra, as fluid escapes. *Dribbling after urination*.

Respiratory organs: *Hoarseness on beginning to sing*. *Cough*, with expectoration of bloody lumps. Worse in the morning. Has proven useful in tubercular laryngitis. The cough is deep in the chest and there is oppression of breathing. Dryness of nasal passages. Stitches in lower thorax, either side. These symptoms, plus mental and sexual picture, complete the indication.

The neck and back are weak and stiff, especially in the morning. Cramping and stitching pain in the small of the back. Some patients complain of weakness without pain. *Weakness following typhoid.*

Extremities: Cramping stiffness in the morning, with tearing stitching pains, not inflammatory in character, but due to debility. Emaciation of the extremities, plus weakness.

The sleep is light and easily broken. Dreams of things his conscious mind has forgotten. Awakens early and is sleepless before midnight, although the patient feels sleepy.

The generalities present *weakness* and *general debility*, both *sexual and mental*. The patient *feels worse in hot weather*. The sweat stains the linen yellow and stiffens it. The skin itches, particularly about the ankle joint.

The pains of the remedy are stitching and jerking in character.

It is long and deep acting, like Aurum met. Graphites and Mercury finding its range of action in hereditary, life-long complaints. The records of its usefulness can undoubtedly be amplified from the experience of others.

Bureau of Clinical Medicine

DR. K. A. MC LAREN, TORONTO, CANADA, CHAIRMAN.

(DR. P. E. KRICHBAUM, CHAIRMAN PRO TEM).

DEVELOPMENT OF CHRONIC MIASMS IN FAMILY GROUPS.

DR. JULIA M. GREEN, WASHINGTON, D. C.

Family H. Three generations.

First generation: allopathic treatment but very little of it; no drugs in the home and a doctor called seldom.

Father: Tall, rather stocky, dark complexion, blue eyes.

Temperament reserved; quiet; a strong character.

Inheritance: Mother and her sister, asthma, treated by Saltpeter smoking; sycotic.

Father, rheumatism; helpless many years; sycotic.

Seven brothers and sisters most of whom died in childhood or early adult life; had weak hearts.

One who grew up had many heart attacks; her child had an abdominal tumor.

Health: very good indeed; had some rheumatism.

Died at 63 years of purulent cystitis from an infected catheter.

Mother: Small, thin, brown smooth skin, brown eyes, thin hair.

Inheritance: Family noted for longevity.

Father died at 80, cancer of intestines; his sister, 76, cancer of eye; sycotic.

Another paternal aunt, melancholia from loss of a

lawsuit, fears, dreads, wringing hands; psoric.

Paternal uncle, somewhat undeveloped mentally, probably epileptic; psoric.

Mother, good health inheritance and long lived family.

Died in childbirth when this patient born.

Maternal aunt, cancer stomach; syphilitic

Maternal aunt, queer mentally, a mischief maker, imagining that people made her trouble, took things away from her, lived to old age; psoric.

Health: seemed perfect until rather late in life except for deformity caused by maltreatment after miscarriage at 35 years; an infection lasting 6 months; very high fever and delirium; pus joints and deformed hip.

Six children; three before this illness and three after.

My patient since 1903; some good Homœopathy before that; now 91 years.

Chronic symptoms late in life:

Tendency to depression; always worrying over large and small things.

Self willed but large fund of humor.

No sense of order; syphilitic.

Indecision; syphilitic.

Confusion with sensation pressure all over head; cannot think clearly or remember; says head is no good, full of vague distress, sore all over; syphilitic.

Nervous indigestion in attacks for many years.

Distended with gas; pressure in chest from it, dyspnoea.

Anxious restlessness until relieved.

Chilliness; sometimes cold perspiration.

Sometimes colicky diarrhoea, very offensive.

Tongue furred thick or clean and cracked.

Apt to be < 2 A. M.

Likes rich food and pastry, < rich food.

Sleep poor, easily disturbed, < 2 A. M.

Craves sweets and < for them.

Dreams frequent, frightful; syphilitic.

< warm weather, faintness. > warm room;

psoric.

Craves food frequently, all-gone sensation in stomach; psoric.

Rheumatism joints; sycotic.

Chest colds, croupy wheezing cough, almost asthmatic, choking, strangling. Sore throats frequent, scrapy; sycotic.

Feet hot and burning; psoric.

Corners mouth sore and cracked; psoric.

On closing eyes sees ugly faces and other disagreeable things.

Remedies: Sulph. has been her basic remedy and done fine work; Nux v. and Ars. have met acute ailments. I think now she should have had antisiphilitic and antisycotic treatment.

These two of the first generation give us an inheritance for their children of mental derangement with probable epilepsy;

psoric. Cardiac troubles; sycotic.

asthma; sycotic.

cancer; syphilitic.

kidney disease possibly

thus representing deeply all three miasms with a predominance of psora in the chronic symptoms.

Second generation:

1. Daughter, born deaf.

Never strong; slight, fair complexion, clear skin.

Happy even temperament, best of the family.

At 34 years Bright's disease discovered in advanced stage; psoric.

At 35 years sudden attack of typhoid dysentery and died in uraemic convulsions.

Never any homœopathic treatment or much treatment of any sort.

Here we have freedom from all the mental troubles, better build physically, but the taint of congenital deafness and the organic kidney disease, which is psoric; the result being a maimed life and early death; also easy sepsis from the Bright's as her mother had it after miscarriage.

2. Daughter, now about 61 years; married, never pregnant.

Large woman, stout with soft flesh, face round, chin receding, skin brownish rather rough, blue-gray eyes, straight, thin hair.

Perhaps the most healthy one in this group.

Temperament: cheerful, buoyant though fighting depression; broad interests, keen intellect; extremely sensitive to experience with illness and death; cannot recover from bereavement.

Fat healthy child; few warts temporary; sycotic.

Boils in crops at 14 years; sycosis.

Typhoid at 30 years, severe; following this, attack of abdominal pain with diarrhoea for perhaps 20 years, growing gradually less frequent.

Another attack soon after which started with an infection from her sister's dysentery, easy sepsis again; syphilis, sycosis.

This was aborted by Dr. Taft and good homœopathic treatment always afterward.

Nervous collapse from shock of deaths of father and sister three weeks apart and sight of sister's convulsions.

Uterine polypus three times; sycosis.

Attacks of tonsillitis frequent; syphilis.

Dyspnoea easily with wheezing, sounds asthmatic;

sycotic.

Cough with every cold and colds frequent; sycotic.

Tight, harsh, choking.

Chest feels tired all over; palpitation and sense of weak heart.

Quivering all over, with weariness; psoric.
Attacks of diarrhoea with fever and sometimes delirium;
psoric.

Numbness limbs easily; syphilitic, psoric.

Lameness nape and upper spine.

Abdomen tired when standing; feels empty and caved
in; psoric.

Confusion of mind when tired; syphilitic.

Rheumatism right upper arm and shoulder; cannot
raise arm; rheumatism in other single spots; sycotic.

Tired suddenly all over; syphilitic, psoric.

Tears come easily when reporting symptoms or dis-
cussing family problems; sycotic, psoric.

<tomatoes; psoric.

Perspiration all over easily, cool or clammy, on feeling
worried or using mind intently; sycotic, psoric.

Stools covered with mucus occasionally, sometimes
blood too; psoric.

Hæmorrhoids; syphilitic, psoric.

Enlargement finger joints; sycotic.

Burning soles; psoric.

All three miasms are much mixed here with a pre-
ponderance of psora.

Remedies: the great psoric group, Sulph., Calc.
c., Lyc. with Phos. for chronic remedies and
Sang. and Gels. for acute ones.

Calc c. and Phos. have done most for her.

3. Daughter, married, 3 children.

Large woman, not so large as next older sister; soft flesh;
same round face; dark or dusky rather rough skin;
brown hair; blue-gray eyes.

Never rugged; always one to be spared; must lie down
frequently in childhood with backache.

Inclined to worry; depressed easily; brooding.

Typhoid in childhood.

Putrid sore throat frequently when young; syphilitic.

Chronic symptoms: my patient since 1902.

< in any gathering of people; wanted to cry when audience laughed and applauded; syphilitic, sycotic.
Trembling internally; < worried and hurried;
syphilitic, psoric.

Faintness before meals; psoric.

Craves fresh air; psoric.

< sudden noises, shivering all over; psoric.

Tendency to diarrhoea alternating with constipation;
psoric.

Indifference to husband and children to whom is devoted; sycotic, psoric.

< apples; psoric.

< before menses: headache for two or three days, severe, occiput and nape, pulsating, < motion, > heat; psoric.

Shooting pains navel downwards.

Lumbo-sacral pain; spot each side spine.

Stiffness lumbo-sacral region; must stand still after rising before can move; sycotic.

1906, December: acute cystitis treated by a local allopathic physician who gave her strong and frequent doses of Hyoscine, Salol, Eurotropin, Codeine.

Result: high fever, intense restlessness and wild delirium in which attempted suicide; then for two weeks the symptoms of Hyoscyamus and Opium alternated in sudden contrasts; delusions were terrible; almost lost her life over and over again from the strain but finally recovered; psoric.

During slow convalescence from this illness, drifted into deep melancholia with suicidal thoughts; psoric. In about 4 months after the acute illness well advanced left mammary cancer discovered with retracted nipple and discharge from it; whole breast adherent to chest muscles; pain slight; deemed too far advanced for surgery.

As mental symptoms slowly cleared, this cancer softened, became syphilitic, movable and a good rosy

color; nipple remained deformed with slight discharge from its base occasionally.

For next 8 years looked better, felt happier and stronger than at any time in her life before.

1914 breast began to discharge more and became a little painful.

During the summer was unaccountably tired all the time.

In the fall pain became persistent in liver region, < during the winter; health declined rapidly.

Died April 1915 at 55 years with well marked and developing cancer of the liver; syphilitic.

Remedies: before the cystitis, Sep.

For illness following cystitis, Hyos., Stram, Op. Nux. v.,

For melancholia, Aurum and this cured the cancer.

For liver cancer, Phos., Lyc., Sulph.

Pain was controlled remarkably and progress downward was rapid.

Here we have the three miasms again with a great preponderance of psora in the symptoms but syphilis in the fatal malady. The effect of suppression from strong drugs is remarkable and shows more than anything else the controlling power of the miasms so that the organism cannot stand the load of more from the outside.

The power of Aurum prescribed wholly for the mental state to cure the cancer of the breast is wonderful. I wonder now if this remedy given earlier for the depression would have prevented cancer; perhaps it should have been given at first instead of Sepia. It is a strong antisypilitic.

4. Daughter single, now 55 years.

Same large fleshy build, dark hair, thin and straight, brown eyes, sallow skin with florid red cheeks.

Born deaf.

Keen intellect; has learned to talk quite well and read lips.

Naturally cheerful and rather jolly but rebellious and defiant.

Restlessness marked; great desire for change; psoric.

For 30 years or more this grew into suspicion of many people, then certain people and jealousy of them which increased to insane jealousy; psoric.

Bad times mentally for last 15 years; looking for trouble; interpreting events and thoughts in line with her suspicions and jealousies.

Restlessness leads her out to pick up what gossip she can to feed her train of thought.

Sleeplessness; walking about at night; dreams frightful; syphilitic.

Predicts her death frequently; talks of suicide.

Weeping spells; sycosis; psoric.

Indecision; cannot make up her mind; syphilitic.

Appetite large; craves food; eats between meals; psoric.

Constipation half her life or more; hæmorrhoids external, very painful, bleed freely; syphilitic, psoric.

Menopause by 40 years or earlier.

Craves fresh air; psoric.

Tendency to bronchial colds with deep hoarse racking cough; syphilitic, psoric.

Urticaria, <seashore; sycotic.

Dyspnoea easily; sycotic.

Perspiration at night and easily in day; free on head, scalp; syphilitic.

Post-nasal catarrh, thick; psoric.

1913 some albuminuria; since then will not allow examination; psoric.

1917 thrown out of an auto; much <nervously since.

Will not meet people and refuses treatment; looks ill.

Remedies: Calc. c., Phos., Lach. For cough, Caust.
Should have had Tuberc. and probably Psorinum.
All the miasms are mixed again here with psora
predominating; prescribing has been difficult be-
cause of her deafness and her rebellion.

5. Son, married, two children, now about 51 years.
Medium stocky build, dark hair, eyes and skin; same
round face.

Temperament: violent temper when a child, later well
controlled; sycotic.

Strong reserved character.

Not strong as was growing up; frequent fainting at-
tacks; psoric.

Abscesses of tonsils each year for 10 years, none since
1890 when amalgam fillings removed; syphilitic.

Brights disease at 20 years threatened his life; had
many strong drugs and grew worse all time; went
under treatment of Dr. Taft and permanently cured;
psoric.

1901: series of boils and carbuncles for a year; sycotic.

A septic hand twice; sycotic, psoric.

Remedies not known.

Three miasms mixed again, although few symp-
toms obtainable, they are deep and menacing.

6. Daughter, single, now 49 years.

Same build with not so much flesh until middle life;
now very stout.

Blue-gray eyes, brown hair, same round face.

Temperament cheerful, optimistic; much depression 20
to 25 years old.

In infancy an eruption on scalp, vicious and scabby,
suppressed with Cuticura soap; psoric.

Result: asthma from infancy, the worst case her
physicians have ever known; has had best homoeo-
pathic physicians; Dr. Kent says worst case he
ever saw and probably incurable.

Cannot live through a bad attack without smoking
Stramonium or Saltpeter; has tried until unconscious and cyanosed; sycosis.

Asthma < sweets, a rare craving which precedes an
attack < any fruit especially apples, fat food,
pastry, acids; psoric.

Warts covered hands in childhood; sycotic.

1903: nervous breakdown from over work and the
asthma.

Taken enough medicine to make her feel doped and
sleepy.

Smell gone and taste blunted.

Easily irritated by small things; syphilitic.

Tendency to head and chest colds; fighting a cold nearly
all winter; syphilitic, psoric.

Sore throat frequently; syphilitic.

Gums bleed easily; psoric.

Headache: begins in hand, arm, nape and extends to
back of ears to eyeballs likely to shift from one to the
other.

Begins middle of day and grows < until several hours
sleep.

Accompanied by nausea, chilliness, great prostration;
psoric.

Sudden exhaustion after feeling well for some time.
syphilitic.

Eruption face occasionally; patches, sometimes pustules
with heavy scabs.

Chilliness but < heat; needs many clothes; psoric.

Aphthae round mouth; psoric.

Cracks on fingers in childhood; syphilitic.

Large polypus right nostril; sycotic.

Enlargements heart; swelling feet and legs; slight
albuminuria.

1908: went to Pacific coast because could not live in
east with the asthma; lived there and in Arizona since.

Soon free from asthma and only occasionally since until last three years when gradually coming oftener.

Tried coming east once; asthma began in Miss. and very ill all the time until returned to Arizona.

Remedies: Puls., Sil., Sulph., Nat.s., Kali-silic.

Blatta, Tuberc. Sulph. and Tuberc. have done most for her, but Sulph. would not hold long enough. I think Medorr. should have had a good trial.

Here is a deep psoric scalp eruption suppressed in infancy by strong drugs and in consequence a most vicious exhibition of sycosis in the asthma which became incurable. The psora appeared again in tendency to Bright's, the migraine, eruptions and perspirations. Syphilis crops out too in no small force.

Third generation:

3 and 5 of the second generation are all in this family to have children, since only three married and 2 are childless; this is well since so many deep chronic troubles go through the family.

Children of 3 of the second generation: this is the one who never was strong who had the drug poisoning, the cancer and the melancholia.

Their father: medium build, stocky, florid clear skin, reddish hair, blue eyes.

Temperament mild; inclined to need advice and leading; tears come rather easily; sycotic, psoric.

Inherited migraine; psoric.

Mentally harassed, fear of the future, of disease, of poverty, of traveling, being alone, of walking out alone; psoric.

Depressed on waking early in morning; psoric.

< in an audience or crowd; psoric.

Nausea and vertigo while traveling; psoric.

Weak and exhausted in morning; psoric.

Sensitive to odors and noises; psoric.

< after bath; psoric.

Great desire sweets and meat; psoric.

< milk, potatoes, sweets; psoric.

Craves fresh air; psoric.

Remedies: Sulph. which made him all over,
Phos. occasionally.

Therefore these two pass on to their children strong psoric inheritance from the father and the mixed infections of the mother.

1. Daughter, now 31 years, married.

Stout with same soft flesh, round face, clear skin, thin light brown hair, blue eyes.

Not very strong; inclined to be indolent and read much.

Very easy weeping; sycotic, psoric.

Fear of serious disease; brooding over this; psoric.

Deeply impressed by some psychic phenomena read about, from tenacious clinging of certain thoughts; then at 18 or 19 years read about a case of suicide with carving knife; had sore throat at time. Fear developed that she would walk in her sleep, go to the kitchen, get the carving knife and cut her throat; psoric.

Could not stay alone at night; barricaded her door, etc. Fear of a knife became fixed; psoric.

Fear of going on the water; lived close to a large body of water and the young people used it for pleasure; she would accept no invitations, stayed at home and brooded over the good times denied her.

Fear of crossing a bridge.

Fear in a crowd of sudden hysterical outbreak; could not sit near front of gallery in theatre for fear of falling over; must have an end seat so could get out if felt like screaming; psoric.

Trembling all over; hands trembled holding them out.

Trembling of tongue on protrusion; syphilitic.

Swaying of body while standing and rocking it while lying; psoric.

Perspiration profuse, head, hands and feet; syphilitic.

Appetite enormous; hungry frequently; psoric.

Craves salt and eats much of it; desire potatoes; psoric.
Aversion sweets; psoric.

Many head colds, come when tired and nervous, seem like hay fever; psoric.

Tires all over easily; syphilitic.

Scaly eruption on vertex, small spots; urticaria; psoric.
Sore throat frequently; syphilitic.

Takes cold from a draft, < damp weather; psoric.

At 12 years scarlet fever which was treated as measles by the local Allopath; result: marked albuminuria and retinitis with permanent blind spots in one eye.

1912 goiter noticeable, gradually increased to considerable size. Has worried over this tremendously.

Remedies Calc c., Phos., Nat. m., Nat. s., Alum.,
Sulph. Calc. did most for her; I am inclined to think she should have had Psor.

As is to be expected most of her troubles are psoric and she surely has had a difficult and unhappy young life. Almost all symptoms except goitre have been overcome; she has developed into a much more even tempered and happy woman, has married and now has a young son about a month old. She was confined in an allopathic hospital and given some strong drugs, result: outcropping of hints of old fears.

2. Daughter now 28 years; not so stout, light complexion, clear skin.

Cheerful and happy and helpful.

Health good all her life.

Crops of boils and styes in childhood; perhaps 30 one after another; sycosis.

13 years: eruption face, back and chest; dry, scaly;
psoric.

20 years: eruption on feet with hard centre and root-like threads running down into the skin; sycotic.

Perspiration feet profuse; psoric.

Remedies: Sulph.. Sil.

3. Daughter now 26 years.

Not stout but rather stocky, brown smooth skin, dark eyes and hair, front teeth thick near roots, then a ridge and not so thick below.

Attack of dyspnoea when only few weeks old.

Asthma began at 3 years, followed her in severe attacks growing farther apart from 8 years when first had homœopathic treatment until 18 years, none since;

sycotic.

Hay fever in attacks also gradually > until none for last few years; sycotic.

< A. M., little courage; weeping easily then when a child; psoric.

Tonsils very large in childhood; syphilitic.

Enlarged cervical glands; sycotic.

Many head colds and sore throats; syphilitic.

Constipation persistent; psoric.

Appetite large.

Perspiration feet somewhat offensive; psoric.

Gums spongy; psoric.

Abdomen large in childhood.

Nausea riding in cars; psoric.

Menses late.

Remedies: Sulph., Sil., Tuberc., Calc. c., Lyc.

Deep psora here and sycosis treated right with no suppressions. Result: apparent cure judging from last 8 years.

Children of 5 of second generation.

Father: the only son in second generation.

Mother: tubercular inheritance strong.

1. Daughter now nearly 22 years.

Looks like father and temperament like his.

Tonsilitis frequent until tonsils removed 2 years ago;
syphilitic.

Appendicitis in repeated attacks until appendix removed 11 years ago.

Menses profuse, also leucorrhoea until curettage 1 year ago.

Otherwise normal.

Remedies unknown.

2. Son now 20 years.

Looks like mother.

Temperament nervous, high strung; strong temper and character.

Diphtheria very severe at 2 or 3 years.

Meningitis severe at 1 year; psoric.

Tubercular knee at 4 years; syctic.

Frequent head colds last ten years, usually extend to ears; psoric.

Since 18 months in army sleep very restless and troubled, talking and crying out, cannot get over it.

Remedies unknown.

To the homœopathic student consideration of this family as a whole presents many interesting thoughts. Those occurring to me are:

1. Visciousness of the inherited miasmatic taints and consequent fight for mastery between them and strong mentality and physique with longevity also inherited.

Many and many a child has died, losing out in this fight before maturity, because the strong constitution and longevity were not there.

2. Sensitiveness to strong drugging shown by patients already overburdened with miasmatic disease.

The grandmother was drugged after miscarriage, result: sepsis in joints and permanent lameness. One daughter was drugged externally for scalp eruption, result: the worst asthma known, incurable. Another used Vaseline in nostrils for a cold, result: suppression of cold but headache for three days followed by general weakness and depression. Same daughter was drugged for cystitis and this suppressed, result: wild delirium and weakness unto death followed by suicidal melancholia. Her daughter given strong drugs for scarlet fever, result: albuminuria with permanent damage from retinitis.

Same daughter given strong drugs in confinement, result: return of her old nervous depression which was stronger than the new happiness of motherhood.

3. Predominance of mental troubles and also of a stable, cheerful spirit to fight them, evidence of the mental taint from the grandmother's family and the steady mental balance from the grandfather's people. The only member of the family showing consistently a cheerful disposition is one granddaughter.

4. Easy sepsis as an evidence of deepseated miasmatic taint. Grandmother had septic joints following miscarriage. Grandfather died of sepsis following infection from a catheter. A daughter went into high fever and general poisoned state from taking Salol, Hyoscine, Codeine. A son had a septic hand twice from slight infection.

5. Tendency of so-called incurable chronic diseases to be cured by Homœopathy. Bright's, cancer, asthma, melancholia, psoriasis. Cancer was apparently cured for eight years and the patient's health during these years was the best of her life. A son was permanently cured of Bright's disease. A granddaughter is apparently permanently cured of asthma. Another is apparently permanently cured of melancholia with insane fears. The grandchildren are all growing toward health and mental poise, doing fine, altruistic work in the world.

6. The importance in treatment of recognizing these miasmatic conditions early, giving them deep, related remedies, allowed to act undisturbed over long periods, with proper help from the nosodes when necessary, and never allowing suppressive treatment of any sort. Here I feel the weakness of my own work with this family, and its partial failure. When part of the family came under my care, I was inexperienced in practice and made even more mistakes than I make now.

7. Considering remedies, the power of Sulphur in combating psora is wonderful. This with its relative Calc. c. had most to do with helping these patients; it could be relied on every time. Phos. came in well and seemed to represent the grandfather's side of the house as traced through the family.

The nosodes could have been used more with great advantage I now believe.

8. The value of so-called key-note symptoms. If I had recognized Alum. early in the insane fears of one granddaughter, I could have saved her years of misery, for her life is far better poised and happier since she had it and the fears have disappeared.

9. The scarcity of grandchildren and the fact that the inheritance brought to them outside this family only added to the deep miasmatic taint already present.

This brings us again to the opportunity we have as physicians to advise young patients about attaining good health themselves and demanding it of their mates, for the venereal and psoric disorders in this family are cruel.

In conclusion I want to say I have a feeling that a great many people, physicians among them, see no medical value to a paper of this sort, since it treats of inherited ailments according to the schema of Hahnemann, thought to be a visionary philosopher, treating people with nothing but sugar, alcohol and water. They would say such a paper belongs in eugenics and not in medicine. Hahnemann expressed his chronic miasms as best he could and no better way has yet been found. The influence of venereal infection and inheritance on the health and work of the world has been recognized more fully each year. The value of infinitesimals in medicine is recognized more each year. The day is coming of the recognition of the condition interpreted by Hahnemann as psora, and when it comes, Homœopathy will almost have come into its own. When it does come into its own, physicians will treat people instead of diseases and then they will know that Homœopathy, wisely used, can cure these miasms and that nothing else can. Then will begin freedom from danger of complication from mixed miasms and suppression from strong drugs and the way will become clear for the cure of chronic diseases and the building of a healthy race.

I wish to thank Dr. Boger for helping me classify symptoms according to the miasms.

CLINICAL CASES.

BY DR. THOMAS G. SLOAN, SO. MANCHESTER, CONN.

Case I: A woman of 60 has been much troubled for several years with stiffness and swelling of the knees, worse in wet weather, beginning motion, and on going down stairs. Her fingers often become cold, numb and white. She is uncomfortable in a warm room. She has been constipated for many years, taking a laxative every night. Stool large and dry, unsuccessful urging, much offensive flatus.

Nov. 24, 1918, *Lyc.* 1m., 4 doses.

March 5, 1919, *Lyc.* 40M., 4 doses.

May 23, *Lyc. C. M.*, 4 doses.

July 20, *Lyc. C. M.*, 4 doses.

Her improvement has been slow but steady. At the beginning of treatment, she was obliged to go down stairs on her hands and knees or backwards. Now she is free from pain and stiffness, and has a natural stool every day.

Case II: A woman of 49 who has been practically confined to the house for 10 years, always being an invalid, complains of bearing down pains as if everything would protrude through the vulva, yellow or white excoriating leucorrhoea, chronic constipation with unsuccessful urging and a sensation as if a lump remained in the rectum after stool; swelling of the feet, prostration, and hay-fever.

Oct. 7, 1915, *Sep.* 40 M.

Nov. 22, *Lach.* 40 M. (poor R)

Dec. 4, An attack of right sided facial erysipelas *Graph.* 200. (mistake—was an old symptom).

Jan. 6, *Sep.* 1M., as bearing down had returned.

Jan. 18, Facial erysipelas again. No medicine.

Feb. 20, *Sep.* 10 M.

April 12, *Sep. C. M.* as she is having considerable trouble with varicose veins

May 31, *Sep.* 3 C. M.

July 21, Bearing down, leucorrhoea, and constipation all better. She now has a hard lump in the lower part of her

right breast, sore to the touch; soreness in axilla, but no palpable glands, the lump is freely movable. Hay-fever.

Conium 1 M.

Aug. 21, Bowels moving daily for the first time in many years. Lump in breast is smaller.

Sept. 15, Lump smaller, no pain. Feels stronger.

Nov. 28, No lump can be found in the breast.

Dec. 11, *Sep. C. M.* Evidently her symptoms had returned.

Jan. 22, 1917. Face swollen, red and itching for two weeks.

Sulph. 1 M.

Feb. 8, *Sulph. C. M.*

Feb. 25, On account of mental symptoms was given *Puls.*
40 M.

April 8, *Sep. M.*, as some former symptoms appeared.

June 27, Free from symptoms.

July 16, *Sep. M.*

Feb. 26 1918. Has remained well till recently. Despondent, cries easily.

Puls. 40.

March 8. *Hyos.* 1 M.

April 16, *Sep. C. M.* for old uterine symptoms.

August. Goes out around town for the first time in many years.

Dec. 24, Freely movable lump in UPPER part of right breast, with soreness, no axillary glands.

Con. 1 M.

Jan. 17, 1919. Lump larger, no enlarged glands.

Con C. M.

Feb. 5, Two lumps, no glands, general condition good. Cold feet, cracks on knuckles worse winters. Milky leucorrhoea.

Sep. M.

March 9, Lumps very hard.

Con. 1 M.

July 1, Lumps smaller and softer. Hay-fever very troublesome. Excoriating nasal discharge, and lachrymation, much sneezing, sweating across back.

Sil. 30.

July 24, Hay fever gone, Lumps still present.

Con. C. M.

October 9, Lumps in breast gone.

March 1920. Patient remains well.

HEADACHES.

GRACE STEVENS, M. D., NORTHAMTON, MASS.

This affliction, which has been called the commonest of all symptoms, is associated with almost every form of disease. Very often it is THE symptom most complained of — the only one the patient asks to have relieved, and he rather resents the searching inquiry which must be made in order to find out the condition of his system and discover the cause of the pain.

If, however, we are to treat the condition intelligently we must look carefully for the cause.

In his work on "Differential Diagnosis," Dr. Richard Cabot gives fifteen causes for headaches and leaves beside a large place for those of unknown origin.

His list includes: 1. Fatigue, bad air and hunger; 2. Constipation and indigestion; 3. Alcohol; 4. Eye-strain and intrinsic diseases of the eye; 5. Infectious diseases — at onset; 6. Menstruation; 7. Psychoneuroses; 8. Nephritis; 9. Meningitis; 10. Sinusitis; 11. Trigeminal neuralgias; 12. Indurative; 13. Migrane; 14. Brain Tumor; 15. Syphilitic periosteitis.

Cause number 12 "Indurative" Dr. Cabot places in quotation marks. He refers to the statement of Edinger, who had extensive experience in the Neurological Institute at Frankfurt-am-Main, and who calls this the most common form of headache.

Edinger says it is characterized by painful indurations near the insertion of muscles at the occiput, nodular points, as if something were deposited there. The pain may be only occi-

pital or it may extend over the head, but it disappears when these nodules are removed by massage.

The location of the pain sometimes helps in diagnosing the cause. Inflammations of the antrum or frontal sinus cause pain over the affected cavity. The pain of Syphilitic periosteitis corresponds to the position of the lesion.

Migrane is unilateral and trigeminal neuralgia has a characteristic distribution. But pain due to other causes, notably brain tumor and nephritis, may be one-sided at first, and so be mistaken for ordinary migrane.

In some cases the time of occurrence is worthy of note. In frontal sinus disease the pain often begins each day at a certain hour, lasts for a time and disappears. A case of my own had a very marked aggravation beginning almost exactly at 3 P. M. and Belladonna brought relief.

Headaches due to syphilis, uremia and brain tumor are often worse at night.

In doubtful cases the following tests should be made.

1. Thorough examination of the eyes for eye-strain or glaucoma.
2. Temperature record—to see if there is infection.
3. Blood pressure measurement—high pressure suggests brain tumor — or nephritis.
4. Urinalysis, for sugar, albumen or acitone.
5. Palpation of the insertion of nape muscles at the occiput.
6. Examination of the nose and its accessory sinuses.

Knowledge of the cause does not always help in the choice of the remedy, but it may help very much and in any case it will lead to correct adjuvant treatment.

Most of us are alive to the danger of eye-strain, but often the patient is already wearing glasses and assures us that the eyes have been carefully examined. Even so, it often pays to have them re-examined as in the following case:

Miss D, a trained nurse, has at intervals of two to six weeks very severe pain, usually in and over the right eye. The pain began on waking, increasing during the day. It was intense

and boring in character—much worse lying down, so that she had to sit up in bed. The pain caused vomiting which brought very temporary relief. Any food caused vomiting almost immediately.

℞ Sanguinaria can. relieved the attack but the headaches returned at varying intervals.

The patient said she had always had headaches, but after her graduation, fifteen years ago, they became of the character above described. For four years she endured them, working often twenty-four to thirty-six hours without food. Finally she had glasses which relieved somewhat but did not cure.

I sent her to an oculist who found her eyes extremely hypermetropic, and her glasses badly fitted. Since having the change of glasses the patient has improved steadily, with only an occasional slight headache which yields readily to Sanguinaria can.

Another case of eye-strain: Miss C. corrected examination papers all one evening, wearing bifocal glasses instead of the properly fitted reading glasses to which she was accustomed. The next morning she woke with a splitting headache, eyes aching and burning, and nausea which was better by eating.

℞ Ruta graveolens brought prompt relief.

A woman of forty came to me complaining of too profuse and frequent menstruation. Among other symptoms she had sick headache before or during her period. She had never worn glasses but examination proved her need of them and they helped very much to relieve the headaches which called for Sepia.

Mrs. A. had very severe headaches at menstrual period with nausea, vomiting and diarrhœa. The headaches were much worse from exertion and she fainted if she stood too long. The menstrual flow was profuse and dark.

℞ Bovista relieved.

Miss L. P., college student in second year, had frequent very severe headaches, one-sided, in temple and vertex, aggravated by light, motion or cool air; better for bandaging head and eyes warmly and lying on painful side. Very sleepy during headache. Much gurgling of gas in bowels.

R Sepia in ascending potencies relieved the headaches almost entirely and the patient graduated from college much stronger than when she entered.

I think her headaches were due to poison from fatigue.

An interesting case in which the headache was only a danger signal is the following:

Mrs. H. came to me, June 30, 1917. She was fifty years old and had two children.

She was tall and very stout. No menstrual period for one year. For about a year she had had pain in the occiput—a pounding—worse from lying down at night. Woke in the morning with the pounding. She had also a sharp pain coming frequently and lasting a few minutes. Breath short on climbing stairs. Thirst considerable. Appetite good. Mouth dry and bitter taste in A.M. Blood pressure systolic 200. Heart negative. Urine—24 hours amount—two quarts—specific gravity 1010. A trace of albumen. Some granular and hyaline casts.

R Lach. M.

A week later she reported marked improvement in the head and in general feeling. The blood pressure soon dropped to 160. After six weeks the remedy had to be repeated, but the head has remained comfortable most of the time since.

One cause of headache of which Dr. Cabot does not speak, but which certainly should be considered, is anaphylaxis.

The following case illustrates:

Miss F. had frequent severe headaches associated with other distressing symptoms. She had discovered that coffee would cause them, but skin tests with various proteins showed reactions to beef and chocolate as well, and she found by experience that even a small amount of these foods would produce a headache.

The attacks were as follows:

About eight or nine hours after taking coffee or chocolate or beef, she would have a chill followed by fever and intense pain in the eyes, as if they were being pushed out of their sockets. Often there was nausea and retching, although the stomach seemed quite empty. With all this came an overwhelming

drowsiness, so that she would sleep heavily, but the headache often lasted for thirty-six hours. About the time I began studying the case there developed a stiffness of fingers and some other joints, which was evidently worse from acids.

The aggravation from beef and coffee and also from acids led me to give Causticum 200 which was followed by a very marked aggravation of headache, stiffness, etc., and then by relief.

At the present time the patient can take coffee, chocolate or beef in moderate amounts and at not too frequent intervals without having any headache or other toxic symptoms.

CASES.

HARVEY FARRINGTON, CHICAGO, ILL.

I would like to make a report on the three cases comprising the paper read by me before this bureau last year. The first, as you may remember, was an old lady apparently dying of uremic poisoning. It seemed a hopeless case, but a few doses of Opium in high potency brought her back to life again. A succession of remedies gradually brought back conditions which had been suppressed by previous treatment; first a "bronchial asthma," then a cystitis, finally a "neuritis" of the right arm and shoulder. This proved very hard to bear and in spite of all that had been done for her, an Allopath was called. I have followed the case through friends in the neighborhood. She has had no less than seven doctors of different creeds and is gradually growing weaker. She will never recover now.

The second was a trained nurse suffering from an intractable supraorbital neuralgia of the right side. Arnica, Hypericum and Physostigma gave more relief than all the sixty doctors and specialists who had tinkered with her case during the sixteen years of her invalidism. She was so much better that I thought it worth while to report the case. Last July a new set of symptoms developed. Accompanying a spell of neuralgia there was hysterical fainting and marked fear of the dark. Two doses of

Stramonium cm were all that was necessary to complete the cure.

The third was a case of procidentia in a young married woman teaching school. Sepia helped somewhat but she became discouraged and consulted a surgeon who operated. Although worse after than before the surgical interference, it was nine years before she was persuaded by relatives to again try Homœopathy. Aurum mur. natr. 30th, m, 10m and 50m at long intervals corrected the malposition of the uterus, removed all reflex symptoms and built up the general health. She is now perfectly well.

CLINICAL CASES.

HERBERT E. MAYNARD, M.D., BOSTON, MASS.

Corporal L. Australian Engineers, was wounded at Boulecourt, 15-5-1917, and entered hospital two days later with a compound fracture of the left humerus and of the metatarsal bones of the right foot and eleven pieces of shrapnel of various sizes scattered through his legs and back.

After removal of most of this iron and the application of the necessary splints he got along very well for two days then developed a temperature of 106 and a general septic condition.

He was intensely restless at first—much worse after midnight—would start up in a fright—said he was double and smooth and was going to die—desired a little water to drink every few minutes and would not eat. Later he became stupid—had involuntary evacuations and cold sweat of the legs, and his wounds became extremely offensive in spite of careful dressings. After Arsenicum album 1M in water every hour for one night he became rational, asked for some food and ate it, slept most of that day and made a very good recovery without further medication.

(2) Bombadier Perry, after months of trench fighting developed pneumonia and while waiting to be carried to hospital was bitten on the middle finger of the right hand by a rat.

When first examined he had consolidation of the lower lobe

of the right lung, coarse rales in patches in the left and his hand and arm nearly to the shoulder was tremendously swollen and black. His expectoration was scanty—very dark and offensive, he was restless—thirsty—had repeated chills and severe pain in the hand and arm which was only made bearable by keeping it immersed in a hot bath.

Though several incisions were made in the hand at no time was any particular relief experienced and very little pus was found. Whatever discharge occurred was thin, bloody and dark—of a bad odor.

After Arsenicum album 1M he had his first good sleep, his temperature gradually came down and his recovery was in every way satisfactory.

(3) Mrs. L. While out riding in evening was suddenly taken with abdominal pain and collapse, which was relieved by some hot drink prescribed by a physician and patient was told to go home, take a big dose of physic and stay in bed next day.

At midnight I found the patient with a temperature of 96.5, pulse of 50. and distended abdomen which was sensitive all over—perhaps a little more so in the lower right quadrant. She had vomited greenish fluid twice and had had several greenish stools attended with a good deal of griping and much flatulence. She was intensely irritable—nothing could be done quickly enough for her, and she could not bear the pain. After two doses of Chamomilla 1M ten minutes apart she went to sleep and slept four hours.

At 8 A.M. she had very little pain, her temperature was 98. and pulse 60, but her right rectus was rigid and as soon as it was possible I removed a large highly inflamed appendix, gangrenous for nearly an inch at the tip but not perforated—and her recovery was uneventful.

Where extensive adhesions have formed in acute appendicitis and rupture has occurred into this pocket it is not uncommon for a temporary relief of the pain to occur—but in this case there were few adhesions and the appendix had not ruptured.

(4) Mrs. S. following induced abortion of twins at fifth month, developed a septic conditions with high temperature,

chills and sweat. For a period of two weeks she had so-called regular treatment-douches, Fowler's Solution, curettage, etc. She steadily became worse—developed cough with bloody expectoration and consolidation in spots in both lungs. Her lochia was thin—not much odor, the uterus was still up nearly to the umbilicus.

Every two or four days she would have a hard chill followed by fever and profuse sweat. Thirst constantly for ice water not only during all stages of the paroxysm but other times, and ravenous appetite. Lying on the left side would start her coughing at once, and any exertion caused profuse sweating.

Phosphorus 50M cleared up the lungs, stopped the chills and fever, but after the temperature had been normal for nearly ten days her joints became stiff, starting first in the shoulders, then knees and she became nearly helpless. The pain was seldom very severe but the limbs were very sore to pressure and she wanted to be turned often and to be kept very warm. Pyrogen 50M cleared up the case promptly.

SMALL-POX.

W. A. MCFALL, M.D., TORONTO, CAN.

In the summer and fall of 1919 small-pox, always present in North America, made its appearance, among other places in Toronto. In July, August and September these cases were diagnosed as chicken-pox. There are three chief reasons for this mistake.

1. Unfamiliarity of a great proportion of physicians with small-pox.
2. Mildness of cases, physician not consulted.
3. Natural hesitation of a physician to quarantine a family, for one or two pustules.

We have no reason to suppose that Toronto was the site of infection of the surrounding country, as reports of similar chicken-pox epidemics were heard both in Canada and the

United States. However, due to a great misdirected newspaper notoriety, the blame has been fastened upon our city.

As the epidemic spread it became slightly more severe. From cases which exhibited only three or four pustules, to a few cases of the semi-confluent type was the gradual evolution, but even the latter cases did remarkably well under treatment or even without it.

To take up the points in order let us consider first: The unfamiliarity of physicians with small-pox. This is easily explained. Each year large numbers of doctors are graduated—they have not seen small-pox as students, and there has been no great epidemic since the Montreal one over thirty years ago. It is difficult to diagnose small-pox or any skin lesion from text books or illustrations. I know this to be true, for I contracted small-pox when a student and perused the pages of Osler in an effort to determine the malady. Two weeks later when two cases occurred in the ward of the General Hospital where I was taking clinics I knew. My clinician who was a gifted skin specialist failed to note the pox on my face though meeting him daily for an hour or two. Another reason for this lack of knowledge was the time spent in the study of vaccination. This occupied much longer than the period given to small-pox.

The second reason was a great factor in the spreading of the disease. The cases were often so mild that the doctor was not called. Labelled chicken-pox by the parents the children remained away or were sent away from school, but did not observe a strict quarantine. One patient informed me that early in September over half the children at a certain school were at home with chicken-pox. Her own child, William by name, was recovering from an attack, and had so many pox on the soles of his feet that he was forced to walk on the edges, as do club footed children.

The third reason is a most natural one. Little James is feverish for two or three days. The doctor either sees him or is consulted about him over the phone. The doctor says he will not need to see James again—when lo and behold—two days after little James presents from three to twenty pox. The

doctor is consulted once more over the phone and little James is labelled as heat rash, stomach rash, chicken-pox, or, as an elderly Chicago physician termed it, "Rubels." The family is satisfied, the doctor is satisfied except perhaps for a few slight qualms and, in the meantime small-pox is allowed to spread, sooner or later to cause suffering, disfigurement, or even death. I say *even* death, for death is rather a rare terminus in our North American variety of small-pox. I only know of five deaths in the city of Toronto, where the reported number of cases was over 1,500 and the unreported well over 3,000.

There is no reason for any physician being unable to diagnose small-pox, whether he has seen a case or not. He can make a diagnosis by history alone and not inspect the patient at all. Of course I do not advise this, on the contrary the physician should very carefully examine the patient, but a correct diagnosis can be made by history alone. There is always a history of from two to five days of fever, malaise, headache and backache. In the mild cases fever and headache and dirty tongue are frequently the only symptoms. The temperature then drops. The patient feels well, gets up and returns to work. About two days after the papules develop on the forehead, face, neck and wrists first. Great stress is laid upon the presence of papules in the palmar surface of the hands and on the soles of the feet. The papules are under the skin or in the deeper layer of the skin, and in typical cases are shotty or hard to the touch. The mild cases do not feel shotty—but usually exhibit a pustule on the palmar surface of one hand or finger, or in the centre of the ball of the foot. Severe or confluent cases of course could not be missed. It is the mild cases which are important to diagnose. They spread the infection much more as they are walking about.

How different is the history of a chicken-pox patient. One day he, though perfectly well, discovers a few spots which itch. He scratches one and it is moist. Others appear soon—and are often first noted on the chest and abdomen. He has not been sick or feverish. If he becomes ill and feverish it is always after the rash or papulo-vesicular eruption has appeared. Because a chicken-pox vesicle develops in the mouth,

conjunctiva or on the edge of the palm of the hand or in the centre of the same, would not change the diagnosis. In small-pox there is always the stage of fever prior to the appearance of the eruption.

Let the regulars make all the mistakes, we cannot afford to. Do not have cards printed and exhibited as did a prominent old school physician, "My diagnosis is Chicken-pox," while upon the door was tacked the "Small-pox Placard." Wondering pedestrians were seen to read the legend, smile and pass on. Some even crossed the street, evidently doubting the doctor's diagnosis.

Bureau of Surgery

DR. ELMER E. VAUGHN, CHICAGO, ILL., CHAIRMAN.

REMEDIES USED BEFORE AND AFTER OPERATION.

PAULINE E. LANGE, CHICAGO, ILL.

There are but few who do not fear the thought of any surgical operation, no matter how slight. For this condition the indicated homœopathic remedy will do much to relieve the mental suffering, fear and anxiety; it will also remove and prevent the condition of shock which follows more or less all surgical procedures. The remedies that have assisted me and are most frequently indicated are Acon., Bell., Gels., Ign., Sulph. and Psor.

After surgery the first remedy to be thought of is Arn., to reduce and prevent any haemorrhage and to assist the bruised, congested and lacerated tissues in the healing process. The result following the use of this remedy is little or no rise in temperature, which seldom goes above 99°—shock very slight; other remedies frequently indicated are Bell., Calendula, Ferr., Phos. and Rhus. tox.

To prove the truth of the preceding statements I wish to cite a few cases, one especially, which is very interesting:

Case 1. Diagnosis: Haemorrhagic kidney. Incipient Bright's disease.

In January 1919, was called to see Mrs. E., age 38 years, mother of one child. She gave the following history: About two years previous had had a *fall, striking upon the back*. Patient used home treatment, liniments and hot compresses;

six weeks later patient experienced pain in region of right kidney and occasionally blood appeared in the urine, especially on arising in the morning; this continued and not until six months after the fall did the patient seek medical aid. Her physician advised the hospital, in which she was confined eighteen weeks under the watchful eyes of an old school specialist for diagnosis and treatment which consisted of vaccine injections with no results. The patient became disgusted (as well as the family) and left the hospital. She was under the care of several other physicians, both the old school and homœopathic, until patient called me and I took charge in January 1919. I found a very nervous woman with constant pain and slight swelling in the region of the right kidney, great sensitiveness to touch of the affected part, slight puffing of eyelids and ankles. The urine was decidedly bloody and albuminous, 5% albumin by volume, 75% blood.

From the history of the case *Arn.* 30, ten drops in six tablespoonfuls of water, one teaspoonful every three hours for twenty-four hours was given. Improvement began to show itself within thirty-six hours, the urine becoming light, and cleared up by the sixth day and remained so for a period of three weeks, when it again became very bloody and decreased in quantity, albumin about the same percent. Pain very slight, no pain on voiding urine, her temperature ranged between 99° and 101°; there was marked tenderness and pain over the right kidney; patient complained of feeling weak in her knees; chilly sensation along the spine; nervous, does not want to be bothered; least excitement causes desire to urinate. I prescribed *Gels.* 1M, one dose. Results: Chills better, not so weak or nervous, urine increased, blood and albumin the same.

Patient was becoming discouraged and disgusted, so I suggested operation; this the patient and family consented to very readily. The patient entered the hospital about the 23rd of March, 1919. Prof. E. E. Vaughn of Chicago performed the surgical operation under chloroform. The kidney was exposed and was found to be somewhat enlarged. Upon laying open

the pelvis of the kidney, several large blood clots were removed and upon closer examination an amyloid degeneration of the kidney substance was found; the kidney was sutured, replaced in its normal position, incision closed with drainage and patient put to bed. The first specimen of urine, six hours after the operation, was obtained by catheterization, it was decidedly bloody. The next evacuation of the bladder was voluntary, with slight pain upon voiding; the urine was bloody, the blood gradually disappeared and within forty-eight hours it was clear, normal in quantity, with a trace of albumin.

The remedies prescribed were Arn., Ipecac, Kali mur. and Nux vom. Sulphur crowned the cure. The patient left the hospital on the 20th day following the operation. Urinary examinations were made weekly; her improvement was such that during the flu epidemic in January 1920, she alone nursed both husband and son who had been stricken with pneumonia.

Up to this writing there has been no return of the symptoms, the urine is normal, no albumin and no blood.

Caesarian Section.

Case 2. Mrs. H., age 23 years, weight 283 lbs.; primipara. Patient was in labor when I was called. Membranes ruptured; amniotic fluid discharged. Examination revealed a breech presentation with right foot presenting at the vaginal orifice.

Due to the great amount of adipose tissue and the ruptured membranes, it was impossible to perform version and a delivery under anaesthesia would have resulted in lacerations of perineum and a dead baby. So taking all into consideration I advised a caesarian section. Dr. Vaughn was called in and consulted. The patient was removed to the hospital and within one and one-half hours after entering the patient was delivered of a healthy living ten pound boy child. Arn. was prescribed and everything went along nicely until the ninth day when the patient had a decided chill, great thirst, temperature 103°, marked tympanitis and tenderness over the entire abdomen. Conditions looked bad; a hot saline douche was ordered and Pyrogen 1M, one dose, was given. Result: a decided drop

in temperature, profuse yellow vaginal discharge, also a profuse foul smelling discharge from abdominal incision. Improvement was such that the patient was able to leave the hospital three weeks following operation, having lost considerably in weight and up to the present time, two and one-half years ago, is well and happy, weighing 189 pounds.

Fibroid Tumor.

Case 3. Six years ago Mrs. R., age 26, no children, called upon me for examination and treatment; she gave the following history: An operation for double pyo-salpinx two years previous, which has left her with a profuse, yellow, foul smelling leucorrhoea; history of dysmenorrhoea; mentally blue; despondent, disgusted with life. Examination revealed a retroverted, somewhat enlarged, soft, boggy uterus. *R Puls. cm.* Result: improvement which continued for six months, when a return of symptoms necessitated a repetition of Puls. with marked improvement for about eighteen months, when all symptoms returned. I took the case again and decided upon *Medorrhinum* because of the relapsing tendency, the history of pyo-salpinx, which no doubt was of gonorrheal origin. A decided aggravation followed, but after this aggravation had passed the patient improved. I saw the patient occasionally in the meantime until October 1919, when I was called to her home and found her flowing profusely. Abdomen greatly enlarged, she gave a history of no menses for four months. Upon examination I found the uterus greatly enlarged, the fundus reaching about one inch above the umbilicus; the pains were spasmodic and labor-like in character; there had been some nausea and vomiting, shortly after the menses stopped; the condition resembled pregnancy. Examined for foetal heart sounds but none were found. Goodell sign was present, the os was dilated to size of a silver dollar and dilatable.

The flow was interrupted, patient complaining of bearing down pains with intense cramps preceding a profuse discharge of blood in gushes. *Viburnum op.* was given with relief for a few days when the same condition recurred. Patient was be-

coming weaker, so I had her removed to the hospital for operation. Upon opening the abdomen there was found an enlarged uterus and from all appearances a pregnant uterus. A vertical incision was made from fundus to cervix, about four inches in length. The uterine cavity was filled with a submucous fibroid which was firmly attached to the internal os, the mass was removed and weighed four and one-half pounds; the uterus was then sutured. Examining the appendages, ovaries were found to be cystic, no healthy ovarian substance being left these were also removed.

Arn. 3X was given, 2 gr. every hour for twenty-four hours. Her recovery was uneventful; no shock, very little nausea or vomiting, no temperature. The patient left the hospital eighteen days after her operation.

List of Members

Italics, Honorable Seniors.

- 1913 Aitchison, Florence N. H., 1430 Berwyn Avenue,
Chicago, Ill.
- 1914 Aldrich, Henry C., 1132 Metropolitan Bank Bldg.,
Minneapolis, Minn.
- 1899 Alliaume, Charles E., 259 Genesee St., Utica, N. Y.
- 1913 Almfelt, Gustavus A., 5333 N. Clark St., Chicago, Ill.
- 1905 Augur, George J., Matsushima Kon, Minami Koga Ch.
18 Bon Chi, Konda Ku, Tokio, Japan.
- 1907 Baker, Harry B., 1 E. Grace St., Richmond, Va.
- 1917 Banerjee, Radhikanath, 101A, Jangambari, Benares
City, P. O., N. P., India.
- 1919 Barnard, Jas. S., Rochester, N. Y.
- 1907 Bassett, Alice H., H. M., 56 West Cedar St., Boston,
Mass.
- 1909 Beals, Herbert, 188 Franklin St., Buffalo, N. Y.
- 1907 Becker, Henry, 1330 King St., West, Toronto, Can.
- 1915 Becker, Charles W., 349 Sherbourne St., Toronto, Can.
- 1909 Beckwith, Edwin B., 8030 Emerald Ave., Chicago, Ill.
- 1880 *Berridge, Edw. W.*, 193 Gloucester Terrace, Hyde Park,
London, England.
- 1915 Bidwell, Glen I., 809 South Ave., Rochester, N. Y.
- 1901 Bishop, Minnie R., Suite 2020 Harris Trust Bldg., 111
W. Monroe St., Chicago, Ill.
- 1905 Bloomington, Frances E. D., 6132 Kenwood Ave.,
Chicago, Ill.

- 1905 *Boger, Cyrus M.*, 225 7th St., Parkersburg, W. Va.
1919 *Boger, Martha I.*, 145 Middle St., Portsmouth, N. H.
1909 *Bogges, William B.*, 4919 Centre Ave., Pittsburgh, Pa.
1914 *Brown, Plumb*, 503 State St., Springfield, Mass.
1906 *Burgess-Webster, Margaret*, 1703 Chestnut St., Philadelphia, Pa.
1909 *Calhoun, John C.*, Jenkin's Arcade, Pittsburgh, Pa.
1904 *Campbell, John B.*, 435 Putnam Ave., Brooklyn, N. Y.
1906 *Carleton, Spencer*, 75 Whitestone Ave., Flushing, N. Y.
1920 *Carr, V. Taber*, Tiffin, Ohio.
1912 *Clark, Byron G.*, 163 W. 92d St., New York City.
1888 *Close, Stuart*, 248 Hancock St., Brooklyn, N. Y.
1887 *Cobb, Harriet H.*, 1626 Massachusetts Ave., Cambridge, Mass.
1910 *Coffeen, Eugene*, 421 Balmoral Rd., Chicago, Ill.
1904 *Coleman, Daniel E. S.*, 101 W. 78th St., New York City.
1909 *Cowley, Wm.*, Center and South Highland Ave., Pittsburgh, Pa.
1920 *Custis, J. B. Gregg*, Washington, D. C.
1892 *Day, L. A. L.*, 29 E. Madison St., Chicago, Ill.
1917 *del Mas, R.*, Ph.D., Hugo, Minn.
1913 *Dienst, G. E.*, 26 South River St., Aurora, Ill.
1920 *Dixon, Chas. A.*, Akron, O.
1891 *Donald, Alexander*, 690 Endicott Ave., St. Paul, Minn.
1885 *Drake, Olin M.*, 1767 Commonwealth Ave., Boston, Mass.
1887 *Eaton, Samuel L.*, 340 Lake Ave., Newton Highlands, Mass.
1910 *Emmerson, George C.*, Marshall, Mo.
1908 *Farrington, Harvey H. M.*, 5000 Madison Ave. and 1352 E. 49th St., Chicago, Ill.
1902 *Fellows, Antoinette K.*, 5498 Cornell Ave., Chicago, Ill.
1920 *Field, Richard M.*, 247 W. 72d St., N. Y. City.
1920 *Frasch, J. E.*, Metamora, O.
1920 *Friedenwald, G. A.*, 3569 Broadway, N. Y. City.
1913 *Geiser, S. R.*, The Groton, 7th & Racine Sts., Cincinnati, Ohio.

- 1904 Gladwin, F. E., H. M., 1703 Chestnut St., Philadelphia, Pa.
- 1881 *Goodrich, L. A. Ren Dell*, 93 Lake Place, New Haven, Conn.
- 1907 Green, Julia M., 1725 H St., N. W., Washington, D. C.
- 1911 Griffith, John B., 43 Chestnut St., Lewiston, Pa.
- 1917 Grimmer, A. H., 108 North St., Chicago, Ill.
- 1904 Guernsey, Wm. Jefferson, 4340 Frankford Ave., Philadelphia, Pa.
- 1907 Hallman, Victor H., National Bank Building, Hot Springs, Ark.
- 1919 Hance, W. C., DeGraff, Logan Co., Ohio.
- 1917 Hanlin, Samuel Bradbury, Pomeroy, Ohio.
- 1910 Hardy, Eugene A. P., 333 Bloor St., W. Toronto, Canada.
- 1902 Hautiere, Rosalie de la, 1620 G. G. Ave., San Francisco, Calif.
- 1920 Hawkes, W. J., Los Angeles, Calif.
- 1905 Hayes, Royal E. S., 314 W. Main St., Waterbury, Conn.
- 1901 Hess, Amelia L., 1911 Mt. Vernon St., Philadelphia, Pa.
- 1892 *Hoard, Volney A.*, 691 East Main St., Rochester, N. Y.
- 1908 Hoehne, Evelyn, Fairhope, Alabama, c/o C. L. Coleman.
- 1898 Houghton, H. L., 176 Commonwealth Ave., Boston, Mass.
- 1901 Howland, Josephine, Union Springs, N. Y.
- 1900 Huffman, Joseph E., Orange, Calif.
- 1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo, N. Y.
- 1904 Hutchinson, John, 441 Park Ave., New York City.
- 1903 Ives, S. Mary, 198 College St., Middletown, Conn.
- 1920 Juett, Fred L., 160 N. Broadway, Lexington, Ky.
- 1916 Kaercher, Wm. F., 1452 N. Eleventh St., Philadelphia, Pa.
- 1899 Kendall, Edward J., 206 Fine Arts Building, Detroit, Mich.
- 1906 Kimball, Samuel A., 229 Newbury St., Boston, Mass.
- 1901 Klinetop, Warren B., Charles City, Iowa.

- 1901 Krichbaum, J. W., 207 Bellevue Ave., Upper Montclair,
N. J.
- 1899 Krichbaum, Philip E., 35 Fullerton Ave., Montclair,
N. J.
- 1920 Lange, Pauline E., Chicago, Ill.
- 1891 *Leggett, S. L. Guild-*, 608 University Ave., Syracuse,
N. Y.
- 1910 Lehman, S. W., Dixon, Ill.
- 1906 Lewis, Margaret C., H. M., 4027 Spring Garden St.,
Philadelphia, Pa.
- 1910 Lewis, Tillius B., Hammond, Ill.
- 1907 Llewellyn, H. S., La Grange, Ill.
- 1905 Loos, Julia C., Box 19, E. Liberty, Pittsburgh, Pa.
- 1913 MacAdam, E. Wallace, 2264 University Ave., New
York City.
- 1917 MacKenzie, P. L., H. M., 411 Broadway Bldg., Port-
land, Oregon.
- 1915 MacLaren, D. C., 141 Laurier Ave., Ottawa, Canada.
- 1915 MacLaren, K. A., 504 Dovercourt Road, Toronto,
Canada.
- 1913 Maloney, L. H., Savanna, Ill.
- 1920 McCormick, Ida E., 1370 Burdette Ave., Cincinnati, O.
- 1917 McDonough, A. W., H. M., 3001 Vine St., Denver, Colo.
- 1889 *McIntash, F. L.*, 178 Commonwealth Ave., Boston,
Mass.
- 1917 McFall, W. A., 919 College St., Toronto, Canada.
- 1916 Macfarlan, Donald, 1805 Chestnut St., Philadelphia,
Pa.
- 1919 Maynard, Herbert E., 178 Commonwealth Ave., Boston,
Mass.
- 1916 Medley, Jennie, 1820 Diamond St., Philadelphia, Pa.
- 1914 Mersch, Edmond, Chaussee de Wavre, 177 Bruxelles,
Belgium.
- 1919 Moore, Fredricka, Winchester, Mass.
- 1904 Morris, Frances M., 520 Beacon St., Boston, Mass.
- 1917 Moulton, Eugene A., 839 Wellington Ave., Chicago, Ill.
- 1907 Mullin, John W., 918 West St., Wilmington, Del.

- 1917 Nelson, C. Q., 421 High St., Morgantown, W. Va.
- 1917 Norman, Lee, 712 W. Broadway, Louisville, Ky.
- 1890 *Oakes, Charles H.*, Livermore Falls, Maine.
- 1917 Ogden, Edwin G., Franklin Park, Ill.
- 1892 *Patch, Frank W.*, Woodside Cottages, Framingham, Mass.
- 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W. Scotland.
- 1913 Pierson, Farrand B., 1127 Dean St., Brooklyn, N. Y.
- 1887 *Powel, Franklin*, Madison St. & Fifth St., Chester, Pa.
- 1895 *Powel, Milton*, 375 West End Ave., New York City.
- 1909 Powel, William R., Roger Williams Building, Philadelphia, Pa.
- 1914 Quackenbush, A., 143 Nepean St., Ottawa, Canada.
- 1904 Rabe, Rudolph F., 616 Madison Ave., New York City.
- 1920 Reed, Robert G., 712 Provident Bank Bldg., Cincinnati, Ohio.
- 1915 Reel, Ida Virginia, 4027 Spring Garden St., Philadelphia, Pa.
- 1910 Richberg, Eloise O., 5132 Cornell Ave., Chicago, Ill.
- 1917 Reed, Thos. F., Middletown, Ohio.
- 1910 Roberts, Herbert A., 90 Myrtle Ave., Shelton, Conn.;
38 Elizabeth St., Derby, Conn.
- 1880 *Rushmore, Edward*, 420 Park Ave., Plainfield, N. J.
- 1917 Schwartz, Elmer, 1422 Marshall Field Annex, Chicago, Ill.
- 1900 Schwartz, Herbert W., 222 Bluff, Yokohoma, Japan.
- 1914 Secondari, Guiseppe, 70 Piazza Capretari, Rome, Italy.
- 1914 Seymour, Bina, 573 State St., Springfield, Mass.
- 1919 Shadman, Alonzo J., Boston, Mass.
- 1919 Slaughter, L. N., Pitman, N. J.
- 1911 Sloan, T. C., 29 Park St., S. Manchester, Conn.
- 1917 Smith, A. D., Mason City, Iowa.
- 1881 *Stambach, Henry L.*, 15 West Victoria St., Santa Barbara, Calif.
- 1891 *Stanton, Lawrence M.*, 49 West 57th St., New York City.

- 1910 Starcke, Andrew H., 409 Shukert Bldg., Kansas City, Mo.
- 1904 Stearns, Guy B., 180 W. 59th St., New York City.
- 1904 Stevens, Grace, 32 Bedford Terrace, Northampton, Mass.
- 1889 *Taft, Mary F.*, 985 Charles River Road, Suite 403, Hamstead Hall, Cambridge, Mass.
- 1900 Taylor, Edwin A., 7 West Madison St., Chicago, Ill.
- 1916 Thacher, Geo. H., H. M., 2008 Chestnut St., Philadelphia, Pa.
- 1913 Tomhagen, J. A., 1309 Lunt Ave., Chicago, Ill.
- 1912 True, Richard S., 419 Boylston St., Boston, Mass.
- 1909 Turner, Maurice W., 786 Washington St., Brookline, Mass.
- 1919 Underhill, Eugene, 1904 Chestnut St., Philadelphia, Pa.
- 1919 Underhill, Eugene, Jr., Swarthmore, Pa.
- 1917 Vaughn, Elmer E., 2235 Fremont St., Chicago, Ill.
- 1913 Weir, John, 47b Welbeck St., Cavendish Sq., W. London, England.
- 1914 Wijetunge, Vincent, "Golconda," Colpetty, Colombo, Ceylon.
- 1910 Williams, Clara H., 822 Wood St., Wilkensburg, Pa.
- 1910 Wilson, Wm. W., 28 The Crescent, Montclair, N. J.
- 1910 Winans, Theo. H., 222 E. San Miguel St., Colorado Springs, Colorado.
- 1912 Woodbury, Benjamin, Jr., 178 Commonwealth Ave., Boston, Mass.
- 1917 Woods, H. Fergie, 31 Wimpole St., W. I., London, England.
- 1891 *Yingling, William A.*, 806 Market St., Emporia, Kansas.

HONORARY MEMBERS.

- 1920 Boericke, William, San Francisco, Calif.
- 1911 Ehrman, George B., 30 W. 7th St., Cincinnati, Ohio.
- 1920 Ghose, Sarat Chunder, 48 Chaulpati Road, Bhowampur, Calcutta, India.
- 1906 Luff, Joseph, 1034 W. Electric St., Independence, Mo.

- 1912 Tyler, Margaret L., Linden House, Highgate Road,
N. W., London, England.
- 1914 Starcke, Barnard, 2511 Bales Ave., Kansas City, Mo.
- 1915 King, J. B. S., 1402 Masonic Temple, Chicago, Ill.

DECEASED MEMBERS.

- 1905 Adams, E. T., Toronto, Canada.
- 1880 Allen, H. C., Chicago, Ill.
- 1911 Anshutz, Edward P., 1011 Arch St., Philadelphia, Pa.
- 1889 Arrowsmith, W. L., England.
- 1880 Baer, O. P., Richmond, Ind.
- 1907 Baker, H. H., Chicago, Ill.
- 1889 Balch, E. T., Santa Barbara, Calif.
- 1880 Ballard, E. A., Chicago, Ill.
- 1889 Banerjee, B. N., Calcutta, India.
- 1880 Bayard, E., New York City.
- 1887 Baylies, Bradford Le Baron, 418 Putnam Avenue,
Brooklyn, N. Y.
- 1881 Bedell, R. H., New York.
- 1914 Bell, James B., Boston, Mass.
- 1915 Bowie, A. P., Uniontown, Pa.
- 1881 Brown, T. L., Binghampton, N. Y.
- 1881 Bruns, T., Boston, Mass.
- 1902 Burd, Emma D. S., Yonkers, N. Y.
- 1881 Butler, C. W., New Jersey.
- 1886 Campbell, Alice B., Brooklyn, N. Y.
- 1890 Case, Erastus E., Hartford, Conn.
- 1881 Carleton, E., New York City.
- 1883 Carr, A. B., Rochester, N. Y.
- 1887 Carr, G. H., Galesburg, Ill.
- 1913 Cattori, Leon, Locarno, Switzerland.
- 1881 Custis, J. G. B., 912 15th St., Washington, D. C.
- 1889 Dever, I., Clinton, N. Y.
- 1882 Dunn, G., England.
- 1882 Ehrmann, Benjamin, Cincinnati, O.
- 1882 Ehrmann, Frederick, Cincinnati, O.
- 1881 Fellger, A., Philadelphia, Pa.

- 1899 Fincke, Bernhardt, Brooklyn, N. Y.
1902 Fisher, Arthur, Canada.
1880 Foote, G. T., Marlborough, N. Y.
1893 Fowler, S. M., Florida.
1885 Gee, William S., Chicago, Ill.
1911 Gillispie, W. B., Rockville, Conn.
1903 Graham, M. E., Rochester, N. Y.
1904 Grant, R. C., Rochester, N. Y.
1881 Gregg, Rollin R., Buffalo, N. Y.
1891 Gregory, E. P., Bridgeport, Conn.
1892 Harvey, A., Springfield, Mass.
1881 Hatch, H., Washington, D. C.
1913 Hatfield, Walter S., Cincinnati, Ohio.
1884 Hawley, W. A., Syracuse, N. Y.
1881 Haynes, J. R., Indianapolis, Ind.
1907 Hewitt, Myra, Wisconsin.
1885 Hocket, Z., Anderson, Ind.
1906 Holloway, J. C., Galesberg, Ill.
1882 Hoyne, T. S., Chicago, Ill.
1886 Hoyt, William, Hillsboro, Ohio.
1883 Ingalls, F. W., Kingston, N. Y.
1896 Jackson, F. M. W., Emporia, Kansas.
1915 James, Walter M., Philadelphia, Pa.
1887 Keith, T. S., Newton, Mass.
1905 Kent, James T., 108 N. State St., Chicago, Ill.
1880 Kenyon, L. M., Buffalo, N. Y.
1882 Lawton, C. H., Wilmington, Del.
1890 Ledyard, W. E., California.
1880 Leonard, W. H., Minneapolis, Minn.
1905 Levenson, Montague.
1880 Lippe, Adolph, Philadelphia, Pa.
1881 Lippe, Constantine, New York City.
1884 Lowe, J. N., Milford, N. J.
1885 Martin, Leslie, Baldwinsville, N. Y.
1883 McNeil, A., San Francisco, Calif.
1913 Miller, R. Gibson, Glasgow, Scotland.
1914 Miller, Z. T., Pittsburgh, Pa.
1891 Morgan, A. R., Waterbury, Conn.

- 1911 Nash, Eugene B., Port Dickinson, N. Y.
- 1913 Nichols, Charles F., Boston, Mass.
- 1912 Parker, Mary, Cambridge, Mass.
- 1892 Payne, F. W., Boston, Mass.
- 1892 Payne, J. H., Boston, Mass.
- 1880 Pearson, Clement, Washington, D. C.
- 1883 Pease, G. M., San Francisco, Calif.
- 1888 Pierce, W. A. D., Philadelphia, Pa.
- 1882 Poulson, P. W., San Francisco, Calif.
- 1885 Preston, Mahlon, Norristown, Pa.
- 1905 Putnam, Carolyn E., 207 East 31st St., Kansas City,
Mo.
- 1885 Reed, W. L., St. Louis, Mo.
- 1914 Reed, H. H., Halifax, N. S.
- 1881 Robert, J. C., New Utrecht, N. Y.
- 1908 Roberts, Josephine, Chicago, Ill.
- 1881 Schmitt, Julius, Rochester, N. Y.
- 1885 Seward, Stephen, Syracuse, N. Y.
- 1881 Smith, C. C., Philadelphia, Pa.
- 1880 Smith, Thomas Franklin, 264 Lenox Ave., New York
City.
- 1908 Sparhawk, S. H., St. Johnsbury, Vt.
- 1886 Stover, William H., Tiffin, Ohio.
- 1884 Stow, T. D., Mexico, N. Y.
- 1886 Sutfin, John H., Kansas City, Mo.
- 1908 Thornhill, Gabriel F., 76 South Main St., Paris, Texas.
- 1887 Thurston, Rufus L., Boston, Mass.
- 1904 Vivien, R. P., Canada.
- 1893 Villiers, A., Dresden, Germany.
- 1902 Waring, Guernsey P., Alhambra, Calif.
- 1881 Wells, L. L., Utica, N. Y.
- 1880 Wells, P. P., Brooklyn, N. Y.
- 1906 Wesner, M. A., Johnstown, Pa.
- 1881 Wesselhœft, W. P., Boston, Mass.
- 1882 White, F., England.
- 1873 Whitehead, T. K., England.
- 1880 Wilson, T. P., Michigan.
- 1890 Winn, W. J., Cambridge, Mass.

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1880-1920.

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- 1904 Cyrus M. Boger, M. D., Parkersburg, W. Va.
- 1905 Elisha P. Hussey, M. D., Buffalo, N. Y.
- 1906 Stuart Close, M. D., Brooklyn, N. Y.
- 1907 Frank W. Patch, M. D., Framingham, Mass.
- 1908 Rudolph F. Rabe, M. D., New York City.
- 1909 Philip E. Krichbaum, M. D., Montclair, N. J.
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- 1911 Maurice W. Turner, M. D., Brookline, Mass.
- 1912 John Hutchinson, M. D., New York City.
- 1913 John B. S. King, M. D., Chicago, Ill.
- 1914 Franklin Powel, M. D., Chester, Pa.
- 1915 Edwin A. Taylor, M. D., Chicago, Ill.
- 1916 Henry Becker, M. D., Toronto, Canada.
- 1917 Henry L. Houghton, M. D., Boston, Mass.
- 1918 Theodore H. Winans, M. D., Mexico, Mo.
- 1919 Guy Beckley Stearns, New York City.
- 1920 George E. Dienst, Aurora, Ill.

VICE-PRESIDENTS.

- 1881-2 T. F. Pomeroy, M. D., Jersey City, N. J.
- 1883 J. P. Mills, M. D., Chicago, Ill.
- 1884 Rollin R. Gregg, M. D., Buffalo, N. Y.
- 1885 J. A. Biegler, M. D., Rochester, N. Y.
- 1886 Edward Rushmore, M. D., Plainfield, N. J.
- 1887 William P. Wesselhoeft, M. D., Boston, Mass.
- 1888 Clarence W. Butler, M. D., Montclair, N. J.
- 1889 William S. Gee, M. D., Chicago, Ill.
- 1890 J. B. G. Custis, M. D., Washington, D. C.
- 1891 E. W. Lawyer, M. D., Kokomo, Ind.
- 1892 E. T. Adams, M. D., Toronto, Canada.
- 1893 T. S. Hoyne, M. D., Chicago, Ill.
- 1894 H. P. Holmes, M. D., Omaha, Neb.
- 1895 J. H. Allen, M. D., Chicago, Ill.
- 1896 Mary F. Taft, M. D., Newtonville, Mass.
- 1897 Walter M. James, M. D., Philadelphia, Pa.
- 1898 Alice B. Campbell, M. D., Brooklyn, N. Y.
- 1899 Cyrus M. Boger, M. D., Parkersburg, W. Va.

- 1900 S. L. Guild-Leggett, M. D., Syracuse, N. Y.
- 1901 D. C. McLaren, M. D., Ottawa, Canada.
- 1902 Eugene B. Nash, M. D., Cortland, N. Y.
- 1903 Cyrus M. Boger, M. D., Parkersburg, W. Va.
- 1904 Elisha P. Hussey, M. D., Buffalo, N. Y.
- 1905 S. L. Guild-Leggett, M. D., Syracuse, N. Y.
- 1906 Philip E. Krichbaum, M. D., Montclair, N. J.
- 1907 Edwin A. Taylor, M. D., Chicago, Ill.
- 1908 Lawrence M. Stanton, M. D., New York City.
- 1909 Guernsey P. Waring, M. D., Chicago, Ill.
- 1910 Edwin A. Taylor, M. D., Chicago, Ill.
- 1911-12 Carolyn E. Putnam, M. D., Kansas City, Mo.
- 1913 Julia Minerva Green, M. D., Washington, D. C.
- 1914 Grace Stevens, M. D., Northampton, Mass.
- 1915 Margaret Burgess Webster, M. D., Philadelphia, Pa.
- 1916 Henry L. Houghton, M. D., Boston, Mass.
- 1917 George E. Dienst, M. D., Aurora, Ill.
- 1918 Guy Beckley Stearns, M. D., New York City.
- 1919 D. C. McLaren, Ottawa, Canada.
- 1920 Thomas G. Sloan, So. Manchester, Conn.

SECRETARIES.

- 1881 H. C. Allen, M. D., Chicago, Ill.
- 1882 Walter M. James, M. D., Philadelphia, Pa.
- 1883-86 J. B. Gregg Custis, M. D., Washington, D. C.
- 1887-88 E. A. Ballard, M. D., Chicago, Ill.
- 1888-93 S. A. Kimball, M. D., Boston, Mass.
- 1894-95 Howard Crutcher, M. D., Chicago, Ill.
- 1896-00 Erastus E. Case, M. D., Hartford, Conn.
- 1901-12 John B. S. King, M. D., Chicago, Ill.
- 1913-16 Frank W. Patch, M. D., Framingham, Mass.
- 1917-20 William W. Wilson, M. D., Montclair, N. J.

TREASURERS.

- 1881 H. C. Allen, M. D., Chicago, Ill.
- 1882 Ad. Lippe, M. D., Philadelphia, Pa.

- 1883-85 Edward Cranch, M. D., Erie, Pa.
- 1886-88 W. A. Hawley, M. D., Syracuse, N. Y.
- 1889 J. D. Tyrrell, M. D., Toronto, Canada.
- 1890 C. W. Butler, M. D., Montclair, N. J.
- 1891-02 Franklin Powel, M. D., Chester, Pa.
- 1903-11 Philip E. Krichbaum, M. D., Montclair, N. J.
- 1912-18 William R. Powel, M. D., Philadelphia, Pa.
- 1919-20 William W. Wilson, M. D., Montclair, N. J.

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PROCEEDINGS

*of the Forty-second Annual Session of the
International Hahnemannian Association*



The New Willard, Washington, D. C.
June 23, 24, 25, 1921

OFFICERS.

MILTON POWEL, New York City.....	<i>President</i>
HARVEY FARRINGTON, Chicago, Ill.....	<i>Vice-President</i>
WM. W. WILSON, Montclair, N. J.....	<i>Secretary-Treasurer</i>
E. WALLACE MACADAM, New York City.....	<i>Cor. Secretary</i>
EDWARD RUSHMORE, Plainfield, N. J.....	<i>Necrologist</i>

BOARD OF CENSORS.

C. M. BOGER, Chairman.....	Parkersburg, W. Va.
GUY B. STEARNS.....	New York City
JOHN B. CAMPBELL.....	Brooklyn, N. Y.
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BOARD OF PUBLICATION.

JULIA M. GREEN, Washington, D. C.....	1 year
FRANK W. PATCH, Framingham, Mass.....	2 years
R. F. RABE, New York City.....	3 years

PROCEEDINGS
OF THE
FORTY-SECOND ANNUAL SESSION
OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION
HELD AT
THE NEW WILLARD, WASHINGTON, D. C.
JUNE 23rd, 24th, 25th, 1921.

MINUTES OF THE 1921 SESSION.

The forty-second annual session of the International Hahnemannian Association was called to order in the parlors of the New Willard, Washington, D. C., Thursday, June 23rd, 1921, by the President of the Association, Dr. Milton Powel, of New York City.

The Secretary, Dr. W. W. Wilson, read his report:

FELLOW MEMBERS OF THE I. H. A.:

The past year has been occupied with correspondence, soliciting bids for the publication of the 1919-1920 Transactions and the minor affairs of the Secretary's office.

Estimates were solicited from three or four concerns relative to the printing of the 1919-1920 Transactions. The results were quite disheartening, since Dr. Boger announced at

the last session that he and Dr. P. E. Krichbaum would bear any deficit that might arise from the printing of the books. Of course it was known that Dr. Krichbaum had not been consulted in the matter.

Three of the estimates received put the cost of printing at \$2,100, \$1,900, and \$1,600 for the printing of an edition of 200 volumes of perhaps 450 pages per volume.

In desperation I wrote Dr. Frank Patch and asked him to consult the Lakeview Press of his town, they having printed the Transactions of 1912, 1913, 1914 and 1915.

Happy we were to get an estimate of \$1.75 per page for an edition of 200 volumes of approximately 450 pages.

The Publication Committee was consulted and the matter was immediately gotten in shape for publication.

The matter was put into the printer's hands in January, but fire occurred in the printer's plant and the books have been delayed. They were promised for the first week in June, but arrived on June 17th, too late to be mailed to the membership before the convening of this session. The books will all be mailed as soon as the Secretary-Treasurer can get at the matter after his arrival home.

During the year I have heard of the death of only one member. Dr. Rushmore told me of the death of Dr. Samuel A. Kimball, the death having occurred during last December. Dr. Rushmore will tell us of the death in his Necrologist's report.

Four letters of resignation have been received by the Secretary. Drs. John C. Calhoun, J. A. Tomhagen, Fredrika Moore and J. C. Griffiths have sent in letters of resignation. These letters will be taken up under New Business.

Following the sending out of the yearly bills, one sent Dr. Henry C. Aldrich was returned with a note stating that Dr. Aldrich had been ill for many weeks, having suffered a stroke of paralysis. The note stated that Dr. Aldrich had retired from practice and all connected with it and was in no position to keep up his obligations.

Dr. Aldrich joined the Association in 1905, as an Associate

member. He paid his dues regularly and was admitted to Active membership in 1914. His dues have been met every year since that time and now in his duress I would recommend that the Board of Censors admit him to Honorary Membership.

Likewise the bill of Dr. H. W. Schwartz was returned from Japan, the head of the Board of Missions there writing that Dr. Schwartz had left that field five years ago, being a sufferer from cancer.

Further search revealed that Dr. Schwartz is at present confined to the Washington Sanitarium and Hospital at Tokoma Park, this city (Washington, D. C.)

A letter from him states that he is just about able to be around and is evidently in no position to continue his Active Membership in the Association. I would recommend that a committee of past Presidents be appointed to call upon Dr. Schwartz and that the Board of Censors admit him to Honorary Membership.

The membership has very generously responded to the letter sent out by the Secretary, relative to the resolution passed at the last session, levying an assessment of \$5.00 on each member as a Publication Fund, in lieu of an increase in the annual dues.

Sixty-four members responded and some of them doubled their subscriptions. Even some of the Honorable Seniors responded with subscriptions. The quick response of most of the members makes the office of Treasurer a much more pleasant one.

No unfinished business was left from the last session, so we have clear sailing for our session this year.

On motion of Dr. Dienst, the Secretary's report was received and the President declared it approved.

The President called for the Necrologist's report and it was read at this time.

REPORT OF THE NECROLOGIST

TO THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION,
FOR THE YEAR ENDING JUNE 1ST, 1921.

Information of the death of three of our members, Drs. Walter S. Hatfield of Cincinnati, Ohio, A. Quackenbush of Ottawa, Ontario, and Samuel A. Kimball of Boston, Mass., has come to the knowledge of your Necrologist.

He has been able to secure information concerning all of the deceased for the compiling of the usual form of memorial notice.

WALTER S. HATFIELD.

Dr. Walter S. Hatfield was born near South Bend, Indiana, June 23rd, 1854.

He received his elementary and high school education at Niles, Michigan, and began the study of medicine under the preceptorship of Dr. John Maurer of South Bend, Indiana, during the year 1880. During this same year he was matriculated in the Hahnemann Medical College of Philadelphia, and was graduated from that institution as a member of the class of 1882. He began the practice of medicine at Benton Harbor, Michigan and was later engaged in practice at South Bend, Indiana. In the fall of 1883 he removed to Covington, Kentucky, where he remained until 1911, at which time he removed his residence to Cincinnati, Ohio, where he practiced his profession until one week prior to his death, May 25, 1920.

He lectured on the Principles of Homœopathy at the Pulte Medical College of Cincinnati from 1889 to 1893. He was a member of Kentucky State Society of Homœopathy, the Southern Homœopathic Society, the Cincinnati Lyceum, Ohio State Homœopathic Society, the American Institute of Homœopathy and the International Hahnemannian Association.

During the past eight years much of his time was spent in

writing along philosophical lines, and a two volume work was completed and made ready for publication.

He is survived by his widow and two sons, one of whom is associated with furniture business, and the other is practising medicine in Cincinnati.

A. QUACKENBUSH.

Dr. A. Quackenbush was born October 23rd, 1862. His early education was in country school; his secondary education was at Albert College, Belleville, Ontario, whence he was graduated 1887. His medical education was at the University of Michigan (Homœopathic School) and at Hahnemann Medical College of Philadelphia, Penn. He was graduated as a Doctor of Medicine from Hahnemann Medical College in the year 1892.

He practised medicine at Buffalo, N. Y., 1892, Belleville, Ontario, 1893 to 1897, and at Ottawa, Ontario, 1898 to 1920.

Dr. Quackenbush was killed in a canoe accident on the French River, Ontario, while on a fishing trip. He was an enthusiastic sportsman, losing no opportunity to fish and hunt when his practice permitted.

His life work was the general practice of medicine, though he made a specialty of diseases of the kidneys. He excelled in diagnosis and was perhaps more noted for his diagnostic abilities than for any other characteristic.

His writings were few. Apart from a few articles and pamphlets, his only written work was "Notes on Homœopathic Materia Medica," and this was never published. As a rule he was too busy to permit of extensive writing, practising, without assistant, in a country where young Homœopaths were very few.

He has left three sons, who have the principles of Similia firmly fixed in their minds and who will attempt to carry on the work when qualified.

SAMUEL AYER KIMBALL.

Dr. Samuel Ayer Kimball was born in Bath, Maine, August 28th, 1857. He was the second of five sons of John Hazer and Annie Whitmore (Humphreys) Kimball. His father was a lawyer and treasurer of the Bath Savings Institution. For many years he was director of the Central Vermont and Androscoggin Railroad, member of both houses of the State Legislature, was a Presidential Elector in 1872 and delegate to the Republican Convention in 1888. He was a son of Samuel Ayer and Eliza Hazen Kimball and direct descendant in the seventh generation of Richard Kimball, who came from Ipswich, England in 1634, to settle in Watertown, Mass., later moving to Ipswich, Mass.

Dr. Samuel A. Kimball's mother was a daughter of John C. and Angeline (Whitmore) Humphreys of Brunswick, Maine.

Doctor Kimball attended the public schools of Bath, Maine, and was a student at Phillips-Andover Academy 1873-1874. He then went to sea for a year and on his return entered Yale University with the class of 1879. In his junior year he received a dissertation appointment and in the senior year a second dispute.

He attended Harvard Medical School and received the degree of Doctor of Medicine in 1882, after which he studied in the Boston University School of Medicine, receiving its degree of Doctor of Medicine in 1883. He began practice in Melrose, Mass., in October 1883, and remained till 1886 when he moved to Boston, and established an office at 124 Commonwealth Avenue, taking up general practice, with some original research, which was printed in various Homœopathic journals and in a volume, published in 1888, entitled "A Repository," a compilation of symptoms from the *Materia Medica*.

He was forced by ill health to retire from active practice in June 1920; the same ill health (heart trouble) caused his death December 27, 1920.

For many years he gave diligent service as Secretary of this Association. He was a member of the Society of Homœopath-

icians and of the Massachusetts Medical Society and of the Episcopal Church.

He married October 17, 1883, Belle C. Trowbridge, daughter of Charles Irving and Caroline Augusta (Lane) Trowbridge, a direct descendant of Thomas Trowbridge, who came from Taunton, England, to New Haven, Conn.

Mrs. Kimball survives him with her two sons, John Hazen and Joseph Stickney Kimball.

Doctor Kimball will long be remembered for the integrity and intelligence of his devotion to Homœopathic Medicine.

Dr. Krichbaum moved that the Necrologist's report be accepted. The motion was put and carried.

The Treasurer's report was called for and was rendered as follows:

RECEIPTS FOR THE YEAR 1920-21.

Balance on hand.....	\$423.65
Receipts from dues and sale of Transactions	447.22
Publication Fund.....	334.43
Interest	6.62
	\$1,211.92

DISBURSEMENTS.

Sign painted at Cleveland.....	\$3.00
Stenographer	75.00
Postage, expressage and supplies.....	35.00
275 Letters for Washington Convention	9.75
350 Program for the Washington Convention	28.50
	151.25
Balance.....	\$1,060.67

Respectfully submitted,

WILLIAM W. WILSON, *Treasurer.*

The Treasurer's report was referred to an Auditing Committee by the President.

The Auditing Committee appointed was composed of Drs. Hayes, Dienst and Coleman.

Under New Business, for which the President called, the matter of resignations was taken up.

Dr. Patch asked that the action on the resignation of Dr. Fredrika Moore be deferred until he could confer with her.

Likewise deferred action was asked for on the resignation of Dr. Tomhagen by Dr. Richberg.

Dr. Krichbaum made a motion referring the other resignations to the Board of Censors. The motion was seconded, put and carried.

The matter of Honorary Memberships recommended by the Secretary was also referred to the Board of Censors.

A motion was made and carried that a committee of two be appointed to call at the Takoma Sanatorium to see Dr. Schwartz. Drs. Rushmore and Dienst volunteering, they were appointed to attend to the matter.

Dr. Farrington was here called to the chair, whereupon the President presented his address.

PRESIDENT'S ADDRESS

June, 1921.

International Hahnemannian Association, Washington, D. C.

By MILTON POWEL, M.D., President.

The younger generation of physicians can hardly comprehend or appreciate the hardships endured and the difficulties that had to be overcome by the pioneers in Homœopathy in order to secure for themselves, and for us, the right to practice according to the law of similars. One of the strongest weapons used against them was ridicule, especially of the small doses. It is said that the lamented and revered Lincoln once took a

fling at Homœopathy and homœopathic doses. Today, in the minds of many, "minute quantity" and "homœopathic" are synonymous terms.

Science in several directions, particularly biological and chemical, has proven the value of infinitesimals; in fact, that they are absolutely essential for the maintenance of animal life, and probably of vegetable life also, but as yet not one of these so-called "vitamines" has been isolated.

It seems a logical deduction that if such serious diseases as beriberi, scurvy, and rickets, which, unless arrested by infinitesimals, lead to fatal conclusions, other sicknesses might also be cured by exceedingly small doses. We know this to be true.

The principles upon which the small dose was established do not so readily admit of attack, and men who claim to be searching for the truth have deliberately refused to investigate them. In time those principles will also be vindicated.

Notwithstanding this trend of scientific research, some of our institutions have dropped the name which has brought them distinction and patronage, and I understand some others are considering doing so. One reason given for this action is that the general public will not contribute to the support of sectarian medical colleges and hospitals. Sects in medicine have existed from time immemorial, and I presume will exist for a long time to come; and if they are following what they believe to be the truth, and by clinical results can demonstrate it, they have their places. Being in the minority, they may perform another function of minorities, by endeavoring to keep in check the tendency of the majority toward obtaining control of the practice of medicine by state and federal laws.

Several months ago a newspaper article written by a well known physician stated that the time would come when a layman would be able to diagnose his own ailments, procure from a pharmacy a laboratory stock preparation and administer it himself, the only skill required being how to use a hypodermic needle, and that physicians would be employed solely in hospital work. They must first standardize the whole of humanity, no small job, when scarcely a case comes to the post-

mortem or dissecting table that does not exhibit anomalies in anatomy, and anomalies of function frequently exist.

The corner-stone paragraph of the *ORGANON*, the third paragraph, tells us what the physician must know in order to heal the sick, but the study of physiology, pathology, bacteriology, and diagnosis, by themselves would never lead to the discovery of what is curable in an individual case. They may, and frequently do disclose what is at present incurable, and how to prevent the spread of infectious and contagious disorders.

Disease places its numerous fingerprints upon the individual, and when these are very distinct, easily discernable, the diagnosis is easy, and the homœopathic remedy quickly found; but when the marks are very indistinct, they require close study and comparison with the drug fingerprints that are recorded in the great library of drug fingerprints, the *materia medica*.

It has been frequently said that our *materia medica* is too cumbersome and should be revised and condensed, on the contrary, we think it should be much enlarged. There is no doubt in my mind that many substances awaiting proving may contain the much-needed qualities of restoring health to some poor sufferers who are now classed among the incurable.

Many volumes of a good law library must be consulted before bringing to trial a case where a man's property is involved. Surely, when his health and life are at stake we should not complain of the size of our library.

We have been living upon our heritage and it has served us well, but we must make new additions. Students do not make the best provers; they cannot afford to be sick. In looking over the records, we have frequently noticed that when an important symptom appeared, an antidote was taken, thus interfering with the pure expression of the drug sickness. The adjustments that the vital force must make to meet the attack of a drug open new channels for future safety and protection; or, as the *Organon* puts it:

"Do not let him suppose that the slight inconveniences to

which he subjects himself, in trying the medicines upon his own person, can be detrimental to his health. On the contrary, experience has shown us that they only render the body more apt to repel all natural and artificial morbid causes, and harden it against their influences."

In modern expression, "Provings sensitize against sicknesses."

My plea is for more provings. This Association should present at least one new one at every annual session.

When I hear suggestions of propaganda for the spread of Homœopathy, I am reminded of the address of the first President of this Association, the late Dr. P. P. Wells, and his advice is as necessary and appropriate today as when given forty years ago. After considering the results of controversy, argument, and instruction, he said—

"The difficulty then is not in want of proof of the truth of these principles, but in the WILL of the objector or skeptic. And when the question is of means by which to prosecute a successful advocacy of these principles with a view to their extended acceptance, it must be understood to refer to means capable of overcoming both prejudice and WILL; and we confess that in our minds the answer to the question is difficult. What then are the members of this Association to do, the results of which will justify their existence as an associated body? We know of but one thing, and that is WORK, earnest, honest, incessant work, on the elements of sickness, that a knowledge of them in their totality, in order that an intelligent treatment of them practically may the more readily be obtained when needed, and upon the *Materia Medica*, that its elements may be mastered in the same detailed totality, in order that when the *Simillimum* for a cure is needed it may be more readily found and applied with that certainty of assurance of which guessing makes no part."

As to the future of Homœopathy, I am optimistic. We may be temporarily submerged, but our vessel is staunch and seaworthy, and we have chart and compass to guide us on the voyage across the sea of medical knowledge.

Dr. Farrington appointed Drs. Stearns, Dienst and Hutchinson as a committee to consider the President's address.

The Secretary suggested that the President here appoint a nominating committee, and Drs. Clark, Patch and Wilson were appointed such a committee.

The Auditing Committee reported that they had gone over the Treasurer's books and found them correct.

The Committee on President's Address being ready, its report was submitted.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

The unity of purpose in the President's address commends itself to the minds of scientific physicians. The keynote is WORK, constructive work, which alone can make available the science and art of medicine.

As he has so well said, there is no better foundation than the principles enunciated in the third paragraph of the Organon.

No amount of knowledge is superfluous in our work. No volume of record can be too great for our use. On the contrary, all should be available and more should be forthcoming.

Only by means of enlarging our knowledge can we progress toward a solution of the incurable.

We commend this address most highly.

GUY B. STEARNS, *Chairman*,
GEORGE E. DIENST,
JOHN HUTCHINSON.

The Nominating Committee was called upon for report and rendered as follows:—

President, Dr. Grace Stevens of Northampton, Mass.

Vice-President, Dr. Thos. G. Sloan of So. Manchester, Conn.

Sec.-Treas., Dr. Wm. W. Wilson of Montclair, N. J.

Cor.-Sec., Dr. E. Wallace MacAdam of New York City.

Board of Censors: Dr. C. M. Boger, Chairman, Parkersburg, W. Va.; Dr. G. B. Stearns, New York City; Dr. R. F. Rabe, New York City; Dr. Harry B. Baker, Richmond, Va.; Dr. Benj. C. Woodbury, Boston, Mass.

Board of Publication: Dr. Frank W. Patch, 1 year; Dr. R. F. Rabe, 2 years; Dr. Julia M. Green, 3 years; Dr. W. W. Wilson ex-officio.

The report of the committee was on motion received and the committee discharged with the thanks of the Association.

On motion of the Secretary and the motion being carried, election of officers was entered upon.

The President called for further nominations.

DR. DIENST: Mr. President. While I appreciate the efforts of the Committee on Nominations and their work in preparing the report, I believe, nevertheless, in fairness at all times. In the past three years we have had three presidents from the east, and from the west, none. I therefore wish to nominate Dr. Harvey Farrington to equalize matters.

There being no further nominations, the President appointed as tellers Drs. Patch and Hutchinson.

The vote being taken, resulted in the election of Dr. Farrington, he having received 20 votes to 13 for Dr. Stevens.

The President announced the election of Dr. Farrington.

On carrying of the motion, the Secretary was requested to cast a ballot for the balance of the ticket as reported by the nominating committee. Thereupon the Secretary declared elected for the following year, the following officers:—

President, Dr. Harvey Farrington of Chicago, Ill.

Vice-President, Dr. Thos. G. Sloan, So. Manchester, Conn.

Sec.-Treas., Dr. Wm. W. Wilson, Montclair, N. J.

Cor.-Sec., Dr. E. Wallace MacAdam, New York City.

Board of Censors: Dr. C. M. Boger, Chairman, Parkersburg, W. Va.; Dr. G. B. Stearns, New York City; Dr. R. F. Rabe, New York City; Dr. Harry B. Baker, Richmond, Va.; Dr. Benj. C. Woodbury, Boston, Mass.

Board of Publication: Dr. Frank W. Patch, 1 year; Dr. R. F. Rabe, 2 years; Dr. Julia M. Green, 3 years; Dr. W. W. Wilson ex-officio.

Dr. Farrington took the chair and at the suggestion of the Secretary that the remaining part of the election of officers was the appointment of a Necrologist, re-appointed Dr. Rushmore to that office.

Dr. Dienst here reported for his committee appointed to visit Dr. Schwartz:—

Mr. Chairman and Members:—Your committee, appointed to call upon Dr. Schwartz at the Takoma Sanitarium, did so this afternoon. We found the Doctor very sick indeed. I do not know that it is necessary to say anything in particular about his sickness. We carried the greetings of the International Hahnemannian Association, which cheered him very much, and the poor man was delighted that you have remembered him in this way. He requested us to carry back to you and each of you, his love and highest respects—his respects and his best wishes for your future success. There is just one point of which I want to speak in connection with Dr. Schwartz.

He made a great mistake in that he did not adhere more closely to the indicated remedies when he first had this trouble with an enlarged prostate, but consulted many eminent specialists in Yokahama, Tokio and also in Korea. He was advised to return to America and be operated upon and he did so, contrary to the advice of his wife and his own convictions in regard to medicine. Immediately matters grew worse, Radium was employed, but the difficulty did not heal and after a year and a half the cicatricial tissue at the neck of the bladder contracted so that it was impossible for him to void urine.

For one year he has had a tumor draining constantly into his bladder and while he thinks the malignancy is cured, the fact is that it has drained back into his blood, and he has a severe glandular swelling there and is running a temperature. All that is a sure sign to me that he has but a few days.

Dr. Schwartz deserves our highest respect. He was a man of the very highest type.

Dr. Krichbaum moved that the report of the committee be received and that the matter be spread upon the minutes. That the Secretary be authorized to again communicate with Dr. Schwartz and that the committee be discharged with the thanks of the Association.

The motion was unanimously carried.

A motion was made by Dr. Stearns that a committee be appointed to revise the matter that is on the application blank and to report at next year's meeting. The motion was seconded and carried.

The President appointed as that committee Drs. Stearns, Boger and Close.

The Board of Censors recommended the following names and on motion being seconded and carried they were declared elected to membership in the Association:—

Enos B. Allen, 144 Perry St., Trenton, N. J.

A. Eugene Austin, 14 Central Park West, N. Y. City.

Verne E. Baldwin, Amboy, Indiana.

Gant Boericke, San Francisco, Calif.

D. I. Cochran, Hamilton, Ohio.

George P. Dunham, Marblehead, Mass.

M. E. Gore, Orange, N. J.

Alexander C. Hermance, Rochester, N. Y.

J. C. Irvine, 1601 Emerson St., Denver, Colorado.

James F. Morgan, Cynthiana, Ky.

Ralph Reed, 180 E. Macmillan St., Cincinnati, O.

Louise Ross, Washington, D. C.

Mary E. Senseman, 112 North Charter St., Monticello, Ill.

William L. Smith, Denison, Texas.

F. R. Stansbury, 3062 Madison Rd., Cincinnati, Ohio.

Conrad Wesselhoeft, 535 Beacon St., Boston, Mass.

On motion the resignations of Drs. Calhoun and Griffith were accepted.

The Board of Censors concurring with the recommendation of the Secretary and the final passing of the motion by the Association, Drs. Aldrich and Schwartz were elected to Honorary Membership.

The Association then entered upon a discussion of place of meeting for the 1922 convention. It was finally decided to meet at the Hotel Drake, Chicago, Ill., on Wednesday, Thursday and Friday, the 21st, 22nd and 23rd of June, 1922.

There being no further business to come before the Association, a motion was made, put and carried, that the meeting be adjourned and that we meet for the next session at the Hotel Drake, Chicago, Ill., on Wednesday, Thursday and Friday, the 21st, 22nd and 23rd of June, 1922.

Bureau of Homoeopathic Philosophy

DR. BENJAMIN C. WOODBURY, BOSTON, MASS., CHAIRMAN.

POTENTIZATION THROUGH DILUTION AND TRITURATION.

BY ELOISE O. RICHBERG, M.D., CHICAGO, ILLINOIS.

We are not justified in claiming to be Homœopathists unless we follow the teachings and methods of Hahnemann, who originated the term and applied it to his discoveries and philosophy.

Those who adhere solely to the principle of *Similia similibus curantur*, ignoring Hahnemann's method of preparing the substances with which he treated his patients and upon which he based his cures, have no moral claim to this class-term—Homœopathy.

This process through which the active life-principle was generated from medicinal substances and of which Hahnemann proclaimed himself the originator or discoverer must be recognized or Hahnemann's theory, philosophy and practice repudiated.

I have attempted in this paper to compile tangible proofs of our contention that those who limit their guidance in medication to *Similia similibus curantur* are not entitled to be classed as Homœopathists.

From now through all future time, this distinction should be definite, that there be no doubts in the activities of practitioners, patrons or patients as to what constitutes Homœopathy, its claims and accomplishments; and that those who believe that Hahnemann's methods cannot be honorably nor profitably alloyed by admixture of crude substances, shall know in which direction to turn for co-operation and encouragement.

"Pure Homœopathy, mongrel Homœopathists, mixed Homœopathy and all similar terms formerly in use to distinguish our practitioners, are not dignified, nor do they mean anything.

Hahnemannian physicians are not all "high potency doctors" and many of the unworthy, self-styled Homœopathists do not confine themselves to the lower powers of the drugs.

In supplying certain milestones as guides for the busier practitioners, I have compiled quotations from Hahnemann's writings and from those of his accepted biographers. The exact origin of these quotations, I will not read, unless so requested.

Hahnemann wrote: "The curative power of remedial agencies can be recognized only by their effects on living organisms." (Mat. med., Pura., Pref., Vol. 1; and from Mat. med., Pura., Vol. IV).

"Minute subdivision of a substance increases its power of medicinal action."

"The homœopathic system of medication develops for its use—to a hitherto unheard of degree—a spirit-like medicinal power of drug substances, by means of a process, peculiar to it which has, hitherto, never been tried; thereby they become penetratingly efficacious and remedial, even those that, in a crude state, give no evidence of the slightest medicinal power over the human body." (Organon 270).

Those among us who assert their belief that if Hahnemann had lived today, he would probably have progressed toward their viewpoint, should re-read this and not overlook this undeniable proof of his foresight and understanding genius, through which he had discovered the electron as an all-pervading element of power and not only its radio-energy as recog-

nized today, but the method of generating this power from apparently inert substances and of applying it discriminat-ingly for the relief of suffering humanity not yet discovered outside of Homœopathy. Who, among our physicians of today will rank his medical wisdom as Hahnemann's equal?

That his discoveries be not warped or mangled by transmission, he detailed minutely the process of potentization to the 30th power incidentally mentioning it as the one in most general use at that time. He advised limiting the succussions to *two*, during this process of potentization, stating that the use of many shakings previously employed after each division and dilution too highly dynamized the medicine; in proof of which he detailed:

"I dissolved a grain of Soda in a half-ounce of water, mixed with Alcohol, in a vial two-thirds full, and shook it continuously for a half-hour; this fluid was then in potency and energy equal to the 30th power."

In *Organon*—275 he warns against too strong a dose, though homœopathically selected, "as likely to prove injurious, attacking as it does those most sensitive parts—already affected by disease. The higher the potency and the greater the homœopathicity, the greater the harm—driving to injurious heights the disease thus uselessly exhausting the patient's strength."

This admonition explains the urgency with which he repeatedly advises the most minute dose applicable to any and all diseases—for remedial effect.

While many of our successful prescribers refuse to recognize the *homoeopathic aggravation*, as manifesting in correctly prescribed medication, Hahnemann apparently counted it as a normal proof that the prescription was correct; he said:

"An incontrovertible axiom of *experience* is the standard of measurement by which doses of all homœopathic medicines, without exception, are to be reduced to such an extent that, after their ingestion, they shall excite a scarcely observable homœopathic aggravation." (*Organon*—280).

"Pure experience shows universally that if the disease do not

manifestly depend upon a considerable deterioration of an all-important viscus, even though it belong to the chronic and complicated cases,—and if, during the treatment, all alien and medicinal influences are kept from the patient, the dose of homœopathically selected medicine can never be prepared so small that it shall not be stronger than the disease, and therefore able to overpower and cure, at least in part, *while it is capable of causing some*, though slight preponderance of its own symptoms over the disease resembling it (slight homœopathic aggravation,)—which in paragraph 157 he mentions as manifesting after the first hour or after a few hours; adding,

“This seems to the patient an aggravation of his own disease, though it is in reality only a similar medicinal disease, with a strength exceeding for the time the original affection.”

Though he mentions this aggravation during the first hours as tending to a favorable prognostigation, he also states in paragraph 159:

“The smaller the dose, the shorter the aggravation.”

Thus Hahnemann devoted so much time and effort explaining his ideas as to strength and frequency of dose, his students and followers hope that in the sometime to be had sixth edition of the *Organon* he may reveal many clearer viewpoints from his riper experiences.

We also find especially interesting his bits of advice as to the external and internal administration of the homœopathic remedy it is well to ponder over the fact that he advises the external use of the remedy being administered internally—to healthy, normal skin only.

I found much encouragement as to the dependability or perhaps enduring power is a more suitable expression—of the homœopathic remedies as potentized—from Hahnemann’s letter to his favorite nephew, Trinius, Oct. 1829:

“The higher a medicine is refined and potentized, the more permanent its efficacy. The powders you got from Neudientendorf, if kept in well-corked vials, will, so far as I know, retain their power unaltered forever. Such being the case, the homœopathic practitioner prepares his medicines to last him

all his life" after detailing the exact method of medicating globules, he *repeats* his belief that they "Will retain their powers undiminished for an incalculable number of years."

In *Chronic Diseases*—preface written in 1837, he describes the best possible means of administering medicines to patients, as follows:

"A small pellet of one of the highest dynamizations laid dry upon the tongue, or the moderate smelling of an open vial wherein one or more such pellets are contained, proves itself the smallest and weakest dose, with the shortest period of duration in its effect. Still, there are numerous patients sufficiently affected to be cured of slight, acute ailments by this means." (Would they not have been cured as promptly without this dose?) He adds, however, that "The incredible variety of patients, as to their irritability, age, spiritual and bodily development, their vital power and the nature of the disease, necessitates a great variety in the administration of doses."

As he suggests many cases have been spoiled by much perverse treatment and loaded down with medicinal diseases, he devotes special attention to this class and suggests:

"Give the patient (in such cases) the potent homœopathic pellet or pellets only in solution, in divided doses; giving the medicine dissolved in 7 to 20 tablespoonfuls of water, in acute and very acute diseases, every 6, 4, or 2 hours, a tablespoonful at a time, or when danger is urgent, every hour or half-hour; with very weak persons or children a smaller amount even to a teaspoonful as a dose.

"In chronic cases I have found it best to give this (spoonful) dose every two days, or usually every day."

It is observed that these preparations of solutions are (usually if not always) advised in vials and warnings given that there be no succussions used in the handling except for the special purpose of raising the potency—"Strengthening the medicines" as Hahnemann expresses it. (I wonder if this method is generally employed by his followers?)

Organon 156—Hahnemann dwells forcibly and repeatedly on the advisability of slightly changing the strength or power of

the remedy when repeating it—by shaking the solution several times, if nothing more; he does not, however advise thus *strengthening* the medicine *always*; on the contrary, the impression was left, after careful study and comparison that he decidedly favors lowering its power in the majority of cases because the patient is gradually becoming more responsive to the homœopathicity of the remedy and therefore a smaller amount should be applied in furthering the cure.

He also urges cessation of all medication for several days or even for weeks, whenever, during the treatment an aggravation manifests. This doubtless applying to chronic cases only.

In an extensive note—page 295, Organon—is found what seems to be a translation of the final conclusions and changes in Hahnemann's practice; after an explanation of attenuations or dilutions as distinctive from dynamizations, we find in Hahnemann's words:

"Homœopathic dynamizations are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in an almost spiritual manner upon our life—that is, upon percipient and excitable fibres. Such development of the properties of crude, medicinal substances—unknown before me—is accomplished, as *I first taught*, by trituration of dry substances in a mortar, but in case of liquid substances by succussion, which is . . . a trituration of them.

"These are not termed dilutions, although every preparation (in the process of dynamization) must first be attenuated to allow the trituration or succussion to penetrate more deeply into the essential nature of the medicinal substance, thus to liberate and bring to light the more subtile part of the medicinal power that lies still deeper, which were impossible to be effected by the greatest amount of trituration and succussion of the substance in a concentrated state."

In a note immediately following this last, he criticizes in his characteristically terse way, "The homœopathic practitioner who fails to secure positive benefits from the higher dynamizations" and suggests, "Instead of giving a few slovenly shakes,

whereby little more than dilutions are produced, he may obtain powerful dynamization by giving for the preparation of each potency, ten, twenty, fifty or more strong succussions, against some hard, elastic body."

His diluting medium remained from the first unchanged—always sugar of milk for triturations and alcohol for fluid attenuations; and insisting that each dilution be made in a separate vial and that two succussions be given to each.

Again, I cannot resist calling attention to what appears to be overlooked, underrated or ignored by many so-called Homœopaths: In *Mater. Med. Pura*, he reiterates: "The development of power by means of the trituration of dry and the succussion of liquid medicines deserves, incontestably, to be reckoned among the greatest discoveries of this age."

Is any further proof needed that vaccines, and serums as used today, even whole tinctures are not applicable to Hahnemannian Homœopathy?

In conclusion, I ask you fellow members of the International Hahnemannian Association, are we unreasonably radical that we refuse to endorse the various theories which are being thrust forth to catch the favor of the dominant school and its followers? Theories based upon the sophistical claim that because a toxin forced upon the human body will produce a certain disease, it is according to Homœopathy, curative?

This is certainly degrading Hahnemann's wonderful and perfectly developed revelations and wholly fails to reflect the glorious results of his self-sacrificing life of labor, study and practice.

Let those among us—if there be such—that at times waver in their allegiance, examine results obtained by the real followers of the master and never forget that "Simile, simplex minimum" should be upheld as of equal value and rang in "The greatest discovery of the age," with "Similia, similibus curantur."

The Chairman: We wish to thank you for your very able paper on potentization. This paper is now open for discussion.

It occurs to me that Dr. Richberg mentioned her trepidation with which she sometimes gives her remedies with reference to the frequent repetition. I may say that in the paper which we have in this Bureau by Dr. Boericke, Hahnemann goes into that matter very carefully, and I am sure Dr. Richberg will feel somewhat relieved when she hears that paper.

Dr. Krichbaum: *"Off again, on again, gone again, Finnegan."* (Laughter). There is just one question I would like Dr. Richberg to make clear to me,—I would like to ask her to explain where the potentization isn't always strong, stronger when you get through than when you start, and in the vial, in the crude form, will it hold its potency? That is one point where Hahnemann crosses himself on that very subject. If any one of you in this room can read two pages of Hahnemann and find where he doesn't cross himself from half a dozen to a dozen times I may say that I miss my guess. There is no one in this room but what crosses himself occasionally, even the best of us, so that's why I say, *"Off again, on again, gone again, Finnegan!"* I would like the author of this paper to explain what she means by it when she says that the potentizing of medicine is affected by the quantity you give. In the next place you couldn't get any results at all if you gave this small pellet and then no more.

Dr. Hutchinson: I feel very much confused at the speaker's last remarks, but I would like to congratulate her on what I did hear for I was so unfortunate as not to hear the first part. We are hearing so much about the "rediscovery" of Homœopathy by our enemies and I think we can't emphasize that too much for we can't afford to have them carry away the fundamental and important part of our theory, which we have acquired of medicine by the study of its effect.

Dr. Dienst: Dr. Krichbaum disturbs me a little and I rise not to discuss the paper, for unfortunately, I heard only part of it, but rather the power of the potentized remedy and the danger in using it. Now I don't know very much about Homœopathy and less about the potentizing of remedies, and I

am an interested interrogator practically every day of my life, and learn something new, but I do say this, and I hope it will make some of you think: "If there is no power, as Hahnemann taught, in potentized remedies, then why does the Homœopathic doctor use them?" If you will pardon a personal reference I will give you a reference to just one case in proof of the power and danger of a very highly potentized remedy. I refer to a case of typhoid which had been carried along for more than a week by allopathic physicians, and when I was called in I found my patient in very bad shape and three weeks of careful medication and nursing of the patient brought my good young lady patient to the point of recovery, and after a week of painless lying in bed and convalescence the young lady began to call for hot biscuit and creamed onions, and so on, and everyone thought that she was doing nicely, but Mamie had a temperature of $99\frac{1}{2}$ and it had lasted for more than three days but everybody said she was getting better. But that fever worried me. She was a perfect stranger to me and when I observed this peculiar phenomenon, I sat there at the foot of the bed one day and said, "Mamie, where's your father?" "I don't know, sir." "What kind of a man was he?" "I am sorry to say, Doctor, that my father was a drunkard and left my mother some years ago." "Where's your mother?" "She is living in———" "How is her health?" "Mother has long been asthmatic, and up to this time I've had attacks of asthma always." I said to myself, "I see the power that is holding this girl down. She is recovering from typhoid—has recovered, but she has never yet been well of that which lies back of the typhoid"—that had to be removed. I had in a little case with me a preparation of Sulphur, 55M. I debated to myself for a few moments as to whether I should give this remedy or not, but in those days I didn't know so much about the potency and danger of drugs, etc. as I do now. She was getting better from the typhoid but I knew she wouldn't be completely cured till something was done to relieve the condition which lay back of typhoid, so I took out the case and said, "Mamie, hold out your tongue" and she did so. I

shook out a few grains of the preparation on her tongue. Mind you she had had no pain in a week and she was sleeping well, and apparently getting better all the time. Her appetite was better and she was feeling better and stronger. But her temperature still continued at a dangerous level. After that dose of Sulphur Mamie screamed, I think you could have heard her in the street, and she clasped her hands over her heart and exclaimed, gasping, "Doctor! I am dying! Help me, quick!" She squirmed around over the bed so that I had to get off the bed, and nothing but the power of Sulphur would have produced any such condition as that did with her. Well, to equalize that potency I gave this young lady some Aconite as an antidote, in 10m potency, so that in less than three minutes the asthma was gone, and within twelve hours Mamie had no trouble with her temperature at all. This was over twenty years ago and she has raised a family of fine children and I saw one of them not long ago, and she has not had any trouble with asthma. Did Sulphur 55000 under the theory of miasms cure this patient?

- Dr. Krichbaum: The gentleman seems to be talking about medicinal powers and the paper talked about dynamic power. Drug powers and remedial power are two different things. You can't talk about medicine in CM potency and then say that the rest of them are not remedies—the rest of the potencies. The reason why we all use these substances is because they are medicine and for no other reason.

The Chairman: Has anyone else something to say?

Dr. Boger: Mr. Chairman, I think we are all wandering about a little bit, from the subject. In the first place, let us ask ourselves, in what does a cure consist? A cure consists in liberating latent, hidden, you might say, inert, power. Now, you can't liberate power without introducing similar power. That is impossible. If you want to liberate power or develop power you have to introduce a similarly acting power. No great power can be produced with the mere wishing of it, but you have to expend a certain amount of power to produce it.

That is no theory. That is a law of physics, and that is in the human economy; governed by a power which is in substance the same as that by which we are now animated. That is true of the high potency medicines and also of those which are not so high, and in making out your prescription certain things have to be considered; you have to find out where the power lies and how much there is of it that you want to liberate and how you can liberate it, and when you liberate and when you free this latent power, not necessarily latent but when you convert it from one power into another you have got to apply a similar acting power. This power is, of necessity, the potentized remedy which has the power of developing the wave which is similar to the sick wave in the human body, the vital wave and the sick wave must be converted into one power or wave. That follows out the laws of the human economy. You can't possibly bring about a cure to a reaction by heterogeneous measures; you can't possibly bring about a cure by heterogeneous power. There is no room for it to act so you can expect no change. The only way you can get a change is by liberating power along similar lines. Now then this plea that you employ a low potency or a high potency or a medium potency doesn't count for so much, except so you get the result with it. In some doses you may give high potency and in others low potency of the same drug in order to give the proper reaction.

I have been asked several times to repeat a little experience which I had. A short time ago I prescribed for a woman three doses of *Bursa pastoris*, of the 12 potency, which I had made myself. I told her to take them and report to me later. I saw her about three weeks after prescribing and I asked her how it worked, and she said: "Doctor, don't you ever dare give me that remedy again!" I said, "What's the trouble?" She said, "Well, I took the first powder and you can't persuade me into taking the balance of them! I took that powder and went to bed and when I got up I was beside myself. I jumped out of bed, urinated in the middle of the floor and then I went and got my shoes and defecated into them. I went back to bed, and I know I was going 'bughouse'!" There was a

development entirely unexpected. I had aroused something latent in that woman of which I knew nothing at all. It shows the wonderful power of this latent force.

Dr. Dienst: What was the remedy, Doctor, that you gave?

Dr. Boger: Bursa pastoris.

Dr. Boger (resuming): We have this wonderful latent power, this dynamic force, and how are we going to pick it up and use it to bring about the desired change in the relief of suffering? Now, Dr. Dienst's typhoid case has illustrated what's the matter with some of us. He ought to have waited a little longer before giving Sulphur. That's the only one just criticism which I can think of of Dr. Dienst, for his patient had already had a long, hard siege and she should not have been given Sulphur quite so quickly.

Dr. Dienst: My opinion now is that I should not have given it in so high a potency. In those days I didn't know Sulphur as I know it now, but there is also a question in my mind which sort of justifies that action even now. She was of course suffering no pain, nor anything like that, but still that fever "hung on," and I wonder if I had not given her that whether the cure would have ever been effected as it was, and accomplished such permanent results in relieving her from asthma.

The Chairman: That was a very fine point to decide. But the question to decide in all such cases, Doctor Dienst, is to find out how much of it the patient can bear up under, if at all. That is the point for consideration, of course, in any case, how much can the patient bear up under.

Dr. Baldwin: Some years ago when I attended school in Chicago, Dr. Dienst was my professor and he made about the same comment which has been made here, and along about the same line, and as a student I laughed at that proposition way down in my heart, and I made up my mind that when I finished I would find out from actual practice, and I did, all right. After I got out of school I located in, Indiana, near where my father was practicing. I was called in to attend

a man in a stupid condition, and he was in very bad shape. I inquired as to the history of the case and found that ten of his twelve brothers had died of tuberculosis, and this man had had epilepsy, but nothing very serious, only that after an attack of this kind he would be stupid for days. I said to myself, "Here is a chance to try out the Doctor's idea. I had some Tuberculinum in my pocket case and so I dropped a powder of Tuberculinum CM upon this man's tongue, and then made the trip back to my home to await results. When I got to my office I had a call waiting for me from my father. I called him up and he said to me, "Verne, what in the thunder did you give that man out there? He has had convulsion after convulsion and they can't do a thing with him!" I said, "I reckon he'll come out all right. I gave him the CM of Tuberculinum." "Oh, well, if that is all you gave him, just the CM of Tuberculinum I guess it won't do any damage." A little later in the day I got a call from him and he said : "I want you to come right out here. This man's in awful shape. I'm afraid the man is going to die." I went out there but the man died before twelve o'clock that night. He began his spasms before I got back to my office and never quit having them. There is another instance of a patient who came to me with a history of epilepsy and incidentally a bad case of it. I went carefully into that history and found that she had had a running sore on her foot twelve years before, and she had been treated at that time by allopathic doctors who had injected Carbolio acid, and they healed the sore but almost within a week she began having the fits, three and four a week and sometimes four or five in a day, and when she would have those attacks she would spit blood and blood would run from her mouth and nose and the hemorrhage was very bad indeed; sometimes threatening to be fatal. I felt that *Crotalus horridus* was the sure remedy. Well I gave her that medicine and three days later I was called over to her house and she didn't come to the door—her foot wasn't in condition to allow, and in fact the sore had come back and practically the whole top of her foot was involved. I says, "Thank the Lord, it's come

back." Practically the whole top of her foot looked like a cancer. I told her that as long as that sore stayed there she wouldn't have any more fits, but I couldn't make her see the advantage of it. She wanted that sore removed, and if I wouldn't do it she would get a doctor who would. They were six months, almost, removing that thing from her foot. She has come back to me since and I have told her: "I won't prescribe for you until I have your promise that you will not let anybody else touch that foot if that sore comes back again." She has never been willing to make that promise, and before many years she will die of insanity, because she shows all the earmarks of that affliction now.

The Chairman: I think we have had a pretty lengthy discussion on this but we really must get along to the next paper. I will call on Dr. Richberg to close.

Dr. Richberg: The time is pretty well exhausted but there are one or two points I want to bring out, inasmuch as the doctors have taken considerable time. Dr. Krichbaum is a very successful physician, I dare say, but he doesn't study the Organon enough. I was very much interested in Dr. Boger's comments as I always feel flattered indeed when he says something about my work—if anything that I say attracts his attention at all. He puts the power question the same way I have always put it during all these years that I have heard and practiced medicine. Everything we feel, see, taste or hear is dependent upon the rate of speed and the height of vibrations of electricity, and I am sure that the time will come when we will understand that in order to potentize medicine we must study its vibration habits, and then we shall indeed come to understand the whole theory of vibration. We know a little bit about electric vibration, the X-ray, Radium, etc. but that is an undiscovered world as yet. I just want to tell in the absence of two of our members what good work they have been doing. Dr. Houghton has had a wonderful experience in all kinds of different cases giving wonderful success. I have in mind particularly one of his patients for whom he has done wonderful things. That patient had pneumonia and recovered

from it very slowly, but finally under the Doctor's care she was restored to absolutely perfect health, apparently. But she had a taint of insanity about her. Her father and her old grandfather before her had died insane and her mother also would have been considered insane by the law, for she committed suicide, when she found herself dependent. This patient had left with her after the disease a desire to get out of the world, although she had a beautiful home and everything that could be desired and had every reason to stay. Everything was going well about her and satisfactory and comfortable, but whenever she was left alone she planned this one thing about how she could get out of the world. She would say to herself, "Well, this one will miss me if I go today, I will go next Tuesday, or next Wednesday or Friday" or whatever the case might be. She provided herself with Morphine and then she would think to herself, "Why, there's no sense in my doing this, and people are going to feel bad about this if I do it" and so she would start out and walk and walk and walk for miles and miles and miles until she was all tired out. Then she would come home and lie down and go to bed, and would wake up studying on that same thing: "Today wouldn't be a good day. Oh, yes, it would, because nobody's likely to come in for two or three hours" and by that time she would be so under the influence that they would think she was asleep or something and then the time would go on and she would go out of the world. No cause for it at all but she was bound to get out of the world by that Morphine route. Well, she mentioned it to someone and he said to her, "Well why don't you tell your doctor about it, this insanity?" and then she thought of the fact—she hadn't thought of it as being insanity before. "Yes, your desire to get out of the world when you have every reason to stay" and so she wrote to Dr. Houghton who had prescribed for her by mail before, and told him all about it, and explained the state of affairs, and he ordered her to take one dose of 10M Pulsatilla. She took that dose and then started out and walked and then came back home so as to get herself tired enough to sleep and she went home and realized

that the whole home had suddenly become very beautiful and pleasant and she sat down and picked up a book and started to read it and she found that she felt too good to do so, and so finally she commenced to wonder, "I wonder if that medicine is working." She found the same condition persisted and she let the matter go for a whole week and then she made up her mind to write to the doctor, which she did, as follows: "I made up my mind I would wait a week and see if I was really cured." That is over two years ago and there has never been any tendency for a return of that disease or affliction. Now, what power was it? Whatever it was I certainly think that Dr. Houghton has done very well.

The Chairman: We are very grateful to Dr. Richberg for this excellent paper.

ORIENTATION IN HOMEPATHY.

BENJAMIN C. WOODBURY, M.D., BOSTON, MASS.

The title of this paper first suggested itself in conversation with the Chairman of the Bureau of Clinical Medicine, Dr. Guy Beckley Stearns, during his visit to Boston last summer. Its full import was not however, clear, until beginning in a cursory way the investigation of some of the topics with which it is concerned.

According to definition, orientation is spoken of as "subjective" and "objective"; that is: this relation of subject-object has been the basis of empirical and experimental psychology, and here we are not necessarily concerned with the modern theory of Relativity. In a certain sense all knowledge is relative, that is partial, imperfect and often concerned merely with surface appearances; the full content of any subject being limited wholly to our appreciation or more fully to our powers of true perception. Medicine is perhaps such a subject: we approach it from many angles of vision, some distant, others near at hand. Historically it is clothed for many of us in the vest-

ments of authority and antiquity, to others it is merely prosaic, adventitious, commercial—a mere means of obtaining a livelihood. To all it is or should be a profession of altruism, humanism—in fact one of the highest callings of all the humanities. Each is oriented, therefore, according to his lights.

In its literal sense orientation is applied to the position of a place of worship, so that its altar will face toward the East or rising sun.

We are told that the chief temples of Egypt¹ and probably Babylonia were oriented: *i.e.*, were so constructed that the Shrine and entrance always faced the same way. The Babylonian Temples were most often placed due East, facing the Sunrise on March 21st, and September 21st, thus corresponding to the Spring and Autumn equinoxes. The pyramids of Gizeh, the Sphinx were all similarly oriented, but many of the temples to the south of the delta of the Nile faced not due East but to the point indicated by the rising of the Sun at the longest day of the year. Some pointed North and still others to the rising of the star Sirius or to that of other auspicious stars. Thus came the association between the various gods and the various fixed stars. One of the chief purposes of this orientation of the temples was that it helped to fix the great Annual Festival of the New Year.

This traditional idea of orientation is classically portrayed in Romeo's salutation:

"But soft! what light through
Yonder window breaks!
It is the east, and Juliet is the sun!"²

Probably the first true orientation in medical history—the first ray of light to illumine the dark Egypt of medical tradition was Hahnemann's re-discovery of the Hippocratic formula of *similia*. Even as the Wise men of old, so Hahnemann saw his star in the East and followed it. Thus does each pilgrim

¹ H. G. Wells, "Outline of History."

² Romeo and Juliet, Act II, Scene 1.

to his shrine, thus doth each devotee to the eternal principle of similars follow this same guide to orientation in Medical Science.

In considering the subject of orientation in Homœopathy, it is my intention to touch briefly upon some general points of interest about which we should cultivate to some extent at least a better understanding. Following in a general way the outline suggested in the preliminary announcement sent out for this Bureau, may I offer the following observations:

THE PRESENT STATUS OF HAHNEMANNIAN HOMŒOPATHY.

Pure Homœopathy stands in relation to the regular practice of today as the extreme right wing of all forward movements toward therapeutic emancipation. On the one hand is arrayed regular medicine, which in six thousand years has never progressed much beyond the pale of superstition, dogmatism and medievalism, unless we except the reign of modernism, with its adherence to serums, vaccines, specific intravenous medication, et cetera, known as Twentieth Century Medicine. It is true it has done a good deal of creditable work along the line of preventive medicine which is in itself more or less a misnomer.

It may be set down as a truth however, that if the distance from New York to Washington be approximately 250 miles, if one were to set out in a northeasterly direction, and were to proceed in this course for a sufficient length of time, eventually his destination would be reached. If instead of starting in the correct direction our traveler were to start due north, east, west or south, in any other direction than northeast, it is all too obvious that he would probably travel for an endless period, and never reach his destination, unless he were to retrace his steps, or approach his goal, after encircling the whole globe. What then is he to do? There is but one thing to do and that is to retrace his steps, consult the proper guide posts and set his face toward the goal. This is about the situation in regular medicine today. It has been long on its way, has missed the road and is lost in vain search (re)search for some guide

post or law to show the way. Such a guide we believe to be the *law of similia*.

On the other hand, is the host of drugless cults, themselves adrift in hopeless confusion upon that great sea of psychological and metaphysical formulas so helpless in their position that one might almost feel that they are off the earth altogether, sailing an almost uncharted ocean, endeavoring to propel their rudderless craft between the Scylla of orthodox religion and the Charybdis of the dogmatism and fanaticism of modern medical science. They too, we think, are in need of a governor—a rudder—and such a guide we believe to be the same *law of similia*. To Homœopathy alone is shown the way. The present status of Homœopathy reflects a strange and unwonted indifference on the part of its supposedly trusted adherents. What the future holds in store rests not with the pioneers of the past. We have had our Hahnemann, our Herings, Lippes, Dunhams, Allens, Farringtons, and Kents. They however, are no longer with us; we must depend upon ourselves. Therefore, their past will soon be ours. The question is this: they have kept the faith—what shall the future say of us?

THE RELATION OF SIMILIA TO MODERN MEDICINE.

It seems to me that the time has arrived when instead of asking what is the relation of *similia* to Modern Medicine, we can almost ask what is the relation of Modern Science to *Similia*?

Homœopathy today possesses the only law—the law of similars or the law of correspondences by which the realtionships of one set of phenomena may be definitely established by inductive science. Thereby may be exemplified the same exactitude in action of remedial agents as the astronomer predicted in the case of the planet Neptune, the exact discovery of which was verified almost to the exact hour; or on the other hand the same precision as can measure the approach and progress of the Comet that is soon to visit our earth, or estimate the size of the gigantic star Betelguese. We must there-

fore, conclude that this law of similars, the action and reaction of drug and organism follow a similar law of polarity which amounts definitely to a well recognized law of relativity.

What definitely, more than almost all else we are coming to recognize is that everything in the universe is in a constant state of vibratory activity, or action and reaction, and that which we call life is the organized result of the struggle between positive and negative forces; conversely death must represent its opposite relationship.

"This world," writes Dr. Albert Abrams of San Francisco, a master magician of medico-scientific phenomena, "the world and all it contains is a mechanism. This democritean concept of an atomic universe acknowledges no distinction of man and the world machine. . . . The atomic conception of the universe must now be replaced by an electronic concept, thus making matter an aggravation of electric charges. . . . Every natural phenomenon is only a question of a definite and invariable rate of vibration.

"Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures.

"A science may be gauged by the amount of mathematics it contains. Medicine has heretofore been conspicuous by the dearth of this symbolized logic."

The Law of Correspondence—the Law of Similars, perhaps with a better understanding of the related bearing every phenomenon in its final analysis has upon its corresponding natural reaction. We may find it identical with an as yet imperfectly formulated law of relativity. With the intricate subtleties of Prof. Einstein's theory we are not especially concerned.

POTENCIES AND THE ELECTRON THEORY.

Dr. Yingling states in his paper on "Possible Homœopathic Remedies," that "Radium alone should establish the basic principles of the homœopathic law of potency." Personally, I am of a like opinion. It is the self-emitting power of this magic element that should prove the existence of energy or

potentialities in the great storehouse of atomic structure, which when released from their bonds by the process of potentiation, open up an entirely new world to the atomist. A miniature universe or solar system, in the infinitesimal constellations of electronic particles. Thus there has been bared an entirely new concept, which so strikingly resembles Hahnemann's theory of attenuation that we might almost look upon this medical prophet as envisaging in his conceptions of matter and its subdivisions the whole modern trend in metatomic division (to utilize a somewhat new designation).

We are hearing frequently today the phrase symptom-complex. Dr. Martin Deschere, writing in the North American Journal of Homœopathy, in 1875, makes allusion to what he terms the "symptom-spectrum," as illustrating the gamut of symptomatic disturbances of low and high vibration incident to the functional or pathological disturbances produced by the various manifestations known as disease.

"There is no need," he writes,³ "of a force liberated from matter as it was formerly thought necessary; we have nothing to do with an infinite divisibility of matter, with dynamization. Even Hahnemann's explanation, that insoluble matter becomes soluble after the third centesimal trituration (we would like to see proof) is entirely wrong and it is far easier to show that the molecules, at such a stage in vigorous motion, use the vehicle as a conducting medium to produce their full action. All other explanations, contradictory to well-known natural laws, lead astray, and have done immense injury to the spread of our school; the action of a potency can only be explained by the same manifestations as we meet in similar processes."

"At any rate," he continues, "*the specific action of a drug on the human organism is only possible in the potency. . . . According to the law, Similia similibus curantur, a cure is only possible by a potency, be it the third or the thirty-thousand.*"

It must be recalled that these statements were written during the reign of a dogmatic era of atomism, before the electron,

3 Reprinted in the N. A. J. of H. for April, 1921, p. 323.

with its innermost components had broken loose from its prison-house in the atom and molecule. Granting that there is no limit, that there can be no limit to the divisibility of the atom or even the electron, there must be a corresponding limitless subdivision in the transmitting medium, but we must still assume some infinitely fine intermolecular or interatomic substance, and this Sir Oliver Lodge, Sir J. J. Thomson and other scientists have designated the ether. There is, however, according to the Einstein hypothesis no such thing as the ether, in fact no such thing as gravitation, except in the sense of relativity. If this be true, where do we stand: at all events we are reasonably convinced of the existence of the electron. In fact, its size has been estimated, its units have been counted, and the ion has been weighed and isolated. It is definitely known that the electron is sufficiently tangible to admit of the vibratory rates of the majority of elements being estimated in terms of its smallest unit, the hydrogen atom. It is safe to assume that the electrified particles of a drug substance must have a magnetic field, hence its energy (if sufficiently delicate instruments are available) be capable of being estimated in terms of electronic potentiality. This is to a certain extent true and has been proven by the experiments of Abrams, extremely elementary as yet in their extent and application. If every aggregate of drug particles possesses its magnetic field, it must therefore be possible within certain definite limits to establish its vibratory rate. Granted that this is possible, may we not reverse the above axiom of Dr. Deschere so that instead of: "At any rate *the specific action of a drug*," etc.,...it may read as follows: "*At any specific rate the action of a drug on the human organism* is only possible in the potency." Thus we establish this statement upon a technical basis that is in strict accord with the electronic theory. The time would seem to be auspicious for the presentation of the whole theory of dynamization upon a thoroughly modern basis in fact. This in my opinion might readily be accomplished were we possessed of sufficient financial endowment in Homœopathy to establish and maintain a properly appointed laboratory for the scientific

investigation of the theories propounded by Hahnemann in the *Organon* one hundred years ago.

ELECTRONIC DIAGNOSIS AND ITS RELATION TO THE
HAHNEMANNIAN.

By electronic diagnosis, I am referring to the method established by Abrams of San Francisco by means of which the various forms of infection, neoplasms, and various acute and chronic dyscrasias are definitely determined by a pre-established vibratory rate and specific quality of reaction, as utilized in this perfected method of diagnosis. Without entering into a discussion of its technique at this time it suffices to say that there are certain definite advantages to be derived therefrom, apart from its reliability as a means for apprehending many subtle and obscure forms of disease. This method it may be explained is based upon the sensitivity of the vegal reflexes as elicited by digital percussion over definite abdominal and pulmonary areas yielding normally varying degrees of tympanitic resonance. In brief, these reflexes are determined on a subject (a male individual) with very thin abdominal walls, in whom there is a uniformly tympanitic note on percussion.

Definite areas have been charted on the abdomen and in the pulmonary zones in which dulness is obtained by the interposition of pathological entities of definite vibratory rate and potentiality.

The electrical energy necessary to neutralize or abolish these reflexes measured in ohms or fractions of an ohm by means of an interposed rheostat designates the specific energy of the disease.

In this way malaria, streptococcic and staphylococcic infection, gonorrhœa, cancer, tuberculosis, colicsepsis, and syphilis in its hereditary, congenital and acquired forms are readily determined.

An electronic reaction may properly be described as a change in electrical polarity, as manifested through the visceral reflexes upon the healthy subject. In this respect, *i.e.*, the use

of a normal individual as the basis of experiment this method may be said to resemble Hahnemann's method of proving.⁴ If then we can measure the electronic polarity and energy of the visceral reflexes, may there not be an analogy between these reactions and those commonly designated as symptoms, and produced in the healthy subject through the pathogenic action of a given drug? Similarly disease may be regarded as disturbed function of dis-polarity. In this sense a symptom must represent a functional or tissue reaction; its direction or polarity is, however, subject to other factors. Hering's Guiding Symptoms in a foot-note thus records the following which is an excellent example of an electronic reaction or change in symptomatic polarity.

"If piles disappear after bleeding, it is a pathological symptom; if they bleed after disappearance, it is therapeutical."

Everything in nature has its own distinctive negative-positive or neutral polarity, as for example: "Reichenbach proved the existence of the odic force by exhibiting the flames in a dark room, and even photographing them. The positive pole gave a blue light, while the negative gave red. Water which has been magnetized with the positive pole is pleasantly sour; whilst water magnetized with the negative pole is bitter."⁵

Thus we progress step by step from the visible world to the world of the invisible, from mass to molecule, from molecule to atom, from atom to electron, and electron to its latest analytic division the quantel.

Says a recent writer,⁶ "What if the electron, the latter-day atom of the erstwhile atom, be but the base of that ladder whose summit is lost in the boundless azure of Deity? There is abundant room for the God-inspired Sciences of psycho-

4 In fact Dr. J. W. King of Bradford, Pa., a student of Dr. Abrams, states that: "From a homeopathic standpoint the reactions will give you a drug-proving. For instance, *Bacillum 30th* produces a 'reflex' in the specific area where tuberculosis is located, in one-third less time than a culture tube reacts." *Rhus tox.* "reaction" is much slower than the 30th attenuation, and so on; all homeopathic remedies can receive an electronic proving," and what is still more interesting is this: "That Hahnemann's attenuation of drugs was not a theory, but a verity, proven by the 'reactions.'" (*Hom. Recorder*, for May 1921).

5 *Hom. Physician*, Vol. X, pp. 15-16.

6 Mr. F. W. Richardson, *Trans. International Swedenburg Congress*, 1910.

chemistry and psycho-physics, and Swedenborg's philosophy of 'Influx and Degrees' points that way."⁷

POTENCIES AND MODERN SCIENCE.

It is too early to make predictions with regard to the extent to which modern science will eventually acknowledge the scope of Hahnemann's researches in potentiation. It is true however, that many of the substances now utilized for diagnosis and treatment by the regular school are fast transcending the crude background of their origin; *e.g.*, Tuberculin, which from the lethal dosage advocated by Koch, and soon acknowledged to be dangerous to health was gradually reduced to the milder dosage of Trudeau. Yet, how crude are these to the Bacillinum of Burnett and the Tuberculinum bovinum sanctioned by Kent. Just as did Hahnemann progress further and further away in his beginning from polypharmacy and the crude drug, to infinitesimals, so of the progress of the regular school. It is only a difference in degree after all; merely let us say, a matter of therapeutic relativity.

I have referred above to Abram's tests in proving the relative increase in drug potentiality through the process of dilution. It has long been known that Hahnemann advocated the use of medicines by Olfaction;⁸ and this means was also used in conjunction with that of touch in the experiments conducted by Prof. Jaeger of Stuttgart in the early eighties. This was the method known as neuralanalysis by means of which potencies as high as the 2000 decimal (1000 centesimal) were successfully detected. It is further stated that Dr. B. Fincke of Brooklyn claimed to be able to diagnose the polarity of a

⁷ Certain experiments performed recently with homœopathic remedies of known or supposed negative and positive actions; or affecting specifically the male and female organisms, *e.g.*, *Nux vomica* and *Ignatia*; and likewise *Lachesis* and *Lycopodium* as examples of remedies affecting the right (positive) and left (negative) sides of the body have been made with a string-ball attachment, embodying the principles of the gyroscope, which would seem if it were possible to carry them out upon a purely scientific basis (free from mental influences of the operator) to offer a further means of testing the polarity of homœopathic remedies. Further evidence or conclusions upon this interesting subject are not possible at this time.

⁸ Abrams states that the sense of smell surpasses the most impressible scientific instruments and the retina is 3,000 times as sensitive as the most rapid photographic plate. (Review of Electronic Reactions, p. 20).

remedy when held in the negative or positive hand; based no doubt upon its action as a right, left, or alternating acting medicine as marked out by Hering.

As a further extension of this idea Dr. J. W. Enos of Chicago, has recently classified about 90 or more drugs as electronic remedies, and claims not only to determine the locus and nature of the disease by electronic reactions, but to determine the appropriate homœopathic remedy from examination of the pulse alone. Following out this line, he makes use of many of the little known and almost forgotten remedies of the *Materia Medica* as well as many nosodes and glandular products, such as Psorinum, Anthracinum, Buboninum, etc., as well as Pituitary gland, Spinal fluid and Pineal gland, many of which he has potentized to an almost unheard of degree, and which he claims will do marvelous things. For example, he recommends the use of Psorinum in the 11DMM potency, Spinal fluid in the 16DMM potency, and Pineal gland 124DMM which he claims is undoubtedly the highest potency in the world.

THE QUESTION OF DOSAGE.

This naturally brings up the question of dosage. It can in all truth be stated that the time is fast approaching when we shall recognize, with Deschere, whom I have previously quoted, that the so-called low dilutions may well be used as nutrition remedies, but as performing really homœopathic cures, potentiation rapidly supercedes mere dilution, and remedies act upon the basis of *similia* only in potentized form. The potency of the drug, especially upon the electronic basis has to do not with its mass or molecules, but with its atomic and metatomic or electronic action. Thus we may in the future create a new orientation in dosage.

THE RELATIONSHIP OF REMEDIES.

It is interesting to follow out the analogy of remedies upon their purely chemical basis; *e.g.*, the observations of some of

our older writers that the painful chancre of syphilis more closely corresponded to *Merc. iodide*: the painless chancre to Iodine: or the *Iodine* element *per se*. Falling of the hair (growing more luxuriently on other parts) *Lycopodium*. For falling of the eyebrows, *Selenium*. For diarrhœa with straining and passage of a little blood in drops, *Mercurius*; whereas if almost pure blood or mucus, *Mercurius corrosivus*.

Dr. Patch, however, will discuss this subject from a rather different aspect—rather I feel sure from a more basic standpoint.

HAHNEMANN'S ORGANON.

It so happens that Dr. William Boericke of San Francisco, has recently come into possession of Hahnemann's own 6th edition so-called which is really the 5th or last edition containing annotations in Hahnemann's own handwriting. After a century of guidance by this wonderful book, well may we become more truly oriented not only in his addenda, but with its full text. I am told that there are but a few remaining copies of the Everyman Edition. Might it not be well for us to take account of stock and publish anew this Master Work of a Master Mind. Dr. Boericke tells me that he hopes that this work may be in the hands of the profession before the end of the year.

HOMŒOPATHIC PHILOSOPHY.

It is undoubtedly safe to say that this is one particular field in which Hahnemannians have generally been proficient; *i.e.*, in correlating and adducing the various tenets of philosophic thought as related to the underlying features of its study and application. There are, however, certain points that are worthy of note in philosophic orientation. Are we not in all probability to see as the years come and go, changes in the recognized thought of the times that will have certain definite bearing upon us as a distinctive philosophical school. Yet there are certain fundamentals upon which we may well orient ourselves. One of these is our attitude toward the universal

administration of medicine, be it the similimum, or be it the placebo. There are undoubtedly some patients who not only do not need medicine, but to whom no medicine should be administered, pending careful investigation and the removal of what Hahnemann has well termed the "exciting causes" of disease. Among these may be mentioned dietetic indiscretions, surgical conditions, and purely mechanical malformations. Homœopathy is not, primarily surgical, nor does it or should it supercede mechanical adjustment when required or proper modification of psychic, hygienic or general physical regime that can be relied upon to aid in the restoration of health.

The placebo (*Saccharum lactis*) has long been employed as a control in interims between remedial repetitions, and as a preliminary prescription. There are however, some patients who do not believe in any medicine, not even in Homœopathy, hence it is sometimes the better part of wisdom not to prescribe at all for such persons, not even a placebo, until of their own volition they ask for a remedy, then they will better co-operate in taking it.

The majority of such patients come to us from the various cults, from the hands of the osteopaths, chiropractors, and other drugless practitioners.

The value of change of diet and of air were well pointed out by Hahnemann, and emphasized by many of our early practitioners, particularly by Dr. Carroll Dunham, in his Homœopathy the Science of Therapeutics.

"When we can cure a patient," wrote the late Dr. T. L. Brown,⁹ "by sanitary changes what is the use of giving medicine? When exercise or change in food and drink are absolutely necessary, where will be the substitute in the form of medicine be found to cure as well. When medicine can do what nothing else known can do, then it should be used with as much confidence as any other curative measures."

This should be our attitude in this century of medical scepticism. If no remedy or *Saccharum lactis* be given in the be-

⁹ Trans. I. H. A. for 1885, p. 252.

ginning of every acute case, or at least till the indications are clear, and if, in all chronic diseases the possible hindrances to cure in the way of hygiene be corrected one by one, it is surprising how many cases will be cured. The remainder will when prescribed for by the true similimum stand as more convincing cures, because checked up by non-medication or the placebo.

MODERN THERAPY AND HOMŒOPATHY.

Modern therapy and likewise modern thought have both been progressively substantiating the teachings and practice of Homœopathy. Physical science, and the cultural arts tend more and more toward an appreciation of detail such as the intricacies of Hahnemann's doctrines inculcate. Whatever of advance modern science may make, it must eventually render homage to these "homœopathic nothings" as the late Dr. Felger of Philadelphia called them.

ISOPATHY AND NOSODE THERAPY.

Isopathy and Nosode Therapy represent two parallels which have been ever-present factors in the practice of Homœopathy since the days of Lux, who probably may well be called the founder of Isopathy; whereas Hering probably stands out more clearly than any other as the investigator and originator of some of the most widely used nosodes. Swan, on the other hand, carried out this method to probably a wider degree than almost any others, until the revival of a similar practice under the name of auto-therapy. Without entering into a protracted discussion as to whether or not there ever could be such a thing as an isopathic remedy, whatever its origin, one thing is certain that all such remedies have been or are to be used either as stock preparations (somewhat after the manner of the stock vaccine), or given to the individual patient like the autogenous vaccine. Undoubtedly both are legitimate in accordance with the generalizations of nosode therapy; if we employ this term in its widest sense. These two classes then may

fall under the general term of nosode and the morbidic product given to the actual patient from whom it is obtained will answer to what I have personally termed the auto-nosode.

It matters not whether the preparation be bodily tissue, pus, serum or blood, the autogenous product becomes an auto-nosode when given in this manner. A general classification of this sort would settle the moot question of isopathy, auto-therapy, auto-sero-therapy and even auto-hemic therapy, all of which methods have come forward for discussion.

Lux undoubtedly made use chiefly of stock nosodes, *e.g.*, in his Sheep Anthrax. He found, however, that not every epidemic responded to the same strain, hence he undoubtedly here arose to the dignity of the auto-therapeutist, though perhaps somewhat less of an individualist.

Duncan in his method of auto therapy makes use of the natural toxins of disease, given either orally, or subcutaneously by the parenteral route; while Macfarlan and Rogers in their use of blood make the patient the recipient of his or her own potentized blood-proteins.

Swan, while listing *Hema* among his catalogue of remedies, does not signify its source, whether human (nosode) or animal (sarcode).

The broadest possible concept would seem to be that these various products of disease when given in dynamization, may under proper conditions prove effective as remedial agents, especially in cases of delayed or deficient reaction.

Swan was far-seeing enough to contend as early as 1886, in his catalogue of morbidic products, nosodes, etc., that: "*Morbidic matter will cure the disease which produced it, if given in a high potency even to the person from whom it was obtained.*" Also, "If physicians would remember," he writes, "that the seeds of all diseases, especially those of the great miasms, are latent in every person, they would be more apt to ascertain to which of these a disease may be attributed than to look for external causes." Of the far-reaching value of this form of nosode-therapy, he concludes: "If all Luesitic attacks were not complicated with other diseased conditions, the smallest dose

of a mercurial preparation would cure the case, but how many physicians have succeeded in such cases. So it is with all morbid products. Sickesses are all too complicated to be cured with one remedy, the exceptions prove the rule."

It is well known, however, that Swan was not supported in his day by many leading Hahnemannians; in fact, men like Dr. Lippe, Dr. Bayard and others were radically opposed to his indiscriminate advocacy of the nosodes. It is true, that the use of any morbid substance remains empirical until its proving is made on the healthy unless we accept the dictum of Duncan that the proving is manifest in the symptoms of the patient from whom it is derived; and this too in each individual one, and hence such data may differ in different patients. It is only by repeated confirmations of the action of these products in cured cases that we can arrive at any definite indications. This has been done to a large extent with Psorinum, to a lesser degree with Syphillium, Tuberculinum, Medorrhinum, etc.

Dr. Lippe contended that "a system of cure, furthermore, which only claims to cure infectious diseases can never be regarded as a universal system of cure—such as the Healing Art promulgated by Samuel Hahnemann and by him called Homœopathy, which is applicable in all forms of non-surgical diseases."

This is largely true, yet is it not more logical to include nosode therapy in its various branches in the larger and all-inclusive system of Homœopathy?

THE SINGLE REMEDY.

It is interesting to note how universally this fundamental is being observed at the present day in regular medicine. It must, however, cause a great measure of embarrassment to users of drugs in physiological dosage upon no more definite data than can be obtained from gross experiments upon animals, and its uncertain action when given *a posteriori* to the sick.

While our *Materia Medica* is for the most part carefully schematized and recorded there is need of constant care in the preparation of our text-books that we may not constantly be condensing and abridging it, oftentimes no doubt to our detriment. Then there is the problem of our Repertories. Since Kent's Second Edition of the Repertory in 1908, there have been occasional provings made and reported. What is being done with this new data? We are told Dr. Kent, himself, following the method of most clinicians made frequent verifications and revaluation of symptoms which are to be found in his personal copy of the last edition. Who can be relied upon to edit a Third Edition in future years? Personally, I have made an attempt during the past year to make systematic additions to my own copy of the following drugs, in so far as the limited provings of some of them admit: Benzol, Menthol, *Mentha piperita*, *Morph. sulphuricum*, *Sarcocollae* acid, Skatol, Succinic acid, and Radium bromide.

Unless such work is carefully and conscientiously done, as new drugs appear the task will soon be almost too great for any but a master, and men like Allen and Kent are gone. Perhaps Dr. Boger can do this for us again. A large number of remedies were added by Dr. H. C. Allen to the Allen-Boenninghausen when he compiled the Slip-Repertory, and Dr. Boger has done a similar work in the Boenninghausen "Characteristics and Repertory."

What we really need is a complete repertory arranged to include practically all our known drugs. This of course, Kent's Last Edition aimed to do, but that was already thirteen years ago.

THE LAW OF CURE.

The Law of Cure still remains supreme in the mind and faith of the Homœopathic prescriber. It is a beacon set upon a high hill, a guide for generations, as yet unborn. In its application there are still many ill-illuminated places. The lamented Dr. Case, for example, speaks in his "Clinical Experiences" of what he terms the 36 hours aggravation of Phosphorus; is this the

reason of its wonderful and clear-cut action in some cases and its well marked disagreement in others: *i.e.*, failure to await its action. At all events the persistent failure of a well-indicated remedy to hold a patient in a serious and seemingly incurable disease, can undoubtedly be looked upon to indicate a probably fatal termination. At any rate we should acquaint ourselves of such actions as pointed out by Kent, by Gibson Miller and others. In fact, we should become better oriented upon this and similar subjects.

MODERN SCIENCE AND HOMŒOPATHY.

Modern Science and Homœopathy will be exhaustively dealt with by Dr. Coleman. The birth of the Electron theory, with all it has meant to physics and chemistry cannot fail ultimately to vindicate the followers of Hahnemann who alone opened up a new path in the wilderness of a dogmatic atomistic era.

HAHNEMANN AS A MEDICAL PHILOSOPHER.

Hahnemann as a medical philosopher formulated the vitalism of Hippocrates, Paracelsus and Stahl into a practicable vitalistic hypothesis. He likewise sublimated the Leibnitzian doctrines of substance and force into a practical working dynamism.

As a scientist his doctrine of attenuation and potentiation, based upon pure inductive reasoning and indubitable experience previsited the discovery of Radium and the birth of the Electronic era.

As a medical prophet he was the 18th century Moses destined to lead the children of humanity out of the Egypt of medical mediavalism into the promised land of health and healing.

Dr. Rabe will discuss the *Future of Hahnemannian Homœopathy*. From his intimate experience during the past few years with medical school problems he can best tell us of some of the difficulties he has encountered, and suggest some possible remedies.

With the increasing demands of medical instruction many of our inferiorly equipped and insufficiently endowed colleges have had to go. This should not cause an unwonted pessimism in our ranks.

The time was in the history of Homœopathy, when there was but one Homœopathist, and he even Hahnemann. Furthermore the time was when there was but one Homœopathic medical school, the little struggling college at Allentown. From this humble beginning, poor as it was in equipment and financial endowments, it was not lacking in enthusiasm for the cause which gave it birth. This institution was established in the year 1836, and enlisted in its efforts such men as Wesselhoft, Hering and Detwiller, but unfortunately its funds are said to have been "in the hands of those who were inimical to Homœopathy and who secretly undermined its influence, and sapped its very life."¹⁰ Within a few years after the establishment of the Hahnemann Medical School in 1848 the number grew rapidly until there was at one time a total of at least eighteen such institutions. This number has dwindled with the requirements of modern education, till there are at present scarcely eight remaining, some of which are merely special or elective departments in universities devoted to the scientific teaching and clinical confirmation of the homœopathic method.

These institutions are, however, most of them now on a fairly firm foundation, the majority being rated as class A schools.

Granting that the trend of medical practice has been within recent years rather in the direction of group medicine, *i.e.*, toward generalizing rather than individualizing, or in other words to the treatment of specific types of disease than to individual cases of these types, why should we be disheartened?

The mission of Hahnemann was the inaugurating of the method of similars. He came to lead the way along a new path. It should be our mission—our task—yea, our privilege and duty to safeguard and further this trust.

¹⁰ Biographical Cyclopaedia of Homœopathic Physicians and Surgeons, p. 8.

Hahnemann, the genius and originator, was undaunted in the midst of a prejudiced and derisive world of medical dogma and opinion. He came—the iconoclast, the initiator, the liberator into this arena of hostility and persecution, and bore the burdens of medical scorn and political intrigue that we might inherit freedom of medical opinion and right of unfettered action. Such was his accomplishment. Why should we be dismayed, when we number thousands of followers and millions are numbered among our adherents.

Surely the whole body of organized Homœopathy should be as dauntless as was Hahnemann, a single mind!

Truly his life, his energy, his devotion to an ideal may well be our guide in these trying times.

In fact, we have this eventful year chosen, not without due foresight, this very city of his habitation. Here he sits “wrapt in his mantle of divine philosophy” in our midst, watching, waiting to see his beloved cause triumph and prosper.

Shall we let him wait in vain? May this meeting and likewise the larger gathering of the American Institute welcome each and every suggestion for the furtherance of his cause which is ours.

May we, looking to the ascendancy of his star of destiny, see it rise to the zenith of power and accomplishment, thus casting its splendor over all the earth. May we looking toward his beneficence, become oriented, likewise in his splendor.

Thus may we say with John Drinkwater in his Abraham Lincoln:

“When the high heart we magnify
And the sure vision celebrate
And worship greatness passing by
Ourselves are great.”

THE ENDOCRINES AND HOMŒOPATHY.

P. E. KRICHBAUM, M.D., MONTCLAIR, N. J.

At the present moment the study and application of organotherapy is engrossing the attention of the medical world.

Literature on the subject is multiplying so rapidly, with all the accompanying optimism of those enthusiastic members of the profession who entertain very definite hopes of the great benefit such therapy will confer as a remedial or corrective agent, that I have felt a twinge of the old urge to line up Homœopathy with these latest exploited therapeutic adventurings, just to see whether, to my way of thinking, we Homœopaths have anything to gain by joining the Endocrinology procession.

I have heard it said that some students of the subject see in it a definite and plausible plank for the two schools of medicine to use to cross over into each other's respective domains. I have ventured about two-thirds of the way myself. What I have heard and seen, however, does not tempt me to remain. In fact I have retreated, back to the *terra firma* of Similia.

From this vantage ground, with your permission, I want to call to your attention two or three factors in this latest allopathic development, wherein I feel that the homœopathic method of treating the sick still SCORES. To appreciate that the most ardent and best fitted exponents of Endocrinology have by no means solved all the perplexities attending the establishment of any fixed or stable indications for the actual administration of these glandular products to their patients, you have but to read the latest pamphlets or essays on the subject.

Dr. William V. P. Garretson of New York, in an address on Endocrin-asthenia, recently delivered, sounds this warning to his *confreres*: "Enthusiasm is an excellent attribute, but without balance of judgment and knowledge of fundamentals relating to a subject, great harm may occur in creating a group of extremists, the optimistic enthusiasts on the one hand, who see in Endocrine therapy a panacea, and the pessimistic iconoclasts on the other, who view it as a passing fad. The many radical changes from groove ridden medical thought, which have been the outcome of recent endocrine interpretations of physiology, pathology, and therapeutics, are certain to create some degree of readjustment instability, until the new order of things approaches a balanced level."

As Homœopaths, we have all grown familiar with the propensity of our old school brethren to make new discoveries. Their late contribution, the new physiology, embodying as it does, such brilliant and valuable data on the marvellous part which these internal glands are now known to play in the human subject, has certainly aroused our unqualified admiration; but when we pursue the subject still further, with any thought of getting down to a real neighborly examination of the practical employment of this accrued knowledge in the treatment of the sick, we stumble over the fact that the modern Endocrinologist still holds to the old conception of the patient as a being, with a physical organization, the pathological aberrations of which, all lie within the jurisdiction of his powers of physical manipulation for remedial effects. According to such a formula the whole gamut of induced chemical and physiological reactions may be resorted to; tissue changed, blood currents speeded up, glandular secretions and excretions increased or decreased, *debris* and waste rushed through their appointed channels of exit or absorption, nerve fibres stimulated or soothed; all at the direction of this man of science. The patient and his functions are certainly *acted upon*, and the Endocrinologist often views the spectacular effects of his efforts with great complacency; but here, as in the old familiar meddling, where a diseased and over-burdened heart is artificially stimulated and a pretty good imitation of normal action induced for a brief period, the head engineer of the human machine, variously named in our homœopathic literature, as the Vital Force, etc., seriously resents such interference. This engineer never removes his hand from the throttle while life endures.

Each among the whole family of internal glands, it has recently been discovered, is susceptible to stimulation or depression at the hands of the modern glandular therapist. A deficient thyroid, under artificial prodding, often does give evidence of refunctionating; but any such re-establishment of activity is as artificial as the means employed to secure it,

unless the power back of the original deviation from the normal has the process under direction.

Of course in studying the Endocrines, we often come upon statements that warm the cockles of our hearts. They have a familiar sound. For instance, A. S. Blumengarten in the New York Medical Journal, says: "The more we are confronted with the phenomena of disease, the more we appreciate that extraneous factors, bacteria, irritants, etc. play only one rôle in abnormal biology. The *individual himself* plays an important part owing to his individual variance." Such declarations verge pretty close to the homœopathic notion of the cause of disease, as well as our oft ridiculed propensity to study the patient *with* the disease, instead of the *disease with the patient thrown in*.

Dr. Bandler in his very interesting book on the Endocrines, further amplifies this new phase of observing sick people. In a section of his work, labelled Observations, he brings out many curious points and arbitrarily, perhaps, classifies them. "A poor development of the outer half of the eyebrow," he says, "implies a lack of thyroid. Shaggy and heavy eyebrows attract attention to the anterior pituitary, and the adrenals. A good bridge to the nose means a good thyroid. Regular teeth imply balance between the anterior and posterior pituitary. High arch and crowded teeth suggest overactivity of the post-pituitary. Yellowish color of the teeth calls attention to the adrenal cortex. Absent or abnormal or small lateral incisors speak for abnormal or poorly developed gonads or internal genitalia."

Again to quote from Dr. Garretson, who declares that "Organ-therapy dates back to remote antiquity. In the days of Confucius, concoctions of toads, frogs, lizards, and spiders were credited with marvellous medical powers." "These," he goes on to say, "were but solutions containing the hormone of the cutaneous suprenals, which the skins of these animals and insects contained." Possibly; but when I look at my little vial of Lach. or Elaps, Cimex, or Bufo, I own to not a brass farthing's worth of interest in the "*hormone of the cutaneous*

suparenals" of these creatures from which such remedies come. I only pray for knowledge of when to use them as medicines.

Dr. Garretson naively asserts that "it is unwise to ridicule a procedure which produces results, because there is no positive scientific explanation of its effects," and I heartily agree with him. For twenty-five years, Lach. has done yeoman service for me before I ever heard of a hormone.

Many members of our school, I have no doubt, feel that Organ-therapy is, in some obscure way, related to Isopathy, and any allopathic investigation along this line shows the "handwriting on the wall." But Isopathy is not Homœopathy. Then you have but to read of the enormous impedimenta with which they surround their efforts to find the curative sphere of these glandular extracts. Their old ambition to drive a tallyho and six through a poor patient's economy, giving to each suspected gland an animating pat or prod as they proceed, tends to keep me on my side of the plank. Illustrative of this point, let me quote once more from Dr. Bandler: "We know," he affirms, "what many of the gland extracts will do, but we have not yet solved the question as to how many various elements enter into the secretions produced by any of these glands. For example, it is claimed that ovarian extract is a drug which must be used for a long time and one which must be judiciously combined with other drugs." I think it would require a pretty long plank to make any landing for a good Homœopath at this angle of contact.

To conclude, personally I salute the honest Endocrinologist. I am deeply indebted to him for a decided increase in my appreciation of the marvellous intricacy of the human machine. He has taken me into many strange corners, and has shown me how "the wheels go round."

As Homœopaths, it is surely up to us to study each and all of these various extractives. We have a rule of procedure for this purpose. Our *Materia Medica* is already big, top-heavy, and perhaps full of dead timber, but time will always make room for Truth. It is eternal.

The Chairman: Ladies and gentlemen. You have all heard this very interesting and excellent paper on the subject of endocrine therapy. The paper is now open for discussion.

Dr. Stearns: Mr. Chairman, the value of the endocrine in medicine like the value of other drugs and medicines depends on the interpretation of the signs indicated, according, you might say, to the science of Endocrinology.

If I may be pardoned for using an analogy, look at your watch, for instance. Your watch is regulated by poles and springs and mechanism regulated to receive the pushing of that spring within the watch. The endocrines bear the same relation to the human mechanism as these balances do to your watch, and it is on the understanding of these regular mechanisms on which has been based the science of endocrinology. We can, if you please, interrupt the function of some less important organ and turn the energy to the functioning under our own system. If you know how to determine, for instance, when a thyroid gland is particularly active then you can find out how that thyroid can be put back in its proper place so that it will not be so hyper-active; that it will not be called into play so excessively. You can get the same sort of reaction from Selenium, or Syphilinum, or Tuberculinum or any other of those powerful serums on exactly the same kind of an indication, and if you follow this on further you will find that certain diseases demand an excessive action of thyroid or a lessening in action of the thyroid, often in either case to the damage of that thyroid. Other diseases damage the pituitary or call for excessive action of the pituitary, or such other endocrines as have been damaged or overaffected or is called upon to exercise its function excessively, then a small dose of the homœopathic preparation of that endocrine will start the curative reaction, and that, in my mind, is the relation of Homœopathy to endocrine.

Dr. Richberg: I may say that it sounds to me, I am glad to say, like a very distant relation. (Laughter).

Dr. Loos: It is certainly a very interesting pastime, some-

time when your automobile is out of order and you are tired of your patients, or your patients are tired of you, or both, to take the symptomatology given for these various temperaments and take a repertory and try to see if you can corroborate the claims of some of these students of endocrine by the proven remedies shown in the book, showing the unity of the organs and the interplay of the glands showing you just when and where and why and how the remedy given does or does not agree with Homœopathy. Auto-therapy and endocrine-therapy, based on the use of the glandular substances are similar. A study of the symptomatology of the endocrine gives you the group of remedies which should be used under our *Materia Medica*. Who knows, medical science may be greatly benefited by this.

Dr. Baldwin: I would just like to take a moment or so, Mr. Chairman, to enlarge on the illustration which was suggested by the gentleman there, of the watch. No matter how well the mechanism of the watch may be adjusted and however finely regulated and balanced, if the thing isn't wound up properly it won't run. This whole question of endocrine is vital in so far as the vital force which produces the secretion by the gland is active, so while it may be of some direct value to Homœopathy if the gland is deficient in its function, or too active, that is only a question of temperament, and by the use of this method we have often cured the patient by the homœopathic method. It has given us some wonderful psychological results, such as a lot of enthusiasm and all that sort of thing. I think that the thing which has damaged us most and produced the most trouble has been this attempt at short cuts. We are trying to do something else and we forget to study the *Materia Medica* and thereby become poor Homœopaths. I seriously feel that this whole thing is really a menace to Homœopathy, from the psychological and scientific standpoint. If you attempt to use it to cure your patient I am sure you will fall down, because in so far as you use it you will fail to emphasize your homœopathic selection of remedies. There is no other cure—no other road that is so satisfactory, in

spite of any suggestions made, as the indicated homœopathic remedy, when you are willing to put in your time.

Dr. Farrington: I think that if we have to use in any case a potency of an endocrine preparation to help us along in curing the sick, then our whole system falls. We have got to accept the whole idea of deranged dynamics or we have got to admit that we are failures. If the endocrine is the remedy for the case we should then use it, but first see if we haven't got a homœopathic remedy that will cure the disease.

Dr. Gore: When you prescribe Tuberculinum, or Sulphur, or anything like that without any particular indication except that the case hasn't progressed far enough I do not see why we shouldn't continue giving the antipsoric remedy just the same instead of changing to the endocrine.

The Chairman: This has been a very interesting paper and discussion, I am sure, and if there is no further discussion we will ask Dr. Krichbaum to close.

Dr. Krichbaum: You go around and get me into these fool things and then you "knock" me, for what I say. I didn't say that we should let them take the place of Homœopathy or anything like it. I said they were all right if you know how to use them. The trouble is that most of us don't know how to use them. Now the only way to learn how to use them is to prove them upon the healthy individual, and then you know how to use them.

MODERN SCIENCE AND HOMŒOPATHY.

DANIEL E. S. COLEMAN, PH.B., M.D., F.A.C.P., NEW YORK CITY.

Ten thousand years ago the earth revolved around the sun, the apple fell to the ground when the pyramids were being built governed by the same law which caused it to fall in the year 1921. The truth of Homœopathy established by Hahnemann in 1796 is as true today as it was then. The wonderful cures made by the pioneers of our school were achieved because

of the intimate knowledge of drugs these master minds possessed.

The great advancement in medicine within the past few years can in no way influence the curative action of remedies, diseases curable by them fifty years ago are curable today. Our present knowledge of pathology, laboratory technique, X-ray diagnosis, electric, radium, serum and vaccine therapy, while adding greatly to the general advancement of therapeutic knowledge, can in no way influence the efficiency of Homœopathy.

We often hear that pure homœopathic prescribing is out of date, that the newer methods have replaced it to a considerable extent, and that our colleges do not obtain the necessary financial support because the public in general has come to understand that modern medicine has displaced sectarian and more or less obsolete therapeutic methods.

While I do not believe that sectarianism, in its narrow sense, has a place in the mind of a true scientist, nevertheless he can at least believe in the efficiency of a certain law of cure and base his treatment upon it. Such belief and practice is in no way confined to the homœopathic prescriber, many physicians of all schools have their own pet therapeutic measures which they believe to be superior to all others.

The apparent waning of competent homœopathic prescribing and support is not the result of external influences or modern advances in medicine, but comes from within our own ranks. It is true, too true, that some of the leading homœopathic medical colleges are not graduating sufficient homœopathic prescribers or obtaining adequate financial support. If we are to eradicate the present downward trend of homœopathic nihilism, we must attack the obstructing causes at their very roots and eliminate the weeds which clog our advancement. There is no reason on earth why, with proper management, decaying colleges cannot be placed on a sound financial footing and organized in such a manner that competent homœopathic prescribers can be graduated. It is not within the province of this paper to point out just how this can be accom-

plished but that such can be achieved must be apparent to any competent business or professional mind.

Another cause for the lack of interest in Homœopathy and for the inadequate prescribing too much in evidence today, is premature specialization. In former years it was the custom to enter a specialty only after a number of years' experience in general practice. In this way only can one become thoroughly competent. A young man just out of college can have little real understanding of practical medicine, and possess only an outline of homœopathic materia medica. True knowledge can only come with study and experience. The premature specialist never acquires proficiency in homœopathic prescribing and the law of similars receives another "headlock."

It needs no extensive examination into the facts to show that the development of modern medicine can in no way influence the efficiency of Homœopathy, but should with proper organization and teaching, enhance its progress. Our knowledge of modern pathology cannot diminish the curative action of the homœopathic remedy. Such pathological study is of value in showing what can or what cannot be cured by medicinal therapeutics; it can guide us to more accurate understanding as to the diagnosis, development and prognosis of individual cases, and it can establish the necessity for operative measures, etc. Knowledge always helps the truth, and the truth of Homœopathy will be established upon a firmer base and be received with greater confidence if we can say, "Bryonia will not cure this patient; he needs an operation at once"; "This patient cannot be cured because pathological changes have advanced too far"; "No known remedy will cure this condition."

Bacteriology can place no obstructing hand upon what is curable by the law of similars. The discovery of the tubercle bacillus does not in any way influence our selection of a remedy. For example, one patient 54 years old with decided physical signs and the presence of tubercle bacilli in sputum, which were found upon repeated examinations, applied for treatment after a number of months' unsuccessful administra-

tion of Kreosote and similar drugs. His weight was 139 pounds. The symptoms pointed clearly to the homœopathicity of Phosphorus. He gained rapidly in weight, the cough disappeared, the sputum became negative and the active lesion healed. His name was removed from the Health Department tubercular file. Today he seems in perfect health, weighs over 150 pounds, more than ever before in his life, and shows only a healed pulmonary lesion as the sole evidence of his former trouble. I gave Phos. in the 30x and 30th C. Another case, male, age 62. Marked physical signs, tubercle bacilli present in the sputum, weight 120 pounds. In this patient Hydrastis was indicated upon the symptom of thick, yellow, stringy mucus and other characteristic indications. He gained rapidly, the sputum became negative and his name was removed from the Health Department file. He increased in weight from 120 pounds to 158 pounds. I gave Hydrastis tincture, gtt in $\frac{1}{2}$ glass of water, drams II, four times daily. This was discontinued from time to time when improvement was marked. Similar cases could be given but these are enough to show that the discovery of the presence of bacilli did not influence the curative action of the homœopathically acting remedy. The bacilli disappeared under the reaction of the body to the action of the drug.

X-ray, of use chiefly for diagnostic purposes, is really homœopathic in its therapeutic use. For example it has produced epithelioma in the healthy, similar to that which it is capable of curing. Such facts should strengthen our belief in Homœopathy.

Serum therapy is in reality Homœopathy. The field at present is limited to six more or less efficient serums, antidiphtheritic, antistreptococcic, antimeningitic, antitetanic, antigonococcic and antitubercle. Antitoxins are not really drugs as we understand them, but antibodies formed within the organism of man or the lower animals. Nature will form its autogenous antitoxin if there is sufficient vital force. The homœopathic remedy, acting through the law of reaction, stimulates this power. In serum therapy we inject the antibody directly; in

Homœopathy we cause it to be formed autogenously. The philosophy is the same.

Vaccine therapy has found its way into general medicine of today. It is only a modification of the method taught by Xenocrates and introduced later through the homœopathic school by Dr. Lux in 1823 under the name of Isopathy. Hering, Swan, Burnett and others did much along this line. Hering proposed the employment of the diluted saliva of a rabid dog for hydrophobia in 1833, antedating Pasteur. Swan antedated Koch in the discovery of Tuberculinum. Koch introduced Tuberculin in 1890. Burnett began his work with this remedy (under the name of Bacillinum) in 1885 and obtained results never dreamed of by Koch. The secret of Burnett's success lay in the infrequent repetition of the dose. This gave the body a chance to react. Infrequent repetition is the successful method of treatment by isopathy, or vaccine therapy, today. The part played by the homœopathic school in the introduction and development of vaccine therapy (isopathy) should be kept constantly before our minds when we try to establish the truth and efficiency of our method of cure.

The use of the internal secretions belongs to the field of palliative medicine. The use of medicines affecting the secretions of the ductless glands, as recommended by Sajous, needs further clinical verification.

Biochemistry is simply a matter of dietitics. It consists in adding the various inorganic salts, Silicia, Calcareo phos., etc., supposed to be deficient in individual diseases. Much sickness could be avoided if the proper attention were given to diet and demineralized foods were discarded. The refining of flour and other articles of food should be forbidden by law.

Instruments of precision, like the electrocardiograph, are more valuable as aids to diagnosis and prognosis, although according to Sir James Mackenzie, and which I believe to be absolutely true, the real prognostic indications in heart conditions lie in the subjective symptoms. The efficiency of the heart muscle is measured by the sensations. The value of

sensations, so well understood by the homœopathic school, was appreciated by this great English physician.

The discovery of the *spirochaeta pallida* has not altered the relationship of Mercury to syphilis. The discovery of the *plasmodium malarie* in no way influences the truth of Homœopathy. China is truly homœopathic to many cases of intermittent fever regardless of the cause. The discovery that Mercury would cure syphilis was one of the greatest achievements in the history of medicine. Careful examination into the pathogeneses of this metal and its combinations cannot fail to point out the homœopathicity. It has the rheumatoid pains in the muscles, aching of the bones, especially the ulna and tibia, feverishness, hemicrania, and aggravation from heat of the bed characteristic of the prodromal stage of syphilis. We find a perfect homœopathic relationship in the lesions of the skin and mucous membranes, the throat symptoms, the enlargement of the lymphatic nodes, certain eye conditions (keratitis and scleratitis), ptyalism, anaemia, etc.

Dr. Allen wrote in the "Hand Book": "The long bones are attacked rather than the flat ones (opposite of syphilis). The iris is never affected." During the tertiary stage the flat bones are affected by syphilis, but at this time Mercury is losing much of its curative properties, and other remedies, like Aurum, Iodin, etc., become indicated. In the secondary stage, when the therapeutic action of Mercury is at its height, the pains are in the long bones. Iritis is only one of the many symptoms and is not a constant manifestation of syphilis. It is significant that Mercury is not of great value in the stage where the symptoms do not correspond notwithstanding that syphilis still exists.

The discovery of Salvarsan and Neosalvarsan was heralded with a blast of trumpets. Syphilis was to be cured with ease and rapidity. As knowledge accumulated belief in the rapidity and ease of the cures diminished. Salvarsan is now used to control the symptoms and Mercury has resumed its place as the great antisyphilitic. It is worthy of note that Arsenic was

used in the treatment of syphilis years before the introduction of Salvarsan and Neosalvarsan.

Much more could be said on this vital subject, but I do not wish to burden you longer. The object of this outline is to stimulate the exchange of ideas. We are facing a critical time in the history of our school, the strongest, broadest and most determined men must be at the helm to guide the ship of Homœopathy to the haven of universal acceptance. Personal likes or dislikes, special privileges, desire for gain or power must be crushed. Better homœopathic teaching is essential. The Chair of Homœopathy and Materia Medica should be the strongest in a homœopathic college, it should be manned by those possessing conviction, force, determination, breadth, receptiveness and wide clinical attainments.

Lastly, more frequent meetings devoted to the discussion of Homœopathy and Materia Medica should be held. Belief, courage, study, liberality, fairness, honest discussion and respect for the opinions of others are the qualities that make for the progress of Homœopathy in its broadest sense. Modern science will help the cause of Homœopathy if the homœopathic physicians will take advantage of their opportunities.

The Chairman: Non-members, as I am reminded are requested to join in the discussion of papers and I am sure we will be glad to hear any discussion on this paper which you may have to offer.

Dr. Martha I. Boger: I would like a chance to discuss this paper, in the first place, as the last point which the writer mentioned reminds me of a very high, steep mountain, on which there are a lot of trails going to the top, and Homœopathy is the broad blazed trail which it requires a Rolls-Royce engine to travel, to carry you to the top. This high-powered engine which it is necessary to use cannot be bought by money. It has got to be bought by brains—one which requires study. And then there are other trails for the minds which waste a lot of time and you go around a lot of loops, etc. but they

eventually get there, and the regular school practitioners remind me of a lot of Fords, trying to get to the top of the mountain and pass us with the Ford engines and we keep loafing along and "showing off" and so on although manifestly ashamed of that Rolls-Royce engine for some unexplained reason and we keep wasting time till we let those Fords all pass us and then we start in to try to catch up but it's too late. Ever since I graduated from medical college, I have heard it said: "Why is it that Homœopathy and modern science are not in accord?" "Why is it they aren't keeping up with one another? Why isn't Homœopathy more modernly scientific?" The truth of the matter is that Homœopathy is *ultra*-scientific! That's the real trouble, but we who are Homœopaths waste so much time that we don't win out in the race. Who, if he had money enough to drive a Rolls-Royce engine wouldn't be proud of it? We should be therapeutic specialists—we have the Rolls-Royce engine all right but we shouldn't waste all the time we gain by the speed of the motor, getting into the car, while the other man is half way on the road with his Ford engine. I think, when we worry about our schools losing ground, the reason why we have lost ground and prestige is that we have given an expensive toy to a lot of children, for such are students. I think that the teaching of Homœopathy to the average undergraduate is a failure and will continue to be a failure, for in order to comprehend Homœopathy it takes a certain brain which will take some degree of orientation, to use Dr. Woodbury's expression, to finally get to the point where you can really begin to learn Homœopathy or anything regarding it, and I think our greatest asset would be the establishment of a post-graduate course, for the students to take after graduating from our regular course in Homœopathy, and that would help to weed out the ones who would be poor Homœopaths, and failures, for they are one thing who hold us back. We have gotten accustomed to it that we can't get started or accomplish anything until we have "monkeyed with the carburetor" or something like that until it won't readjust itself to the load or move on, without a lot of going back to the

shop to get fixed up again. I also think that the reason we have not achieved this result is due to our own personal selfishness. How many times, when you get a rich patient, who will hand you \$500 for curing him, afterwards, why don't you give that to the medical profession? Why don't you say to this patient: "Give that to the medical profession for the sake of training another man who can help avert another operation, or can cure another sickness similar to yours." How many of us do that? No, we don't do it—that is what is wrong with our system of therapeutics, and I think that therapeutic nihilism is on the way. Harvard—I come from just a few miles from there—Harvard has always been the chief opponent of Homœopathy for years and yet their men whom they are turning out now are buying our remedies and using them—rediscovering them and having a whole lot of fun at doing it. (Laughter). The man who used to travel for Curtiss, Dunn & Holmead came to my office the other day and said that he was very successful selling the medicines we had stopped using long ago to the Allopaths and they were all using them with wonderful success. Those salesmen are selling them everything on the market and these birds fall for it—they like it (laughter) and while those fools are doing that why shouldn't we pour fuel oil into the carburetor and start the thing going, which will help for the time being.

Then there is another thing. We should advertise ourselves as therapeutic specialists and not necessarily as Homœopaths for if you go to see a man who is sick and you charge him \$25 to \$100 he will respect you. The others do—why can't we? We should for a few parties who can afford it, anyway. I am the only Homœopath in the town from which I come, and I have to compete with the old school physicians and the competition is pretty keen, and so I have had to "shade" prices slightly. Another cause or effect which this will have will be to show that we are not ashamed to be known by the banner which we carry. In the early days of Christianity the Christian martyrs sacrificed a lot for the sake of their belief and religion, and died for their beliefs, but no one is going to

say that Christianity isn't a success just because it met with opposition when it first started—because it is a success.

Dr. Reed: Those men will come to us from the dominant school of medicine, and I am coming in contact with those men every day. I agree with Dr. Boger that we are charging too low. Also that we need a post-graduate course in which these undergraduates can learn something more before they go about the practice of medicine. I also want to mention something that I have learned, that five or ten drops of the tincture of Iodium given in cases of pneumonia produces excellent results. I believe that if we take up this suggestion of a post-graduate school we will supply the deficiency which has resulted in the last few years.

Dr. Krichbaum: Daniel bearded the lions in the den. Now, speaking about *our* den, I am a member of the Associated Physicians in the vicinity of Montclair, and I heard one of the experts there say that in cases of syphilis, if you keep on giving Arsphenamine you produce more spirochetæ—they continue to increase and you are producing more spirochetæ than you are getting rid of, all the time. That reminds me of an incident which occurred up our way. One member of our Society said he treated a child of a year and a half and it was just a mass of ulcers by means of large doses of Bichloride of Mercury, and wasn't getting any better. I asked him if he had used a little Bichloride of Mercury or Syphilinum, but he couldn't answer me of course.

Dr. Pitt: One thing occurs to me with regard to the question of teaching Homœopathy. It seems to me that whether we teach the subject of Materia Medica to the undergraduate or as a post-graduate course, the one essential thing is to have somebody teach it that knows how—not only how to teach it but how to actually practise it. I have been a Homœopath all of my life and my mother before me and my grandmother before her, but in the four years that I spent at medical school we had but one instructor who knew how to teach Materia Medica. You should have instructors who know their Homœopathy, and there is another thing—there is no use in imparting,

or I might say, trying to impart knowledge to others when you can't put it into practice yourself. Another point is regarding the former paper. If I may be pardoned for a personal reference I would like to tell of my experience in the line of the remarks of the writer of the previous paper. Shortly after I left school in the place where I settled down to practice, the landlord of the house where I lived, his mother had been very ill for a number of years and although he did all he could for her she grew no better and yet, you might say, no worse. She had had allopathic doctor after allopathic doctor and none of them did her any good and so finally she insisted on a Homœopath. He tried to dissuade her but a woman doesn't have her mind swayed so easily as all that. She happened to hold a mortgage on her son's house and she told him, "Either you'll get a Homœopath woman doctor or I'll foreclose that mortgage." He hied him about and found me, and called me in on the case. I was only a young graduate but I knew that she had had these allopathic doctors, and I knew that there was a good chance to make a homœopathic convert. Well, I was called in on that case and I found the allopathic doctor there already, Dr. David C. Cross, a very reputable and conscientious man and a very fine gentleman, personally, and he said to me as I entered the room, "Well, old Homœopath, you are up against it now! If you can make anything out of this case you're a good one!" I sure was up against it! You couldn't see that woman breathe, and you couldn't get a sign of life out of her. I held a glass to her mouth and there was no sign of moisture at all. I agreed with him, but I said to myself, "If it is a possible thing to bring her back I'm going to do it—I'll try it anyway." She was a typical Carbolio case, and so I started in giving her doses of Carbolio acid every five minutes in the 200 potency for ten doses. Then I waited one hour and that woman opened her eyes and I brought her to herself and she lived for six months, and this doctor came to me in my office later on, with tears in his eyes and said to me: "Doctor, I have got to confess that I am ashamed of my activities. I have fought Homœopathy from the time I was 22 years of age

—I have fought against Homœopathy in every way, shape and manner. I have denounced it in every manner, shape and form but God grant that some day my associates will be honorable enough to acknowledge as I do that you have done more than I could do. I hope that they will be honorable and high-minded enough for that!”

Dr. Roberts: In this connection I just want to state what is going on in the country at this time. Down my way we have a young homœopathic doctor, who has, through his knowledge of neuralgia, just been placed on the staff of the Yale University Hospital and is also on associate professor in the Yale University Medical School. Recently they had a case of sleeping sickness there, one that had been unconscious for some time and he asked that he might be given the privilege of prescribing homœopathically for it. He gave one dose of Opium 200 in the morning and he went around to give another dose in the evening and did so; then he went around the next morning again, expecting to repeat the dose but did not do so for the patient was awake, as a result of his prescription, and the other doctors were full of admiration for him. I was perfectly astonished by it, because if there is any place anywhere heartily opposed to Homœopathy and been out after its scalp for years, that place is Yale University.

Dr. Coleman: I feel a little timid in getting up too close, but I shall try to mention a few of the salient points of this discussion. Dr. Boger mentioned Rolls-Royce cars. I haven't got one of those cars yet—a Studebaker is about all I can afford, and sometimes that is pretty expensive. And then this speaking of keeping five hundred dollar fees for prescriptions interests me. If anybody offered me five hundred dollars for a prescription I should drop dead from excitement and surprise. I would like to know where I can get such fees. I can move any time. Then speaking about the therapeutic specialists, we hear a lot about the therapeutic specialist, but my idea of a therapeutic specialist is that he should do that and nothing else. But I don't have the idea that numbers of the profession would flock to our offices for aid or send their patients to

us for prescription. I don't believe, frankly though, that the specialist has any five hundred dollar fees offered to him, although they have been called in in some cases, but the reason for my saying that is this: Every man and every woman who is practicing medicine believes that he or she can prescribe for and treat that case just as well as any professional prescriber, and probably better, and it is indeed seldom that a professional prescriber is called in. So that proposition of getting such big fees out of such branches of work is not possible—it can't be done, and so the proposition is that every physician—homœopathic—whether oculist, aurist, neurologist, physician, surgeon or anything else, should practice and prescribe homœopathically in all ordinary cases so that when he “gets up against it” so to speak he can give the proper remedy which is required. Of course to get to that point requires a great deal of study and a great deal of work, and observation and perception, but it is worth it when we are called upon for the prescription and it gives us a better chance to get those big fees which you speak of. There should be universal therapeutic measures used by everybody, for if we don't prescribe and practice uniformly we can't expect to receive the patients from other allopathic or homœopathic doctors, then Homœopathy cannot stand and it will go down and down, because there will be increasingly less of us who will know anything about practicing Homœopathy practically. Another thing that comes to my attention is the question of the teaching of Homœopathy. I have had some experience along the teaching line—I used to teach *Materia Medica* myself, but let me say to you that if you teach *Materia Medica* or Homœopathy merely in a post-graduate course Homœopathy is going to be lost to the world in 999 times out of a thousand. A man who graduates from a college will start in to practice right away as soon as he can get located and he isn't going to take any more courses. I know that from practical, metropolitan observation and experience that they will not devote any extra time to studying. This question of making a living nowadays, is so great that what they are taught in the homœopathic college will be the basis

of their practice. While this, theoretically, is *the* thing, this plan of having a post-graduate course, practical it is not, because they are not going to do it. They can't practise it in the hospitals. They can't prescribe well. They prescribe any old thing and they do all sorts of things and the chief surgeon or physician will get blamed for prescriptions that he never made and never saw. It is necessary to teach that subject, and to teach, from the day that the student enters college that it is necessary for a Homœopath to prescribe right or not at all. We should begin with the philosophy of Homœopathy, teaching the principles before taking up the direct study of the details, and also on the subject of pharmacy. If you want to have post-graduate courses for homœopathic physicians, why, have them, by all means, but don't try to compel them to take it. Otherwise you will have them going out and practising what they were taught in the four years. I can make my Studebaker work much better than one of those hospital students.

HUMANISM AND SCIENTISM.

ROYAL E. S. HAYES, M.D., WATERBURY, CONN.

Two general methods of acquiring knowledge have been used by man; in ancient times philosophy, in modern times, science. The purpose of this sketch is to delineate the effects of philosophy and science (especially the effects of the domination of science on common life and on medical usage) and to direct attention to a more potent quality of thought which must prevail if mind is to continue to light the path of organic and spiritual evolution. A consideration of these things necessarily deals with some conditions outside of medicine. At least a glance at the general trend of life in relation to knowledge is necessary before we may effectively apply criticism to the conditions of medical knowledge and usage.

In the latter part of the Pre-Christian Era philosophy was

dominant. It appears to have reached its culmination with the work of that radiant star of human thought, Plato. Since then the light of philosophy has gradually faded; it is said that nothing new has been added by philosophy alone to the common stock of knowledge.

Before and during Plato's time knowledge and learning dealt mainly with the instinctive productions of mind such as dramatics, dialectics, ethics, poetics, politics, etc. The principles of these comparatively abstract subjects were hoisted out of the mine of general human experience by the reasoning process. They were circulated among those who would receive them, as the currency of wisdom. This kind of currency had quite free circulation when the sun of Grecian glory was at its height.

The effect of philosophy on life was never so much material as intellectual and artistical and in the human sense of the word spiritual. Thin coatings of this culture were spread over the masses of those days, as the veneering of scientific and religious culture blinds our own masses to their true condition to-day.

After Plato's time the process of differentiation appeared and the usage of clearly defined philosophy based on human fundamentals began to disappear. Students began to think in terms of material analysis and classification. In this way man dealt more directly with the world outside himself and made it work for his bodily needs and desires. This process has progressed more and more, pressing the material stamp irresistibly on the common range of thought and ideals. Now, more than 2,000 years since the star of philosophy stood still it would seem that the application of coarse material science has brought a climax. Material power has become so great, and at the same time so blind, that a more vital humanistic science must come and pierce the clouds that now darken the future of our race; may gradually break down and resolve into the darkness and silence of its beginnings as other races have done.

The effects of modern science are not only largely materialistic but inhumanistic. The spirit of man is being battered and flattened by the very machine he has built up. Modern

man, especially the city man, has become a mere cog, or, perhaps a wheel, in the huge industrial-commercial machine that grinds out dollars for the pocket, conveniences and luxuries for the body but almost nothing for the spirit. Moreover, the process is carefully guarded by monopoly with its ruthless twin servant, political militarism, who perform their murderous onslaughts on the races as their greedy necessities require. Even the best of steel must crystallize and break up with continued vibration and tension and so will our modern civilized structure, unless science becomes vital and humanistic enough to act as balance-wheel to the engine.

With the exception of three or four branches or sects, medical science has lagged behind all the others. There have been flashes of inspiration in spots but from a humanist point of view so-called "Regular" medical science is still pugilistic in treatment, fragmentary in conception and without guiding principle. Therapeutically, its followers put on ready-made treatments of varying adaptations and styles but they do not fit exactly like the paper on the wall and the result is to cover up instead of to cure.

At the present time modern science has attained much prestige among professionals. There are two reasons for this. One is because of the flat sided minds produced by our sardine box system of education; the other is the precision and success of science in certain activities outside of man. It has come to pass that professional men, especially medical men will not accept or even investigate anything that does not exhibit the stamp of materialism and the totem of authority. Yet not one of them can tell the inner nature of the materials he uses or even realize that there is one. He may refuse to listen to a still small voice that is as obvious as the air he breathes yet swallow a whole stuffed camel-full of religious say-so.

Science, with all its security and certainty in mechanics and material physics has made but a surface palpation of life itself; it has scarcely concerned itself with anything but the outside world. With the exception of, first, the philosophy and science of vital action and reaction, which includes Homœopathy, artic-

ular adjustment and perhaps electricity, second, the beginning of a revival of the ancient knowledge of planetary magnetic influence, and with the possible exception of the building science of economics I know of no science that is truly humanistic.

What is the significance of this to progressive minded Homœopaths? It is this: Homœopathy has the triple foundation of reason, material verification and vital application. Now, the most important thing about this is not Homœopathy itself. The most important thing is the method and the mental attitude that goes with it. They are more important because they can be applied to other activities of life where the magnetic contact between material and immaterial function occurs. One science especially that is ready to be illuminated in this way is diagnosis. Diagnosis of modes and causes of disorder in the functions and parts by interpreting the ultimates of planetary magnetic action is already an established fact. It can be verified oftener than the effects of homœopathic prescriptions. The diagnostic finger is put exactly on the sensitive spot. The method is almost instant in application. It needs but extended correlation and notation to develop it as a practical art.

Men who have the perception to work sincerely with the vital principles and invisible agents of Homœopathy should have the courage and the spirit to investigate other sciences dealing with vital principles. A Homœopath may be just as wilfully blind to the unfamiliar as the most hardened "Regular," but he should not be. Some Homœopaths walk right over "moonshine" without knowing how to value it, but when they see a little pathological bait they will go for it with the swiftness of a peccary on roller skates.

The vital life is the link between the material being and the psychic being. The continuity must be as perfect as the transition from shadow to sunshine. This new region, the vital and physic life of man and its relation to creative magnetic influence is the region to be explored if science is to become humanistic, if it is to reveal the way of freedom from the nar-

row confines of his present stage of development. This is the direction for study if life is ever to be explored or explained or even its immediate mysteries illuminated.

The time is at hand. The way will soon be clear. Vital-magnetic science will illuminate the way so that we may walk and feel the solid earth beneath our feet. The only limitation of results are the laws of forces themselves and the boundaries of perception, intelligence and will.

The Chairman: Dr. Hayes' very interesting and illuminating paper is open for discussion. Has anyone anything to say about Dr. Hayes' paper?

Dr. Farrington: I enjoyed this paper very much, as I generally do when Dr. Hayes has started out gunning for anything. I think as you read over the paper you will get a good many interesting things which were not brought out by just listening to it.

Dr. Baldwin: It strikes me that if there ever was a time when there is an opportunity—when we have an opportunity to show the tendency of the homœopathic schools, now is the time, in as much as there is so much welfare talk going on as to who shall show his interest in the general public welfare, the welfare work being carried on, and it is being taken up by the Government and I wish to say, simply, that we have been having a hard fight for our principles and convictions but we are gaining ground every day. We are winning, and I think that we should quickly take advantage of the opportunities of the case in hand to volunteer our services in this work, because in the end we can use it to propagandize our work. I feel that the opportunity has presented itself and should in some way be taken advantage of as giving us some chance—some way to show the actual possibilities and proofs of homœopathic prescribing. We should assist the Government in establishing a welfare clinic and bring to that clinic such cases as will best demonstrate the homœopathic work. I think that it would be an excellent opportunity for us to humanize the work if we

take advantage of the clinic-day idea and I think there never has been a better opportunity offered. (Applause).

The Chairman: If there are no further discussion I will ask Dr. Hayes to close his paper.

Dr. Hayes: I don't think I have anything more to say.

THE PHILOSOPHY OF SIMILIA.

C. M. BOGER, M.D., PARKERSBURG, W. VA.

Intensive study of detail seems to narrow the mental horizon, cripple the faculty of association and weaken the power of co-ordinating related phenomena.

So it comes about that we speak of voluntary and involuntary action just as if every one knew precisely where the one ends and the other begins; not realizing that this center of control is a shifting one, a sort of flexible governor which constantly adjusts the surge and resurge of vital power.

Sickness is first felt as a disturbance of this governing center, which if not too violent and no terminal interference arises, soon subsides into its accustomed play again. These purely dynamic forces can be held in leash only by a more or less synchronously acting power, while irremovable terminal obstruction surely makes for death, by just that much.

It is here that we enter the arena of the age old struggle between the realistic and the idealistic or dynamic schools of thought. For us it is between surgery and therapy; everything depending upon our breadth of mind and point of view. The realist leans toward material and mechanical means, while the philosophically inclined works out his problems from the dynamic standpoint; all of which tells why the law of similia does not appeal equally to every one and why quite a few Homœopaths don't fit well into Homœopathy.

For many centuries past the acts of medicine have, perhaps, not always been edifying. Like Omar is has mostly come out of the same door through which it went in, and over

whose portal is graven the fateful word, Materialism. Once within its noisome precincts the student is intoxicated more and more at every step until the supersensible side of nature becomes to him but a vague, indefinite thing, unworthy of serious consideration. That the material is but the visible side of the less palpable, but more permanent, does not come up for consideration and ultimately it becomes to him a dark enigma.

Although continually struggling along material lines medicine is always arriving on the borderland of the immaterial and infinitesimal, with its law of similia. Incredulity and unbelief, ultimately based upon purely materialistic conceptions, have however thus far been sufficient to keep it from venturing into the domain of the seemingly intangible. Yet we need not be disturbed, for general science and philosophy is slowly but surely forcing the issue, in spite of the sidestepping opportunities which the victories of sanitary science afford.

Homœopathy, springing from and preserving the vitalism of the ancients, is nolens volens, the leaven of modern medicine. Its victories have, more than once, saved medicine from utter rout and shameful defeat. While pathologists have placidly hunted microbes amidst the myriads of dying, Homœopaths have calmly cured the sick with infinitesimals.

Of "the powers within" ordinary medicine has no just conception, hence no philosophy and no means and methods. If it knew as much of curing as it does of anatomy, diagnosis, etc. we might indeed speak proudly of the "science of medicine"; but as the matter now stands, aside from recoveries due to the recuperative powers of nature and homœopathic cures, so-called cures are in reality a sorry joke, with often a tragic ending.

In this day we hear much about the near approach of science to the discovery of methods by which greater energy may be liberated and thus the whole material world revolutionized and benefitted. Discovery is actually moving rapidly in this direction; but its consummation may after all not prove an unmixed blessing. Meanwhile we as Homœopaths hold in our hands the golden wand with which we may transform and conduct

almost unlimited stores of native energy into healing channels. This being the case, why is it that every homœopathic physician is not also a homœopathic healer, whose work will far outclass that of the ordinary physician? Perhaps it is a large question, but failing to grapple with it will not bring the correct answer.

If we look back over our history and mark well the mental equipment of those who have left their impress upon our development, we cannot fail to observe that it has been the mind of larger grasp that has prevailed. The mind capable of laying aside preconceived ideas, willing to take facts as they come and for what they are worth and capable of drawing correct deductions therefrom.

True Homœopathy is not the thing that comes out of the mouth of its false prophets, that has grown by establishing hospitals or by fattening on privilege and position. No! These things are self-destructive in their very nature. Homœopathy lives and exists in the inner conviction of its votaries that nature cures likes by likes; hence it follows that it is our duty to acquaint ourselves with every means by which we may develop and facilitate curative reaction.

Such a study may at times seem to take us far afield, but if we always keep with us the lamp of pure philosophy and wisdom, and always act from the point of pure disinterestedness, the way and means will gradually become clear and the truth will prosper gloriously.

Under the guidance of a few devoted souls this Association was born at a time when the pathologic materialistic idea had already revolutionized old school medicine and was fast permeating the whole homœopathic organism also. Sensing the danger, they banded together for the preservation of a purer and better Homœopathy; and now, after a lapse of forty years and having passed through many critical vicissitudes the Society is what you see it today. Do not think that it has done but little more than preserve the traditions of glories that are past and gone. Its moral influence has always extended far beyond the limits of its membership, so that in these days,

when Homœopathy in general is undergoing a most severe moulting process, this organization stands as the rallying point around which all of its adherents may foregather and feel the joys incident to a common interest.

Its archives hold many treasures of which it may well be proud. Not only are there records of cures of unsurpassed brilliancy but there are provings not otherwise available, philosophical dissertations of great acumen and debates which throw light upon many a moot point in practice. Dull is the man who can read them and fail to feel the inspiration for nobler and better work in the relief of suffering and weak humanity.

If I stand before you and tell of the wondrous results of the application of similia, it may look brilliant, but unless it stirs up in you a desire to know how you may also do the like, my effort smacks of vaingloriousness and the fruit thereof is dead.

If I would cure I must perforce arouse a similar reaction. If I wish to excite you to emulate the fathers in Homœopathy I must appeal to your humanity, that you may awake and strive to find the straight and narrow path presided over by the genius of self-sacrifice in which they walked in the light of similia.

Dr. Reed: Dr. Boger has asked me to say a few words in regard to his paper, although I don't think that there is very much that I can say, and I am sure that I can't add anything to it. One or two points, though, appealed to me, and one of those points was the expression "philosophical materialism." About the only thing materialism leads to is that which appeals direct to the senses. We should bear in mind, however, that science always considers things more philosophically than it does materialistically, because science always reveals things that the materialistic world never dreamed of. The philosophical type of mind seems to be necessary to the thinking type of medical man. I believe that the reason for this, or one of the reasons is that many of the fundamental doctrines of

Homœopathy require rather an intuitive comprehension, and are in themselves rather essentially philosophical in nature, rather than material. Unless we can see the broader applications of the idea we are more inclined to regard it as a definite value than merely as a relative one. That may work better sometimes than it does others but we should always bear in mind that from time to time, with enormous leaps sometimes, Homœopathy has advanced from the materialistic conception to less and less of a materialistic conception or idea and more of an abstract principle. You know the original savage idea of medicine was that a disease was an evil spirit which flew away and flew out of the body—that comprised their theory of being sick and getting well. They thought this evil spirit flew in from the outside to within a man. They thought that he had a material evil spirit that got into his body and stayed there but that it was one which could be thrown out by the proper measures. Hence it was that they employed so many purging and vomiting and coughing and laxative drugs. Those were all primitive methods of treatment; that was the origin of our present-day cathartic treatment. The style of medicine in vogue today is merely a retroaction—a mere left-over remnant of the infantile type of mind that looks upon disease as something material that got into the body from the outside. That is a very good example of a very crude and poor type of pathological thinking. Now if we are recurring to the psychological type of thinking, and the psychological law, we must consider this in regard to converting members of other practising creeds to our faith, and that is, that wherever there is an abrupt ending between the man's last line of thinking according to his own ideas and his first line of thinking in ours, it is up to us to bridge this gap by something which will connect the two. We cannot convert a man to anything unless we provide some means of communication between the last point of the search for knowledge with the point on which we are standing and on which we expect to persuade him to stand. How in the name of common sense is he going to get across without a bridge? Now that brings to me the thought that we

should not stop the work of propaganda—spreading our doctrine among others, and demonstrating the practical results of our work. It is just this kind of work that is going to lead the materialistic type of man over to our camp, and I believe that in the long run it is going to result in a higher and much better type of Homœopathy. I was very much interested in the quotations from Hahnemann, which I think were read yesterday, in which he said that the discovery of the dynamization of drugs was even a more important discovery than the law of similars, and one would be inclined to wonder, perhaps, why it has not had a wider acceptance than it has met with thus far, and really I myself am surprised that it has not. Here he has actually demonstrated to us, for our assistance and benefit, specifically and presumably to our own satisfaction, a truth of vital importance, yet on account of certain theoretical facts of chemistry, as has recently been shown, it has not received the acceptance which it deserved. It tells us how and why we divide substances in a certain way to get certain results. That just reminds me of a little story I have heard of Carver, the great French naturalist, who was investigating something about the divisibility of matter or the radiation of matter, and he was experimenting on the mistrial moth, which is a very rare moth, sometimes called the peacock moth. He said that he didn't believe that there was more than one peacock moth to the square mile in that particular district, and the female peacock moth was brought to his house and there were at least thirty or forty male peacock moths came flying in. The moths flew against the wind and they must have flown at least ten miles in all directions to produce that many male moths. He made other experiments with astonishing and interesting results and finally he believed that the emanation from that female must have proceeded at least ten miles against the wind—showing the extreme divisibility of matter.

Dr. Boger: Every human being has within himself enormous stores of energy and the only possible way to tap that store of energy is through similar action.

HAHNEMANN'S SIXTH EDITION OF THE ORGANON.

WILLIAM BOERICKE, M.D., SAN FRANCISCO, CAL.

Ever since I obtained possession of the prized volume of Hahnemann's interleaved copy of his fifth edition of the *Organon*, which he used and converted into the sixth by changes, annotations, additions, and so forth, I have been much impressed with the need of a correct rational attitude on the part of the school towards this final literary work of Samuel Hahnemann. We are in danger to expect too much with the inevitable result of disappointment. A correct estimate of the historical background and recognition of the remarkable, rounded, practical completeness of even the first edition of 1810 will, however, curb any unreasonable expectation of a too optimistic discipleship.

Remember that, from the very beginning of the school, we had a few of his followers who were inclined to look upon him more as a revelator from on high rather than as the patient scientific investigator; men who idealized and idolized him and looked upon his doctrinal edifice as perfect and final. And this element of our school did much to build up the *Materia Medica* and practice unhesitatingly by the light of his philosophy. We owe indeed very much of the success of the school to their labor and faith.

Again, the *Organon* itself has the unique distinction of perennial vitality. It is published in all languages and though five editions were issued by Hahnemann, the essential, fundamental root Principles of Homœopathy are found in the first almost as perfectly and positively stated as in the sixth. It seems then that the *Organon*, like Minerva from the brain of Jupiter, came forth practically perfect as a guide to the theory and practice of Homœopathy.

These two facts we must bear in mind to understand the conditions dependent on them:

1. The loyalty, devotion to and idealization of the Master was extended to all his works and especially to that mountain of therapeutic light, the *Organon*; and every edition was ac-

corded greater authority—so when it was known that a sixth edition was prepared and really ready for the press, the publication of it seemed to the whole school the one thing needful for its perfect development. Hahnemann himself had apprised several of the preparation of another edition, as seen, among others, in a letter to Boeninghausen, his most appreciated follower and intimate friend. Writing to him from Paris, he states: "I am at work on the sixth edition of the Organon, to which I devote several hours on Sundays and Thursdays, all the other time being required for treatment of my patients who come to my rooms." And to his publisher, Mr. Schaub in Dusseldorf, he wrote in a letter dated Paris, February 20, 1842, "I have now, after eighteen months of work, finished the sixth edition of my Organon, which has been made as perfect as possible (welches nun die möglichst vollkommene geworden ist)." He expresses the wish to have it printed in the best possible style as regards paper, perfectly new type and in short he wants its appearance to be unexceptionally fine as it would most likely be the last.

The desire for possession of the last recorded teachings of Hahnemann, based on the experience of the last dozen years of his intensely active professional life in Paris, reacted on the heirs who were in possession of the literary remains and they put extravagant demands on the manuscript, which made all efforts to obtain it impossible.

Time and death of the nearer relatives, and at last the dire suffering of the Great War brought the opportunity to get the book to the man who had studied the situation for over fifteen years—Dr. Richard Haehl. It is now in the publisher's hands in Stuttgart for a German edition, while the English edition will appear in a few months in this country.

2. The other point, the practical completeness of the Organon from the first edition, *so far as practical application of Similia is concerned*, not involving any essential changes throughout the different editions, precludes the idea that any *vital* changes could be found in the sixth. Whatever changes, additions, and so forth he made would, in the very nature of

things, be most likely in the way of corroboration, verification, illustration and explanation. And so indeed I find it to be. At first this is disappointing. Whether expressed or not, some of us could not get away from great expectations. But in view of my second point, this was unreasonable. We have in this final edition a review of every single paragraph, a repolishing of it as shown by changes in phraseology; some notes entirely eliminated and a few entirely rewritten but not changed in essentials.

He added a long note to paragraph 11, entirely new, explaining his term of Dynamics which I herewith append.

HAHNEMANN ON DYNAMICS.

(From the sixth edition of the Organon, now being translated).

In a note to paragraph 11 of the Organon, Hahnemann gives the following explanation of his use of the word *dynamis*:

“What is dynamic influence—dynamic power? We perceive our Earth by virtue of a hidden invisible force causes the moon to revolve around her in 28 days and several hours and how the moon alternately in definite established hours raises our northern ocean to flood tide and again correspondingly to ebb with certain difference at full and new moon—our senses not perceiving how this is produced. Evidently not through material agency, not through mechanical contrivances, like in human works. And so we see numerous other events around us as results of the action of one substance on the other without recognizing a sensuous connection between cause and effect. The educated man, trained in abstraction and making comparisons, alone is able to form a sort of supersensual idea which suffices to keep away from his thoughts everything material and mechanical. He calls such action dynamic; i.e., such as follow one another through action of absolute specific, pure force. Such is the dynamic action of morbid agents on healthy human beings, as well as the dynamic power of medicines upon the life principle for restoring health—nothing else but infection, thus not at all material, not at all mechanical similar to

the force of the magnet that draws to itself forcibly a piece of iron or steel. We notice that the piece of iron is drawn to one pole of the magnet, but *how* it is done, is not seen. The invisible force of the magnet, in order to draw to itself the iron, requires no mechanical or material aid, no hook or lever. It draws the object to itself and acts on the piece of iron or needle of steel by means of a purely immaterial spirit-like, specific power, i.e., 'dynamic.' It imparts to the needle of steel the magnetic force — invisible dynamic — and furthermore, the needle even without actual contact with the magnet can be magnetized at a distance from the magnet and transmit to other needles the same magnetic (dynamic) properties that were received at first from the magnet. Just as a child infected with smallpox or measles imparts to a healthy child without contact in an invisible dynamic way smallpox or measles without anything material passing from one to the other or could possibly so pass, any more than anything material passed from the pole of the magnet to the needle. Only a spirit-like, specific influence imparted to the child the same variola or measles and to the nearby needle the magnetic force of the magnet. And in a similar manner we must interpret the action of medicines on the living organism. Substances that are used as medicines are only such so far as they possess a distinctive specific power to alter the state of health of man by virtue of a dynamic, spirit-like influence (exercised through the living sensitive fibres) upon the controlling life principle. The medicinal element of the natural substances that we designate, in a restricted sense, medicines, is related solely to its power to bring about alterations in the condition of the animal life. It is upon this spirit-like vital principle alone that the health-changing spirit-like dynamic influence is exerted just as the nearness of a magnetic pole to steel can communicate magnetic force alone by means of a kind of infection, but not other qualities, not, for instance, more hardness or ductility. And thus the state of health is changed by every special medicinal substance by means of a kind of infection in a manner exclusively peculiar to itself and not like that of another medicine, just as the nearness of a

child with smallpox can communicate smallpox only to a healthy child, and not measles. It is dynamic as happens through infection and such action of medicines upon our state of health takes place without imparting of material particles of the medicinal substance. The smallest dose of the best kind of dynamized medicines which, according to calculations that have been made, only such minute material quantities can be contained that their smallness cannot be conceived or grasped by the best arithmetical brain, yet this manifests far more healing virtue in a proper case of disease than large material doses of the same medicine. This smallest dose can, therefore, contain (embody) only the pure, freely exposed spirit-like medicinal power and can only dynamically produce such great action as can never be produced by the crude medicinal substance even when given in a large dose. It is not the material particles of these highly dynamized medicines or their physical or mathematical surface, an assumption with which the higher powers of the dynamized medicines still continue to be materially accounted for, but in vain.

“More likely, there lies invisibly in the moistened globule or in its solution an unveiled, liberated specific medicinal force contained in the medicinal substance, which acts dynamically through contact of the living upon the whole organism, and this without, however, imparting anything material, no matter how attenuated, and acts more powerfully the more immaterial and freer it becomes through dynamization. Is it then so wholly impossible for our celebrated generation, rich in enlightened and thinking men, to think of dynamic power as something immaterial, since we daily see phenomena that cannot be explained in any other way? When you see something nauseating and are inclined to vomit, do you then have a material emetic in your stomach that produces this anti-peristaltic action? Is it not the dynamic action of the nauseating sight alone on your imagination? And when you raise your arm, does it take place by means of a material visible instrument, a lever? Is it not the spirit-like dynamic force of your will alone that raises it?”

In this latest edition he lays even greater stress on the most

painstaking care and accuracy in preparing potencies, and especially in administering the remedies, and finally withdraws his former advocacy of the single dose in favor of *repeated* doses, *but in varying potencies*. He does not uphold the continuous repetition of the *same* potency. This change is based on his large experience in the latter part of his professional life in Paris, where he again undertook to see patients suffering from acute diseases. However that may have been, this was his final teaching.

Following the teachings of the fifth edition, he holds fast to the doctrine of the universal sway of the vital force, the term now changed invariably to "life principle." Just why he did so is not very apparent unless perhaps he eliminated a possible mechanical association inherent to the word force and perhaps more foreign to the term life principle. In one place he speaks of the "vital force of the life principle."

All disease and all drug action is a disturbance of the orderly normal flow of this Life Principle. An interesting minor yet important addition to the "totality of symptoms" is the special recognition of *modalities* and of the *etiological factor* so far as than can be ascertained. But this is not new of course. It is interesting to see how his later experience tallies with that of the school in these directions. Very few of us, and those very seldom, have remained steadfast to the single dose, and all students of *Materia Medica* have learned the important value of modalities of drug action and the high clinical value in their application.

The school as a whole has never followed Hahnemann in his dogmatic directions as to the method of preparing and administering potentized remedies. They certainly will not endorse or adopt his even more emphatic position as given in this sixth edition. In his pedantic insistence upon merest detail we must certainly differ; for we know from our experience and experiments in potentizing that very different methods will produce equally effective preparations. I need only call attention to the Fluxion potencies of Fincke, Skinner, Swan and others, prepared without Hahnemann's succussion or ratio and Jeni-

chen's and Dunham's preparations by means of most powerful physical aid. But listen to his own words:

"According to my first directions one drop of the liquid of a lower potency was to be taken to 100 drops of Alcohol for higher potentiation. This proportion of the medium of attenuation to the medicine that is to be dynamized (100:1) *was found altogether too limited to develop thoroughly* and to a higher degree the power of the medicine by means of a number of such succussions without specially using great force, of which wearisome experiments have convinced me.

But if only *one* such globule be taken of which 100 weigh one grain and dynamize it with 100 drops of Alcohol, the proportion of 1 to 50,000 and even greater will be had, for 500 such globules can hardly absorb one drop for their saturation. With this disproportionate higher ratio between medicine and diluting medium many succussion strokes of the vial filled two-thirds with Alcohol can produce a much greater development of power.

"But with so small a diluting medium as 100 to 1 of the medicine, if many succussions by means of a powerful machine are forced into it, medicines are then developed which, especially in the higher degrees of dynamization, act almost immediately, but with furious, even dangerous violence, especially in weakly patients, without having a lasting, mild reaction of the vital principle. But the method described by me, on the contrary, produces medicines of highest development of power and mildest action, which, however, if well chosen, touches all suffering parts curatively.

"In acute fevers, the small doses of the lowest dynamization degrees of these thus perfected medicinal preparations, even of medicines of continued action (for instance Belladonna) may be repeated in short intervals. In the treatment of chronic diseases, it is best to begin with the lowest degree of dynamization and when necessary, advance to higher, even more powerful but mildly acting degrees.

"This assertion will not appear unlikely, if one considers that by means of this method of dynamization, (the prepara-

tions produced I have found after many laborious experiments and counter-experiments to be the most powerful and at the same time mildest in action, i.e., as the most perfected), the material part of the medicine is lessened with each degree of dynamization *50,000 times* and yet incredibly increased in power, so that the further dynamization of 125 and 18 ciphers reaches only the third degree of dynamization.

"The 30th thus progressively prepared would give a fraction almost impossible to be expressed in numbers. It becomes uncommonly evident that the material part by means of such dynamization, (development of its true, inner medicinal essence) will ultimately dissolve into its individual spirit-like essence. In its crude state, therefore, it may be considered to consist really only of this undeveloped spirit-like essence."

Then his new views on Dosage departing from the single dose of a potency to one changed by further succussion so "that the degree of every dose deviates somewhat from the preceding and following."

Let me quote note 1 to paragraph 246:

"In the 5th edition of the Organon, in a long note to this paragraph in order to prevent these undesirable reactions of the vital force, I said all that the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new, perfected method, changed since then.

"The same selected medicine may now be given daily and for months, if necessary, in this way, namely, after the lower degree of potency has been used for two or three weeks in the treatment of chronic disease, advance is made in the same way to higher degrees.

"We ought not, even with the best chosen homœopathic medicine, (for instance one pellet of the same potency that was beneficial at first), to let the patient have a second or third dose, if the medicine was dissolved in water and the first dose proved beneficial; (for) a second or third and even smaller dose from the bottle standing undisturbed, even in intervals of a few days, would prove no longer beneficial: (not) even

though the original preparation has been potentized with ten succussions, or as I suggested later with but two succussions, in order to obviate this disadvantage, and this according to above reasons. But through modification of every dose in its dynamization degree as I herewith teach, there exists no offense, even if the doses be repeated more frequently, even if the medicine be ever so highly potentized with ever so many succussions. It almost seems as if the best selected homœopathic remedy could best extract the morbid disorder from the vital force, and in chronic diseases to extinguish the same, only if applied in several different forms."

Does not our larger experience by thousands of capable unbiased observers for 75 years since he penned these last directions justify us, not to ignore them, but to recognize that he placed undue emphasis on means and methods which may vary and on his latest views on potentiation, forgetting the great value of his own former methods that appeal to most of us by their simplicity and rationality and their practical serviceableness.

In our renewed interest in isopathic remedies and their exploitation by the old school, it may interest us to hear what Hahnemann had to say.

"To attempt to cure by means of the very same morbid potency (*Idem*) contradicts all normal human understanding and hence all experience. Those who first brought Isopathy to notice, probably thought of the benefit which mankind received from cowpox vaccination, by which the vaccinated individual is protected against future smallpox infection and, as it were, cured in advance. But both, cowpox and smallpox are only similar, and in no way the same disease. In many respects they differ, namely in the more rapid course and mildness of cowpox and especially in this, that it is never contagious to man by mere nearness. Universal vaccination put an end to all epidemics of that deadly fearful smallpox to such an extent, that the present generation does no longer possess a clear conception of the former frightful smallpox plague. Moreover, in this way, undoubtedly, certain diseases peculiar to animals

may give us remedies and medicinal potencies for very similar important human diseases and thus happily enlarge our stock of homœopathic remedies."

Of course he expects such nosodes to be proved on the healthy as Psorinum, Hippozamin, Lyssin and so forth, have been, and perhaps used intercurrently, as clinical experience has seemed to justify, on their general homœopathicity to the underlying disease; but certainly not as exclusive remedies for their respective diseases, like the Tuberculin treatment of the old school.

But after all, the changes and annotations of this sixth edition, whether important or valueless in our sight, matter not at all in view of the fact that here in our hands, we have the very book handled by Samuel Hahnemann. Every sentence of it he pondered over, rearranged, changed or erased; and thus, as a literary treasure, it will be for all time of the highest distinction in the medical world. And when you think of the contents, the creative force which has produced the outward, organized Homœopathic School with its literature, hospitals and colleges and millions of adherents, our wonder and our veneration of that genius is unbounded.

In this last edition Hahnemann lays more stress than ever on the importance of the Vital Principle as the prime, causative factor in the production of disease and in the action of remedies. Surely we, his disciples, will hesitate to refuse acceptance of this doctrine, especially in view of the discovery and utilization of all similar inner, unseen, great forces of Nature that have come into daily useful service and created a new modern world of Health and Wealth.

Was not Hahnemann the pioneer in his own field in the recognition of these creative forces? Modernism in Medicine!

Go back to Hahnemann! And the Organon!

POSSIBLE HOMŒOPATHIC REMEDIES.

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The wise man said there was no end to the making of books. The same may be said of homœopathic remedies. Every sub-

stance has the inherent power of producing an effect on the system of some man, woman or child, causing symptoms, and hence has the power to eradicate the same or similar symptoms, when caused by disease. The law is that whatever a substance produces in the way of making sick a healthy human being, when given to a person made sick from another cause with the same or similar manifestations of a symptom complex, the same character of variation from health, the same expression of unhealth or sickness, in the potentized form will act curatively and restore such an one to a state of health. This has been demonstrated in the past hundred years very many times by the homœopathic profession. No matter what that substance may be, if it has a sick making power it also has a healing power equal to its sick-making power. The incredulous denounces a substance as being too commonplace, or may be too unusual, to become effective as a remedy. I heard one homœopathic physician say he would not give *Laccanium* shelf room. When asked if he had ever tried it he said he had not. This was a refusal without reason and hence could only be the result of ignorance and a biased mind. The wise man, the clear reasoning mind, will not reject anything without investigation when possible, especially when honest men of equal or superior minds testify to its truthfulness and certainty. The remedy spoken of is one I could not get along without as it is so efficacious in many different cases. It is almost a polychrest.

The minerals, and some plants like *Lycopodium*, were and are generally considered inert, without any physiological effect whatever, but we have a long list of remedies made from such supposedly inert substances. Potentiation brought out inherent powers little suspected by any one before Hahnemann's day. When we consider *Silica*, *Hecla lava*, *Lapis albus*, not to mention others, we of the homœopathic profession of years experience with the minerals, especially with *Silica*, are ready to believe any and all minerals will effect the system of man and prove to be a homœopathic remedy in potency of more or less influence and power. How could we get along without

Silica the polychrest? To be successful we could not. It is one of our sheet anchors though seemingly so crude and inert. Potentiation has loosened the molecules, breaking up the atoms and thus liberating the power or potency of the substance so it will act on the finest tissues of the body curatively. What the crude cannot do the disintegrated and broken up atoms can do with all celerity and certainty. Thus we have a range of remedies not otherwise at our command or even to be thought of.

Lycopodium, the club moss, has been considered so inert and harmless by our old school fraters, before they descended to the practice of patent medicine under the guise of proprietary compounds, that they used it to prevent their raw pills from massing and dusted it on the raw sores of babies as a preventive of folds of skin sticking together when denuded, or to prevent dressings adhering. By the acid of potentiation this remedy has certainly become a polychrest, a potential power of the first rank.

Some of the metals and elements in the crude have been used by the dominant school for centuries, but they fail to get the curative powers they desire simply because of the crudity of their remedies. Gold, Silver, Iron, Zinc, Platinum, Lime, Magnesia and others have been used with a modicum of success owing to the same cause of crudity, but with the homœopathic law of potentiation all the metals have become reliable and active remedies of great power, as have some other elements. They are deep acting and when indicated by the symptom complex will perform wonders in the cure of the ills of suffering humanity. They are essential in our armamentarium. We would be at a great loss without them.

We need only mention the plant or vegetable kingdom as the source of reliably effective remedies. The dominant school has largely discarded this source of help. In the past they have extolled a plant to the skies one year and discarded it as useless the next. Why is this? Simply because they have no unerring guide to lead them in their use. They "try-out" the remedy on superficial indications or by hearsay, and when they

naturally fail they say it is inert and no good and discard it to take up something else, some new fad they have heard was good, to discard it in due course of time and failure. How different with the homœopathic school of medicine? Instead of guessing, the drug is proven on the healthy, its sick-making powers ascertained and recorded, then carefully verified by wise prescribing. Old provings are just as good today as when made, in fact our oldest provings are our best because more homœopathically proven. Hahnemann's lists of symptoms, made more than a hundred years ago, remain our sheet anchors and most reliable indications for prescribing. Truth never alters. Facts of nature are the same today as in the beginning of time. The source of reliable remedies from the plant and vegetable kingdom is almost endless, for every plant grown may prove to be curative of some sick condition when its properties are known and tested. Scientists are seeking out the secrets of nature and discovering data little anticipated. Radium alone should establish the basic principles of the homœopathic law of potency, for its powers are cast forth for very many years without losing its weight or bulk to any great extent. One swallow does not make a summer, but proves that other swallows are around and will soon show themselves. Radium gives a manifestation of a law which shows, like the one swallow, that it is not alone in the field of truth. The rays of Radium are liberated by a law of nature; the inherent forces of a remedy are liberated by the law of potentiation, and are just as efficient. Experience has proven the power of these radiations of Radium; experience also has proven the development of the power of our remedies by potentiation. Experience is far better than all theory or the imaginations of the puny mind and reasoning powers of man. This puny mind we know to be amiss most of the time when essaying new theories without experience, but the facts of nature gained by careful consideration of experiments are true and abiding forever. The provings of the homœopathic remedies are the same yesterday, to-day and forever, and will remain the only reliable source of curative drugs.

Articles of our common foods are a prolific source of remedial agents as is well known to the profession. Any of the most common of everyday foods may, and often do, cause a sick condition in the sensitive person. Even milk disagrees with some babies and causes sickness and will cure a similar condition when indicated. Sugar, salt, tea, coffee, potatoes, buckwheat, lettuce, asparagus, etc., are all known remedies with efficiency in the cure of the sick. I remember a boy from the farm, very fond of milk which he drank in great quantities, with lower face about the mouth and chin covered with large yellow and brown scabs with a greasy appearance. *Lac vaccinum* in potency, with orders to restrict the supply of milk, though not entirely stopped, very soon cleared the face entirely of the unsightly appearance and thereafter he was able to drink milk, but lost his undue craving for it. I knew a woman who was so sensitive to strawberries that she always had a red measly eruption all over the face and upper part of body after eating them. Some people are thrown into violent cramps after eating honey. One man I knew could not eat the least bit of beefsteak without having violent palpitation of the heart and stomach distress, but, strange to say, he could eat chicken, mutton and pork without bad results. It is well-known that buckwheat will cause an intense itching over the body of some people while others can eat it with impunity. Tomatoes will cause trouble with many people, as will potatoes, coffee, tea, and even wheat bread. These articles of food do not affect all persons in the same way, only those sensitive to the particular article. I had one patient with recurrent diarrhœa. My best selections only gave temporary relief till after much investigation it was discovered that potato was the cause. She craved potatoes and ate them in quantity. The diarrhœa ceased when she ceased to eat potatoes. Another patient, a professor in the State Normal, had recurrent spells with the stomach and general depression, feeling very mean and disqualified for mental work. The best I could do was to give him temporary relief. I had been telling him that apples were the cause, but he said that could not be as he had eaten

apples all his life. I finally got him to quit the apples for two or three months. During this time he had no return of the trouble when one day he came to the office for medicine for his father and said, "Well, doctor, you are mistaken about the apples being the cause of my old trouble as I ate one last night and feel fine this morning after a good night's rest." I told him to eat one choice apple each evening, chew it carefully so as to give the apple every advantage and report after a few days. About the fourth day he came back as bad as ever and said he guessed I was right as his old trouble had returned with a vengeance. Thereafter he let apples alone and remained in good shape. Here is a peculiarity to be noted as seen in these two cases from apples and potatoes, and that is that eating *once* of the forbidden fruit does not always do the harm, but only after two or more trials of the eating. The first eating will affect some deleteriously, while others may even feel better from one indulgence. Many people are deceived from this fact and attribute their trouble to something else. From these facts it is evident that the various foods may prove to be reliable and efficient remedies when we ascertain their sick-making powers on the sensitives. This sensitivity is essential and is not restricted to foods, for every remedy has immunes, persons who are not affected by it, from whom we can not get a proving.

The Sarcodes form a series of remedies of very great importance. They are remedies prepared from healthy animal tissues and organs, including the Sarcode-derivatives, such as *Cholesterinum*, *Lac defloratum*, *Pancreatinum*, *Pepsinum*, *Saccharum lactis*, *Thyroidinum*, *Urea*, *Uric acid*, and possible others. Some of these Sarcodes are well known today, such as *Calcarea carb. (Ostrearum)*, *Carbo animalis*, *Castor equi*, *Helix tosta*, *Lac caninum*, *Lac felinum*, *Ovi gallinae pellicula*, *Thyroidinum*, etc., and part of them are polychrests used extensively. They are invaluable to us as curatives. It would be impossible to get along in active practice without part of them. A carpenter might as well try to ply his trade without

a saw or the mason without a trowel. The list from this source may be extensively increased in the future.

The Fungi and Lichen give us *Agaricus*, *Boletus*, *Bovista*, *Secale*, *Ustilago*, *Cetraria*, *Sticta pulm.*, and other remedies well known and of very great use and importance.

Venomous snakes give us *Cenchrus*, *Lachesis*, *Naja*, *Vipera torv.*, etc. *Lachesis* is a polychrest of the highest value and very frequently used. Others are equally reliable though not so frequently called for.

Insects prove a possible source as *Aranea*, *Cimex*, *Culex musc.*, *Coccus cacti*, *Pulix irritans*, *Tela aranea*, etc., have been successfully used in curing the sick.

And even the imponderables, *Magnetis polus australis*, *Magnetis poli ambo*, *Electricitas*, *Luna*, etc., extend the field to useful remedies. Many an ingrowing toe nail has been really cured by *Magnetis p. aust.* The others have not been used so much, but the pathogenesis of each is given by Clarke in his Dictionary of the Materia Medica.

The list might be extended by proper investigation and careful study. What we need is a set of men like Hering, Wells, Swan, Lee, Lippe, Allen, and others, whose hearts were in the good work and labored night and day to develop the Homœopathic Materia Medica for the good of the profession and of humanity. They were tireless workers and deemed an advance along this line of more importance than the income from their practice. To-day our fraters are remiss; there is but little done, comparatively, along this line of development.

What shall we say of the Nosodes, remedies derived from morbid tissues and secretions containing the specific virus of diseases? Some twenty of the animal and four of the vegetable nosodes are now used with success. The list may be extended largely. We of this society all know and appreciate their use and value. It would be impossible to-day to get along without them. Our usefulness would be wonderfully curtailed and menaced.

We see from all this the possibility of the Homœopathic Materia Medica and the enormous increase in our symptoma-

tology. When we view the list we shrink in dismay in having to learn or use it all. The only remedy the weaklings propose is elimination, cutting out the assumed useless symptoms. I would ask who is to do this cutting out? Not those best qualified, surely, for they see the value of all the symptoms: they would cut none out, or very few at most. Because a man has no knowledge of a symptom is no reason that it is valueless or useless. By this course some of our most valuable symptoms would be eliminated and thus our power to heal would be immensely circumscribed. The English language has not a few words itself, so many that no mind can grasp or use them all. Because of this shall the dictionary be emasculated? Shall the greater number of words be eliminated? Shall usefulness and utility be sacrificed to accommodate and please the ignorant and the weak mind of the incompetent? Certainly not. When any man fails to comprehend a word he goes to the dictionary for information and seeks to understand and know the meaning of the unknown word. Language is not discarded, reviled, because of the ignorance of the unlearned and incompetent. The dictionary is enlarged from year to year as the words multiply and increase. This is as it should be. And this is what should happen to our *Materia Medica*. Instead of emasculating it we should seek to make it usable by the profession. To accomplish this study and the repertory are essential.

Most men have their own way of study and of stimulating their memory. The manner of one will not be suitable to all. The memory is a great picture gallery where images are recorded for future use. When you hear the name of a man you well know you see the man plainly and if he has any *peculiarity* that will come out all the more vivid and clear, or more correctly, the peculiarity has made the picture all the more marked and clear. My plan has been to utilize this feature of memory. When studying the *Materia Medica* I close my eyes and SEE the picture of a patient with as much clearness as possible; the more vivid the picture the more the image is fastened in the memory. Associated with the image of the

patient suffering with the symptom under study I associate the remedy so that when I see such a patient on the bed in actual practice the remedy is seen promptly. This promptness of the remedy coming into mind is proportioned to the vividness and clearness of the picture formed. This is in line with experience in actual practice. We can and do remember the remedy given in severe cases that have responded promptly to our selection of the remedy. This is why the old practitioner is usually better than the novice. The novice may have learned many symptoms by rote, but he can not apply his knowledge, he is more or less confused and hesitates till experience gives him confidence not only in himself, but also in the homœopathic remedy and law of cure.

Another way of mastering the intricacies of our remedies has been to have my wife read to me cases reported in the journals, especially the old Homœopathic Physician and Medical Advance which contained reports of cases by the master prescribers. These cases were well taken, hence half of the difficulty was accomplished. She would read the case as given and not reveal the remedy. I would then select a remedy offhand. If mistaken I would go to the *Materia Medica* to find the reason for my mistake. I soon got so I could select the right remedy in most cases, unless the case was very complicated or I was unfamiliar with the right remedy. This way makes the rapid and ready prescriber and saves time and labor. But I always verify my selections when in the least doubt or when at the office. I always carry a book and find the people usually have more confidence because I am careful in my work.

With any plan adopted and with the keenest and best mind the Repertory is essential in nearly all cases, especially the complicated and obscure cases and chronics. Though far from perfect, Kent's heads the list of repertories and is the best.

Bureau of Materia Medica

DR. FRANK W. PATCH, FRAMINGHAM, MASS., CHAIRMAN.

GRINDELIA ROBUSTA.

GRACE STEVENS, M.D., NORTHAMPTON, MASS.

The *Grindelia* belong to the *compositæ*. They are a large genus of coarse gummy or resinous herbs, having large radiate heads of yellow flowers. They grow chiefly in western North America and the *Robusta* is found on the Pacific coast and inland on the mountains. The common name is rosin weed.

For medicinal purposes, a tincture is made of the fresh herb. This was proved by Bundy and by Hale, and the provings were published in Volume 25 of the *North American Journal of Homoeopathy*.

The most pronounced action of the drug is; first, on the pneumogastric nerve, producing a seeming paresis; and, second, on the skin.

In order of appearance, the symptoms produced by the provings were as follows:

1. A feeling of intense fulness in the head, as after a dose of Quinine.
2. Soreness of the left eye-ball and a pain, rheumatic in character, running backward through the eye.

3. A like pain in the right knee.

4. Pain extended from the left to the right eye. Both eyes became injected, the pupils dilated and the pain was worse when moving the eyes.

5. A cutting pain in the regions of the spleen and liver with rheumatic soreness, making the prover so restless that quiet was impossible.

Later there appeared the action on the pneumogastric. Respiration ceased when the prover fell asleep and he was awakened by suffocation. The skin reacted to the poison by developing a red roseola-like rash, with intense burning and itching.

Its action on the eye has led to the use of this remedy in some cases of conjunctivitis and in iritis, either traumatic or due to metastasis of rheumatism. The pain is worse when moving the eye.

In its relation to the skin, *Grindelia* has proved an effective antidote to *Rhus tox.* poisoning, with the intense burning and itching. Boericke says it may be used locally or internally.

Its use in chest diseases is especially interesting. As has been said, the proving itself seemed to show a paresis of the pneumogastric, since each time the prover dropped to sleep, respiration ceased, and he was awakened by a sense of suffocation.

Grindelia proved very useful to me in two cases during the past winter. The first case was that of an elderly man with aortic obstruction, mitral regurgitation, and severe bronchitis. Every time he dropped to sleep, respiration ceased and he woke in distress, gasping for breath. *Grindelia* relieved this symptom very much.

The second case was that of a woman about forty-five who had suffered a great nervous shock. Her heart was muscularly rather weak, her blood pressure less than one hundred. Frequently she was awakened, both day and night by great distress, a feeling that everything had stopped, and a sensation of sinking: she dreaded to go to sleep. *Grindelia* brought almost instantaneous relief and gave her some good nights' sleep.

It is interesting to note in relation to this last case, that the patient came to me in the first place on account of intense pruritis of the vulva, and that in previous years she had suffered much from rheumatic iritis.

The Chairman: This paper is open for discussion. There isn't much room for discussion on this paper but if anyone has had any cases confirming the action of this remedy we would be glad to hear from them.

Dr. Rushmore: I would like to know whether you have used *Lachesis* in any of those cases which you were dealing with? Did you use *Lachesis* in connection with *Grindelia*?

Dr. MacAdam: I have only used *Grindelia* in one case and that was very similar to that Dr. Stevens has described. It was one of failing compensation. Diuretic wine was used, but had very little effect, though it gave some relief. The man got the most relief during a period of about two months from *Grindelia*. The greatest relief he had during all that time was received from *Grindelia robusta*. It gave him more comfort.

Dr. Woodbury: I have reference to a case of an acute illness of my father. I believe, Mr. Chairman, that it was a form of bronchitis and as there was no one else in town to whom it could be referred for a remedy, I think it was my brother who suggested *Grindelia*. It had that same characteristic of agitation on awakening, and when it was given in low potency it would give relief. I believe it is one of the remedies used very often in those cases, and I have personally verified its use in the very troublesome itching of ground moss, which was so common in New England a few years ago. That was given comparatively in crude form.

The Chairman, Dr. Patch: If there is no further discussion on this paper will Dr. Stevens answer the question in regard to *Lachesis*?

Dr. Stevens: In both of these cases *Lachesis* was given with very little relief. One of the individuals treated finally died. Before he died he got so that he could stop respiration

and begin right over again without any distress but at first it was very distressing and he suffered considerably, and the patient awoke, actually struggling for breath.

THE DURABILITY OF THE INTANGIBLES.

PLUMB BROWN, M.D., SPRINGFIELD, MASS.

"The wolf shall lie down with the lamb, and the leopard shall lie down with the kid, and the calf and the young lion and fatling together and a little child shall lead them." A simple, forceful but intangible truth, yet to be fully realized.

We hear much, very much these days about the great changes in both conditions and people. The relations of life have changed, man and his environment have undergone revolutionary changes. The theories of digestion and the ideas of disease, their communicability and eradication have undergone great change. We are unwell because we have a lack of vitamins, low calories, an unbalanced diet; a hypo or hyper secretion of glandular extract, etc. Bread is no longer the staff of life.

Change and decay in all around we see. Man the four square composite being, mental, moral, physical and spiritual or the cerebro spinal and the sympathetic man, does not live by bread alone but by every word, mental, thought moral, or action physical, prompted by the inmost soul spiritual, of man.

I frequently ask myself, possibly some of you have done the same—ask ourselves after all is there anything or anybody reliable. Yes, a thousand times yes, but nothing save the intangibles are durable. Kindness, that forceful yet intangible power is what we and all the world most sorely need. "I came that ye might have life and that ye might have it more abundantly." Life and truth both are intangible yet they have been, are and ever will be the same.

In articles nine and ten of the Organon we read, "In the healthy condition of man the spiritual vital force, the dynamis

that animates the material body, rules with unbounded sway. The material organism derives all sensation and performs all of the functions of life by means of the force which animates the organism."

Mental science, Christian science, organotherapy and all other allied practices which deal solely with mind and matter, one or both, are of necessity transitory, in their effects. In the words of Hahnemann, "Indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine."

We as homœopathic physicians are here today in the interest of life and the search for truth. The truth of the principles of Homœopathy have thus far proven to be intangible. A medical man of different belief told me recently that there were but three drugs in the *Materia Medica* that were durable, viz., Quinine, Mercury and the Iodides.

A little child can teach us better than that.

In 1889 while studying in my perceptor's office and during the epidemic of Russian influenza, I had my first and only attack of influenza. I well remember the course of the malady, how it seized me with a chill followed by burning and freezing, sniffing and wheezing, shivering and quivering, creeping and weeping, sweating and fretting, collapsing and relapsing. Thank God, I was not given compound tincture of Benzoin, Antifebrin, Phenacitin, or Antipyrine, but as I was covered with goose flesh, fever without thirst, right sided headache, flushed face and injected sclera and a thick feeling tongue, I was given *Gelsemium sempervirens* and made a prompt recovery and have never had a recurrence.

Miss H., the postmistress, a most important personage in a small country town, reported one morning in 1889 that she was very sick, that there was no one to take her place and she must, if possible, have this attack broken up as she could not be sick. She complained of severe headache, a veritable brain ache, severe pain above the eyes and ears, very restless and

apprehensive. Her throat was very sore, with phlyctenules dotted over the left tonsil, rapid pulse, slight fever and a general sick feeling all over. A few powders of *Mercurius iodatus ruber* relieved her distress of mind and body, enabled her to continue her work and incidently grounded her faith in Homœopathy which was, in that vicinity a despised system of medicine.

Mr. C. consulted me in 1892 for what he termed rheumatism in his right arm; he had been under the care of allopathic physicians for weeks but his arm was progressively worse. The pain was excruciating, every muscle in the arm was aching, the arm felt heavy, weak and swollen, always worse on motion. One prescription of *Bryonia alba* was promptly effectual and he too was a convert to the "despised quackery."

Mrs. G., fifty years of age, consulted me for chronic headaches. She had suffered long years from periodical malady and incidently had suffered many things from many doctors. She was a bilious temperament, dark complexioned. The headaches were frontal and temporal largely, with some pain in the cerebellum, piercing, cutting and splitting in character. Indication of much inward fever, desire for large quantities of water, dry, hard, dark stools. One dose of *Bryonia alba* relieved as if by magic.

Miss. N. consulted me for a severe boring, grinding, sickening pain in her knee which she had had for seven years and for which she had consulted more than a dozen doctors in six different states. She said that she had used by actual count, as prescribed by physicians, twenty-three different local applications, fly blisters, Iodine, etc. The totality of her symptoms called for a remedy that I seldom thought of in trouble of the knee. One dose of *Carbo vegetabilis* gave her instant relief and she has never to this day had a recurrence.

Mrs. P. consulted me for asthma which had troubled her for nearly twenty years. She had taken all kinds of cures, specific, inhalations, sedative and narcotic with nothing but temporary relief. A careful analysis of her symptoms disclosed their identity in *Homarus*. One dose of which not only re-

lieved her, but cured her, as she has never had an attack since, now over ten years.

Mrs. G. consulted me in 1897 for post-diphtheretic paralysis of larynx of six months standing. She reported having been under the care of specialists, osteopaths, allopathic and homœopathic medicists with apparently no results. The totality of her symptoms called for *Colchicum*, one prescription of which was all that was necessary for complete restoration of function and health.

Mr. B. had for years been a great sufferer from periodical attacks of sick headache. At the time I was consulted he was having about two attacks each week. Family history was negative and he had always enjoyed the best of health, save for these headaches. He said he was desperate and must, if possible, have relief; he was willing to take or try anything prescribed excepting Morphine. The pain was throbbing, cracking, splitting, pounding and caused nausea. Migraine would relieve in a measure but would not give complete relief until he had slept for a few hours. A careful symptomatic study of the case called for *Bryonia alba*. The result from *Bryonia* in the lower potencies from 1x to 12x were about the same as Migraine, relief but not complete until after sleep. *Bryonia* 1m would relieve the attack in about fifteen minutes. The attacks grew less frequent and he has not had a headache for over five years.

Mrs. F., fifty-seven years, had not had an evacuation of the bowels for several days. She had used pills, castor oil and enemas with no results. She says she has had, on previous occasions, very serious times with stoppage of bowels. The entire family feared I was not duly impressed with the seriousness of the case but I must give her a very powerful cathartic. One powder of *Podophyllum* produced prompt and amazing results. Some one says these cases were treated years ago, but conditions are different now; there is less difference between the schools of medicine now than then, etc. Very true, but in my belief Homœopathy is the same to-day as then.

Many of us have changed, we do not study our cases as

carefully as formerly, we do not take the necessary time. How many of us have read carefully the *Organon* since leaving medical school?

We spend more time in our laboratories, most praiseworthy, making serums, vaccines and extracts, following the popular trend of scientific medicine. In this rush let us not forget the intangible yet durable but oft despised homœopathic remedy. He hath chosen the simple things to confound the great things.

In 1919 and 1920, when we were in the throes of Spanish influenza, and when, according to an anthenic old school journal, more deaths occurred from too much and too powerful drugs than from influenza. We find as elsewhere that Homœopathy stood the test when tried and was found dependable. The same remedies, when carefully selected and administered, gave the same results in 1920 as 1889.

A recognized homœopathic physician recently told me that by careful observation he found that less than twenty per cent of his prescriptions were made according to the laws of Homœopathy.

In justice and fairness to all and as proof that Homœopathy, the intangible, is durable and will work now as then, I beg your indulgence while I report from my books, my prescriptions made during my afternoon office hour on May 16th, 1921. I will not burden you with symptoms, simply giving the malady for which I was consulted, the prescription and the results. The potencies used were 3, 6, 12, 30, 200, 500, 1000. My work, with results, follows:

Mrs. D., thirty-five years of age, consulted me for acute tonsillitis. Belladonna was given with marked results for better, no other medicine needed.

Mrs. R., seventy years of age, wanted a bracer, suffering pruritis, procidentia, indigestion and exhaustion. Sulphur was given with some relief of all conditions; I hardly expected more.

Mrs. J., seventy-three years of age, has a grip cold which *Gelsemium sempervirens* helped very much.

Mr. H., twenty-six years of age, a grip cold was practically cured by *Eupatorium perfoliatum*.

Mr. W., eighty-nine years of age, received much benefit from *Kali bichromicum* for post nasal catarrh.

Mrs. C., twenty-six years of age, found *Mercurius corrosivus* just the medicine she needed for chronic nephritis.

Bessie S., twelve years, is improving from chorea under the influence of *Kali phosphoricum*.

Mrs. R., sixty-one years of age, has experienced some relief from *Cimicifuga racemosa* for neuritis.

Mr. H., sixty-five years of age, does not see much change following the use of *Mercurius solub.* for ulcer of right leg.

Mrs. B., fifty-one years of age, has experienced wonderful relief from *Myrica cerifera* for pain in right hypochondrium.

Mrs. S., forty-three years of age, has found some relief from *Eupatorium perfoliatum* for long standing malaria.

Miss B., thirty-six years of age, found *Asfoetida* a wonderful relaxer for a neurasthenic spine.

Mrs. C., thirty years of age, does not think she need come again as *Eupatorium perfoliatum* seems to have cured her grip cold.

Mrs. T., fifty years of age, has a jiggling, darting pain in right side caused by a congested right ovary which *Cimicifuga racemosa* relieved.

Mrs. B., sixty-one years of age, was greatly benefited by *Rhus toxicodendron*, given for rheumatism of left leg.

Mrs. S., forty-eight years of age, found much relief from *Chininum sulphur.* for "hot flushes."

Mrs. M., forty-four years of age, deriving much help from *Collinsonia* for most stubborn constipation.

Mrs. R., fifty-four years of age, has had great relief from *Psorinum* for an attack of bronchial asthma.

Miss L. has received much help, both physical and mental from the use of *Sepia* prescribed for acne on face.

What then is the trouble?

Our churches are in a state of turmoil, our business is in a state of chaos, our digestion is greatly impaired, our nerves are shattered and we cry "is there no help for us?"

"God is in his heaven, all's well with the world." "Be still."

What we need is calm, resolute, courageous men of high ideals, men of vision and convictions, who have the strength and courage of their convictions all of which are founded on the intangible but ever durable force of firm belief in God, confidence in mankind made in the image of God; and the principles as laid down by Samuel Hahnemann for the prevention and cure of the afflictions of mankind.

Then will the battle for God and humanity be won, if we remain firmly anchored to the foundations of intangible truths and show ourselves of true and sterling worth, by unfolding by hard and faithful work our precious inheritance and adding thereto as much personal energy and force as we can create. Then, with those who have gone and who are here present, we may sing the grand te deum—Homœopathy.

The Chairman: This most interesting paper is now open for discussion. I am sure that there is plenty of opportunity and occasion to discuss this paper.

Dr. Rushmore: Mr. Chairman, this very excellent paper has been most delightful to listen to. There is one thought, however, in regard to the constitution of man to which I would like to give expression, and it is drawn essentially from a single verse in Scripture to which reference has already been made,—“Body, soul and spirit.” I think that we will find that those three elements constitute our whole being. The spirit, the intangible and intellectual unit, the thinking part, the soul, the spiritual part and the body. The latter does not need to say what part it is. It is that in which the other two elements now exercise their activities. Now as to our knowledge of truth. It has been defined by one of the great masters of scholastic philosophy as the conformity of the intellect with its objects; and I believe that nothing more definite or more

true can be said about it; our minds, mark, possess the facts of that to which it is related, before it can be said to possess the truth in regard to it. Now we had a great many cases read to us, which might teach us and lead us to investigate and we need that investigation still. Yet, as a logical relation to remedies only serves as a suggestion for study, there are many beautiful cures told us, and the name of the remedy given that made those cures, but no clue whatever to the indications for those remedies. We honor the doctor as a successful physician, but I would like to have him give us the symptoms upon which the prescriptions that were given were based, that we may learn something from them.

The Chairman, Dr. Patch: Has anyone else anything to say on this paper?

Dr. Hutchinson: I would like to make one point clear in answer to Dr. Rushmore's very interesting comment, in the truth of the statements in which we all concur, I am sure, but there is another point on which we all concur, and that is when a cure is made we would like to know just why the remedy that made the cure was selected, but as a matter of fact, we all know that it is very difficult and somewhat tedious for a speaker to hold an audience trying to impress upon his hearers just his reason for prescribing a certain remedy. And as a matter of fact this physician has presented it in this way. He names over the symptoms which he had to deal with and then says: This was the total case, therefore I prescribed this remedy. He presents each case in totality. I feel very strongly, while I myself like to have that done—I like to have the reason given—I nevertheless feel very strongly that it is a very difficult and, I might say, almost a hopeless task to ask a physician to try to explain just why he prescribed certain remedies in certain cases when that patient affected by that case, where the patient mentioned in that case, as I say, is quite foreign to the acquaintance of the audience. I would also submit that the difficulty of explaining the reason for our selection is so great that perhaps that is an excuse that we are entitled to make.

Dr. Gross: Mr. Chairman, I think perhaps Dr. Brown is quite competent to defend himself, but nevertheless it seems to me that the criticism implied in Dr. Rushmore's remarks is hardly fairly grounded. I take it that the purpose of Dr. Brown's paper was not to give us a detailed account of the technique of homœopathic prescribing, but rather to give us the contents of a body of results which might tend to re-awaken or confirm us in our zeal for Homœopathy, particularly for the infinitesimal and the intangible things—not only medicines but mental and spiritual influences as well. Those are very important factors and I regard Dr. Brown's paper as a paper making for inspiration and for encouragement, and to call us back a little bit from the obsession of the minds of so many doctors of today, to recognize not only the material things, the tangible things, but also the intangible things, that are not visible. Observation of only the material is contrary to the true spirit, or to the spirit of the true scientist, as well as the true Hahnemannian. I think Dr. Brown's paper has served its purpose and that the criticism of not giving symptoms is not justified.

The Chairman: Is there any further discussion on that paper? If not I will ask Dr. Brown to close.

Dr. Brown: I have nothing further to say. Dr. Gross's remarks cover that idea exactly. I did not feel that time would permit of going into the details of each case, of course recognizing the fact that all of you would understand the totality of the disease as I presented it and grasp the circumstances, and the reason for my giving the remedy in each one of them.

CLINICAL CASES.

C. M. BOGER, M.D., PARKERSBURG, WEST VA.

Case 1. Intermittent fever for two years. Patient aged 71; confined to bed. Every day between 3 and 4 P.M., first a *crawling here and there over body*, then drowsiness ending in

stupor during which a violent shaking chill comes on. In spite of its violence the shaking does not awaken her from the stupor.

She received a dose of *Opium* 12 late in the evening and early in the morning for five days, then Sacc. lac., whereupon the chills ceased for over a week but came on again in an irregular and milder form. She again received *Opium* 12 as before. This cured the case.

Case 2. Chronic dysmenorrhœa. Menses early, scanty and painful. The pains come and go quickly < left side. 2. Chilly and nauseated; she lies on abdomen; > belching. 3. Agg. Lying on L side. From anger. 4. The heart misses beats. 5. Dyspnœa < excitement (Amb., Ars., Coc-c., Ferr., Pul., Sep.); or from anger (Arn., Ars., Rhus-t., Stap.) 6. Frontal and occipital headache. 7. Bad taste in A.M. 8. No inclination to sweat or *cold sweats*. 9. Jerks and starts in sleep. 10. Sore over kidneys. *Arsenicum* MM a single dose cured.

Case 3. 1. Lumps drop from posterior nares, < after breakfast. 2. Profuse, thin, brown leucorrhœa. 3. Dull ache over left ovary. 4. Frequently scanty urine. 5. Flatulence during the menses (Kali-c., Kre., Mag-c., Nat-c., Vespa.) One dose of *Vespa* 1M cured.

Case 4. Arthritis deformans. A physician ordered anti-septic injections for foul lochia; some months afterward arthritis deformans slowly developed with the following symptoms: 1. Sore epigastrium, < coughing. 2. Stiff on lying down; > continued motion. 3. First one joint then another gets stiff and puffy. 4. Emaciation. Weakness; < epigastrium then ravenous hunger. 5. Menses too early. 6. Internal trembling, < before and during menses. Sense of swelling all over. 7. Dreams causing fear; of falling; of accidents. 8. Chloasmæ on face. 9. A little food fills her up; craves acids. *Puls.* 12(X) a single dose. Improved slowly for seven months and now at the end of thirteen months remains well and strong.

Case 5. 1. Aching and coldness along spine. 2. Cramp in bowels then dark, thin, diarrhœic stools. 3. Spells of general aching. *Polyporus* 200 three doses cured. Since then patient

has undergone a great change and is in better health than for years.

Case 6. 1. Secretions, urine and leucorrhœa all cause itching. 2. Offensive, sticky, raw axillæ; fingertips sting, burn and crack. 3. Before menses the face swells, pains, gets rough and the eyes sting, burn, itch and the tarsi turn red. 4. Piles which burn and crack. 5. The feet sweat and smell. 6. Violent eczema of palms with many cracks. One dose of *Sulfur* 50M acting for four months removed every symptom except the leucorrhœa which grew steadily worse. She now received a single dose of *Medorrhinum* 1M and within a very few weeks reported herself pregnant for the first time, after many years of married life and the leucorrhœa gone.

Case 7. Patient had been under local treatment for several weeks for suppuration of the left ear with sharp shooting and violent throbbing, radiating pains with anorexia and sleeplessness. Aggravation at 4 P.M. and all night. A single dose of *Asafoetida* cleared everything within a week, since which she remains well.

Case 8. 1. Sore at left of mouth. 2. Hard breathing as if he were breathing through a metallic tube, seeming to start from abdomen. Fears his breath will stop. Throat feels scraped and burns. 3. Burning over kidneys. 4. Follicular pharyngitis. 5. Restless feet; rocks hard; is nervous. 6. Ravenous hunger with sour belching, but very weak and exhausted. 7. Weeping attacks; sits with head in hands. 8. Amelioration: Cool air. 9. Neuropathic inheritance. 10. Urine and heart normal. *Merc-cor. C.M.* later followed by the MM has slowly made him a ruddy, healthy looking boy full of vim and vigor.

(During the reading of the paper).

Dr. Woodbury: What was the remedy, doctor?

Dr. Boger: Polyporous. It is one of the fungi.

Dr. Woodbury: What symptom did you select that from?

Dr. Boger: From the chills running up and down the spine. The coldness of the back, running up and down the spinal column. Also on account of the thin, diarrhœaic stools.

Dr. Richberg: What was the potency?

Dr. Boger: Two hundredth potency.

(Dr. Boger then resumed and finished reading his paper).

The Chairman: The paper is now open for discussion. I am sure that Dr. Boger will be glad to answer any questions in regard to any of the cases and remedies.

Dr. Baldwin: I want to ask Dr. Boger about one point that I haven't been able to get in any way clear in my mind, and that is this: In one case he will give a remedy and repeat it every day for a week, twice a day, and it improves and then if after a week or so it fails to continue to improve, he goes back and gives that remedy the same way, all over again, and I suppose with the same potency. Then in another case he will give the twelfth, perhaps, one dose. In another case he will give the CM and in another case he will give the MM. Now how is a young fellow whose life is pretty nearly spent going to know how to manage a case of that kind. One case will improve nicely from the "M" continued once and get well, and another will not.

The Chairman: I reckon Dr. Boger can throw a little light on that.

Dr. Reed: There is a question I want to ask the Doctor. I want to ask him whether he depends upon his repertory or simply depends upon his large fund of information about *Materia Medica*.

The Chairman: Dr. Boger is somewhat of a wizard. We all know that. I don't know just where he gets some of the remedies which he gives his patients but he "gets there."

Dr. Boger: Well, now, that brings up the question of the repetition of doses, which this Association has fought over ever since I belonged to it, and I suppose maybe before. Now, the repetition of doses is one of the most difficult subjects that the beginner can possibly handle. In a case of a disease like malaria, a disease which inherently has the habit of recurring, I have never cured such a disease with a single dose, especially if it were chronic. In such cases I give a dose night and morn-

ing until I see some effect, then stop and wait to see how long that effect is going to last. On the other hand, though, I hope you do not misunderstand me, for in the case of a disease where it does not give an immediate effect, I am in favor of giving the highest potency in a single dose and then waiting a long time, as in the case of a miasm, although I wouldn't give the so-called anti-psorics for that purpose. In the case which I mentioned, that of arthritis deformans, that disease is, in itself a slow progressing disease and if you are going to prescribe a remedy in arthritis deformans or any other slow moving disease and then depend upon the disease not to repeat itself and reassert its symptoms, then you are going to make a mistake. That is all. In prescribing and administering the medicine you have got to take into consideration the pace—the natural pace of the disease, and you can't expect quick action in a case of arthritis deformans or any other slow moving disease, simply by repeating the dose. That is simply my opinion about the matter, that is all. And it is only an opinion. You are looking for quick action, a reaction, and are you going to get it in one dose or repeated doses. That in turn depends upon the patient and upon the disease. It depends on your keeping your eye on the patient. That is the philosophical way to do.

Dr. Krichbaum: How long do you wait for a reaction?

Dr. Boger: I have sometimes waited three months for a reaction.

Dr. Krichbaum: How do you make the patient stay with you that long?

Dr. Boger: That is rather difficult sometimes. But you can do it.

Dr. Krichbaum: I couldn't.

Dr. Boger: Well, if they go to see another doctor and are well informed by the other physician they are perfectly content to wait two months for a reaction. If they are not they soon find out the difference and come back. Of course in a case of malaria where they get a chill every day or something

like that you've got to let them have relief rather quickly or they will drop you and go somewhere else.

Dr. Krichbaum: It is all very well if you are sure of your remedies and then wait two months. But suppose you are not sure.

Dr. Boger: If you aren't sure of your remedies and wait two months you are pretty sure to lose your patient. On the other hand, sometimes the remedy to give comes to you just like an inspiration. That Opium prescription which I told you about, I made that right on the jump. I went to see the patient and talked with her about ten minutes and then reached for my little book and wrote out the prescription for Opium.

Dr. Krichbaum: Don't you always get a slight change in the first week or two, so that you can see that the patient is getting better.

Dr. Boger: Of course. You must always know something about the medicine you are going to prescribe and that it will produce an improvement.

Dr. Stanton: How about the use of repertories, doctor?

Dr. Boger: I have four large repertories lying right on my desk, and I think I pull them out and look at them about every other patient that comes in, right before the patient, and they don't kick about it either.

Dr. Stanton: What repertories are they that you use, doctor?

Dr. Boger: Jahr & Possart's, Kent, Boenninghausen's, and Welsh's. Welsh's is a rather old repertory, and I don't know as many of you are familiar with it, and each one of the four contains things which the other three don't contain. Then I have my own private list.

Dr. Krichbaum: Doctor, I believe you stated that you have waited two months for a reaction?

Dr. Boger: Yes, sir.

Dr. Krichbaum: I never did so; if I couldn't see improvement within a week or a couple of weeks at the outside, I would let the patient go. Of course I might get an aggrava-

tion, and if I got that I would be pleased with the results, because I would consider that a favorable indication but to sit down and coldly wait for two or three months looks foolish to me.

Dr. Boger: Well, I'll tell you, doctor. If you have a case of arthritis deformans it will either wait three months for a reaction or it will die, one or the other.

Dr. Krichbaum: I wouldn't expect a cure in that time, but I would expect an improvement.

Dr. Boger: Well, I will tell you this much, doctor. I am not waiting two or three months in a case of pneumonia or measles, or scarlet fever, or anything of that sort.

Dr. Krichbaum: Oh, no. I understand that. I knew you waited two or three months in some chronic cases.

Dr. Boger: I will say this much, however, that when a patient seems to object to the use of the repertory, or anything of that kind and sidesteps and expects a cure in such a short time or anything like that, I am perfectly content to let him go.

A STUDY OF AMBERGRIS.

ROYAL E. S. HAYES, M.D., WATERBURY, CONN.

Ambergris was selected for this bureau, first, because you can learn better by trying to tell somebody something that you do not know much about, and second, because I had used it many times for senile vertigo and had become curious to see what other possibilities the provings might contain. Ambra has been said to be the principal remedy for the dizziness of old people and my own experience has proved the truth of this statement.

Bibliographically, this remedy has worked up through the various works on Materia Medica both large and small and has been given the special treatment of Farrington, Clarke, Kent and H. C. Allen, each in his peculiar way. It also has not been neglected by the small repertories of special condi-

tions or regions. Clinically it appeared rather neglected. In the old journals as well as the recent it is scarcely mentioned clinically. Burnett collated his mass of clinical strikes without a word about Ambra and the I. H. A. jogged along from 1881 to 1917 without clinical reference to it. Looking up the verification reported in 1917 I was surprised to find it my own! Let us investigate the pharmacology and provings and see whether it is worthy of more frequent consideration.

Ambergris had been used from ancient times mostly for its aphrodisiac virtues—or vices—but the enlightened methods of Hahnemann first revealed its true nature in 1827. The substance itself, Hahnemann says, is a product found in the intestines of the sperm whale, probably a fatty excretion from its gallbladder. "It consists of small, rough, opaque masses, lighter than water, of spongy consistence, easily broken into rough uneven pieces, externally of brownish-gray color, internally permeated by yellowish, reddish and blackish fibres intermingled with whitish, very odorous points, somewhat greasy to the touch and of faint but very refreshing fragrance. Whether physiologic or pathologic has not been determined. In the books it is listed with the nosodes accompanied with a question mark. However, being an excretion exposed to the hot air, sunshine and waters of tropical or warm seas it must be considerably degenerative in its nature and exert a degenerative influence through the ramifications of its action. Therefore it would be classed magnetically as a sun remedy, one of those drugs which depresses the general vitality by depressing the central vortex of vitality. To explain, it is the sun's magnetic current which both develops and degenerates. Life develops while he rises in the morning and forenoon of life, at noontime it blazes most fiercely, in the afternoon the sun is receding, and life goes out with the sun at evening. This is the normal process. But when the magnetic contact with the sun is disturbed we may have relaxation, slowing down, even degeneration in youth or infancy. People who speak of being "run down" often need remedies of the sun class. Most degenerative poisons belong predominantly to this class, affecting the

vital force especially where it is collected for distribution then spreading along the paths to which according to its nature and the make-up of the person it meets with least resistance.

To differentiate coarsely between Ambra and some other nosodes—Ambra, while affecting the solar plexus predominantly also disturbs voluntary and involuntary nerve function. Psorinum predominantly affects the secretions, Pyrogen the lymph, Anthracinum the red blood cells, Tuberculinum the membranes, Diphtherinum the suprarenal secretion, Syphillinum the connective tissues. This tabulation is tentative. It may and should be subjected to criticism. My excuse for presenting it is that it is good to think. Whether one thinks correctly or not is less important because if one will but think criticisms and corrections will follow.

Now Ambra not only causes slowing down in the magnetic activity of the solar plexus but it also disturbs the distribution of nerve impulses. This action may be illustrated by something that happened to my motor. While driving, the motor became afflicted with backfires, half-fires, quarter-fires and cut up all sorts of antics. Examination by inspection revealed nothing wrong. It was the fifth hour of sunrise, a sun hour and a moon day (Monday). "Therefore," said I, "the trouble is in the motor, in the distribution of the electric current, and there is something out of place." Taking the timer cover off I found that the spring holding the roller in place was broken letting it flop irregularly as it whirled around. Here we have the rotor and distribution of force corresponding to the sun action (sun hour) irregular action caused by one of the parts being out of place corresponding to the moon action (Moon-day). This simple complex resulted in the erratic action of the motor. However, we must not let this fascinating deviation go too far from the original subject. I will stop to say, however, that I can nearly always diagnose my motor troubles instantly in this way as well as many other things in life and prophesy besides, and have done so for several years. I have diagnosed many human troubles with the same method. Magnetic action itself is infallible. The method of interpret-

ing it is limited only by the knowledge of parts and functions dealt with, knowledge of planetary magnetic influence, and the ability to correlate the two. Like homœopathic action it deals more with causes and conditions than with names. Prognosing the type of parturition before seeing the case is especially easy. It is a knowledge that will bring more enlightenment to the human race than any science that has ever been brought to our vision.

We have said that Ambra acts like a brake on the solar dynamo and that it interferes with the regular distribution of energy. All through the proving we find symptoms of this combined action; depression and perverted excitation. The misregulation appears to result from deterioration in spots leaving other areas without the normal balance, something as the action of sunspots disturbs the telegraph, the reflected action of one plexus on another.

This speculative description is all pretty enough as a means of illustrating the most general action of the remedy but, so far as I know, among all the 'ologies and 'osophies and 'isms of our darkened and confused civilization, the Hahnemannian method of testing and selecting curative agents for individual patients, is, with the exception of the more limited science of articular adjustment, the only one that can be depended on for specific and direct curative action and results.

Let us, then, study some of the outstanding features of the remedy and we will see that the general action aforementioned runs all through the various regions and function.

MENTALITY.

The memory is slow and defective and the perceptive power feeble; ideas must be repeated several times before he can comprehend; receives impressions with difficulty; feels that the head is weak and feels as if in a dream and as if stupid. We have all seen old people like that; they ask to have the remark repeated as if they had heard it imperfectly, finally, when they catch the idea the expression lights up with momentary anima-

tion and intelligence. With this head condition is a sensation of confusion in the occiput and vertigo, with desire to lie down. Sometimes the vertigo comes on quite sharply and this together with the confused head makes the patient think he is disintegrating and the end near at hand. He is quite surprised at the quick and restorative effect of Ambra and often expresses it as "wonderful." The brain action is especially sluggish in the morning. The old lady or gentleman says he is almost sick the first two or three hours in the morning but his "generator" gradually speeds up and he goes through the rest of the day as usual. There is a dissipated, muddled feeling in the head every morning although the conduct each day and night may have been beyond reproach. It is deterioration, not dissipation. For some reason I have seen many more old ladies than men who needed this remedy.

Emotionally, there is melancholy, discouragement, general depression. It seems to be intimately associated with the mental failing and general functional sluggishness. These conditions may seem so hopeless that he becomes disgusted with his own existence. There are also symptoms of irritability and excitement. Loquacity, erratic talk, hurry and impatience. Company aggravates many mental symptoms as well as physical conditions and disturbs nerve regulation of functions, as we shall see later. This disturbed balance is shown by becoming embarrassed in the presence of company, blushing and bashfulness. At night the mind dwells on unpleasant things and sleep comes not or if it does is disturbed by anxious dreams.

SENSORIUM.

Vertigo is a most prominent symptom with Ambra. With the vertigo is weakness, desire, even necessity to lie down, accompanied with a weak sensation in the stomach and in the head. It is worse after sleeping and after eating. Music causes rush of blood to the head. Music normally causes a slight increase of blood to a certain part of the head as I used to prove many times. I would sit down and imagine music.

intently for about ten minutes. A spot just above the temples over the phrenological organ of "Tune" would then be found to be so much hotter than it was before that even the most sceptical were forced to admit it. But the surging of blood to the head of Ambra is different. It is akin to the symptoms of protracted excitement after interviews or social activities.

HEAD.

Interesting head symptoms are: Pressure in forehead and vertex with fear of becoming crazy. Intense tearing as of the upper half of the brain with pallor and coldness of the left hand. Tearing pains predominate.

EYES.

Misty vision. Pressure on eyelids which are difficult to open and pain, especially in the morning, as if the lids had been closed too tightly and the eyeballs pressed deep into their sockets. There are pressure symptoms in other parts of the body which correspond to this in the same peculiar way.

EARS.

As might be expected with a remedy of this kind there is variety of sounds in the ears. One of them is crackling which sounds like winding up a watch, more like the old fashioned Waterbury watch, no doubt. This reminds me of the case of a man who had a ticking sound in his ears. I could hear it myself, it was an objective sound. The hearing itself is diminished with the Ambra dispensation and is accompanied with a cold sensation in the abdomen. Just what the ear and the abdomen have been doing to each other it would take a clairvoyant to find out. Here is another that sceptics would call a "whopper"—hearing music aggravates the cough. And do not forget that it brings excess of blood to the head.

NOSE.

Nosebleed occurs with menstruation, another illustration of how the Ambra patient's functional impulses split up, a part going off in a different direction.

MOUTH.

The "Guiding Symptoms" mentions "frog-tongue" as having been cured many times. Proving the remedy itself has caused painful folds under the tongue like small growths. With these growths were blisters and pain as if burnt or as if the membrane were denuded; painful cracks and smarting. This no doubt gives much encouragement to the pathological Homœopath. He hesitates to admit that the physical body is merely the residue of spirit and subject to it. If you suggest it to him he just coughs a little and goes swiftly on his way. Like Arsenicum, Ambra causes bluish lead colored tongue. Accumulation of saliva in the mouth when coughing is a peculiar symptom. On waking in the morning the patient finds the tongue, mouth and lips not only dry but numb.

THROAT.

The throat has a pain as if some partly cooked spaghetti had lodged there and accompanied by dysphagia, probably a paralytic symptom. Choking when swallowing food. These symptoms are suggestive of diphtheritic paralysis, especially to one who has had it. A characteristic symptom of the vicarious impulses of Ambra is vomiting and choking when attempting to clear the throat. Also, in the

STOMACH.

coughing and gagging after eating. Another, eructations with cough so insistent as to cause choking. Concussion in the stomach when coughing. There is pressure in the stomach as

if the food stuck and would not move. Coldness in the stomach. One peculiar case of coldness in the stomach is on record as having been cured. The coldness resulted from long exposure on a sleigh ride and the man had suffered considerably both summer and winter for fourteen years, getting no relief from any kind of pads or protectors. Ambra cured it in twenty-four hours.

ABDOMEN.

The abdomen has a few peculiar symptoms. There are many liver symptoms. In the provings many of these liver symptoms may be read through "Stomach." It should be a remedy for hepatic colic and other conditions in and about the liver. This might well be suspected because of the source of the production of Ambergris.

RECTUM.

The rectum does not escape the erratic reflexes. There is constipation and frequent urging; there are frequent wireless calls but no answer. Nux vomica people get relief even from the effort but Ambra conditions are attended by much anxiety at stool and a sense of marked coldness in the abdomen but not in the disposition. The patient becomes much distressed by the presence of others in the room and it does not need high imaginative visibility to picture the visitors quietly leaving the room at about this time.

URINARY ORGANS.

There ought not to be pain in the bladder and rectum at the same time while urinating but there is. The patient who dares to have anything which is not in the books or has not been subjected to scientific tests and the implements of precision is a bolshevist and a radical. No wonder his urine smells sour. What could you expect of such a man or woman but that he would pass off three times as much water or beer as had been

taken. He gets a dull pain in the region of the kidneys and deserves it, and a sensation of a few drops passing through the urethra.

MALE SEXUAL SYSTEM.

These peculiar reflex disturbances skitter all through the remedy. An old man attempts copulation and has to content himself with an attack of asthma. The younger man may have on the one hand a violent morning erection with numbness in the parts and lack of desire, and on the other strong voluptuous sensations in the interior of the genitals but "nothing doing."

FEMALE SEXUAL SYSTEM.

Ambra has produced a large number of symptoms in the female genital sphere and there are many hints in Allen's "Nosodes" which are of considerable clinical utility. There is quite a distinct and individual character to the effects in this region and Allen's comments are very instructive and suggestive, but too long to include here. A few of the peculiar symptoms are: Bluish-white leucorrhœa, thick and sometimes worse at night, each discharge being preceded by a stitch in the vagina. The uterine symptoms are aggravated when lying down. There is discharge of blood between the periods from any little walk longer than usual or with a hard stool or any little accident. Allen's clinical suggestions relating to this region should be studied.

RESPIRATORY FUNCTION.

There is a sensation of pressure in the chest during expiration, clinically, perhaps a late degenerative symptom; an accumulation of thick tough mucous accompanies the hoarseness; oppression is felt in the chest and between the scapula. The opposite poles of lifetime are again exhibited by a tendency to asthma in old people and children. Tightness in the chest prevents deep breathing. A desire to yawn is unsatisfied.

Children have spasmodic cough and old people follow in their footsteps. Any considerable talking or reading aloud is interspersed with cough, much aggravated if the subject matter is anything incompatible with the large-minded sentiments of the Department of Justice at Washington. Cough is quite a feature of Ambra, as might be expected. It parallels whooping cough in all its aspects. Some of the peculiarities have already been mentioned. There is also cough every evening with pain in the region of the spleen as if something was being torn off; spasmodic cough of elderly people or emaciated persons; old, long-standing coughs; cough worse when many people are present; prayer-meeting cough and cough announcing the presence of the solitary patient in the office waiting room.

CHEST.

Ambra got into the "Repertory of the Sides of the Body" partly through the chest symptoms—but we must move on. Asthma, palpitation, flushes of heat, cardiac and respiratory oppression go together. Add to this pressure in the chest like a lump, ebullition and pulsations in the body and we have a fairly good picture of some of the later effects of senile or arterial degeneration. Also when walking outdoors there may be uneasiness as if in the blood and excited circulation but greater weakness.

NERVE FUNCTIONS.

Besides the slowing up and nervous short circuits already mentioned there are jerks, twitches and convulsions, nerve restlessness, fainting, numbness, paralysis, prostration, epileptic and trismus symptoms. Conversation causes fatigue, heaviness in the head, sleeplessness, oppression of the chest, sweat, anxiety, tremor and quivering; general nervousness and irritability.

SLEEP.

Some cannot sleep because of business thoughts and others cannot sleep but know not why. Sleeplessness after 1 A.M.

must be thought of with other remedies. Sleepy when retiring but as soon as the head touches the pillow is wide awake; continues so for hours, restless, tossing or simply unable to close the eyes. This symptom is very strong.

Atmospheric conditions and heat regulation should be checked up and even the skin is not without peculiar symptoms.

For clinical use Jahr's "Manual," "The Materia Medica Pura" and the "Guiding Symptoms" are advised, as varying interpretation of the same symptoms helps. Boger's interpretation of Boenninghausen's "Characteristics" gives still another slant to the aspects and the notation of allied remedies and concordance in the same book may be needed at times. For quick decision Allen's arrangement and suggestions in his "Materia Medica of the Nosodes" is incomparable.

ILLUSTRATIONS OF CURE.

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Dermatology belongs preëminently to the Homœopathist. Knowledge of the conditions of the skin, its diseases, the meaning and interpretation of them, with their significance in respect to the whole organism, "is his by right." But he sees only rarely some cases of skin disease until after they have been fearfully dealt with by specialists, much of whose work has led far afield and remote from cure. As a rule this specialist pursues his unscientific career of drug-proving to the toxic stages, learning nothing by it. This evil will persist until medical men learn that the safety of drug administration is dependent on absolute appropriateness determined by scientific provings.

Here are two serious cases, both of which had progressed into extreme pathology, with nothing in sight but distress and incurability.

A man of forty-five had been treated for eczema by the most

noted specialist of a great medical center. He had taken masses of drugs, had been dieted *ad nauseam*, had lost sleep at night for months in succession because of the intolerable itching, and was feeble in every respect. This had gone on over a year, but of late another famous specialist had disagreed with the diagnosis, affirming it to be psoriasis. My opinion was that its treatment had caused it to resemble more than two skin diseases, but that it probably began as eczema.

ARNICA was well indicated, not only by a symptom totality, but because these inappropriately-treated cases may demand Arnica on that account, and also there was the symmetrical distribution of eruption over the body. Dr. Henry M. Dearborn, in his first edition of "Diseases of the Skin" calls attention repeatedly to this striking indication as being most valuable for Arnica, clinically. In this case, Arnica 6. 200. and 1000.—a very few powders of each potency in order—brought complete cure very promptly, and there has been no return in over two years now.

Case 88. A married lady of thirty-two presented herself with an eczema which covered most of the body; there were areas of induration, and the face looked as if it were covered with hornlike scales. She had not been idle in securing the best specialists as fast as she could learn of them, but she assured me they had all been most discouraging with their varied prognoses. She was weak, sad, hopeless. She was so ill and her disfigurement was so striking that I could gain no idea of how she looked when well. The lesions occupied both sides of the body with remarkable symmetry. She had swallowed much medicine. How it had helped her was not discoverable. She was sore from head to foot; the soft bed was so hard at night she could not rest, even had the irritation permitted sleep. Arnica helped immediately, the first effect being an entire change of mental outlook, for, as she expressed it a few days later, "I feel like a different person. And, oh, doctor, you don't know how unlike myself I have been all these months. I believed I could never get out of this trouble." Yet,

by virtue of the prescription of the remedy homœopathic she received prompt, comfortable, and permanent cure.

It is to be remarked that in both cases friends were industrious in assuring the victims that they might expect a return of the disease every year. What a pity that the laity should have learned from both regular and irregular sources so much of medicine that isn't so in more senses than one.

AMMONIUM TARTARICUM 2000. Dr. Milton Powel sent me this remedy with the following note for its indications: With every cold, or after every cold, she has a little dry, hacking cough; no pain; little or no expectoration. Dry hacking cough left from gripe.

The first opportunity I had to prescribe this remedy, Amm. tart., was for a lady suffering from a severe cold. There was soreness under the sternum from which Phosphorus had given some relief, but improvement was slow. There was an occasional cough, prolonged and teasing for periods. It did not appear well to repeat Phos., and the discomfort persisted despite slow improvement.

One powder of Amm. tart. 2m. was given, and in a few hours all the symptoms began to fade, disappearing entirely within twenty-four hours. Improvement was followed by some expectoration for a few hours.

COCCUS CACTI 200 and Cm. Foreign body in the eye—in this case imbedded in the ocular or bulbar conjunctiva at the margin of the cornea. It had not been felt by the patient, and only observed by him by chance, so it was not known how long it had been there. It could not be brushed away, and effort to dislodge it with an instrument showed that it had been tightly embedded for some time. There was no evidence of inflammation around it, and so closely did its color match that of the corneal pigment, some doubt was felt as to its being foreign substance at all.

However, six powders of Coccus cacti 200 were provided, one powder a day till something happened. Nothing much happened for a week. Then, a week after the first powder, it was noticed that the form of the object had changed, the out-

line being less regular (round) and some sign appeared of its working to the surface. But it would not budge when touched. Then one powder of *Coccus cacti* cm was given. That same day, some five or six hours later, the granule had left the cornea, and disappeared from view. Still later it was felt on the palpebral conjunctiva, and then easily removed from under the upper lid. It appeared to be an atom of steel dust.

There was no further trouble, and the spot near the cornea where it had penetrated could not be detected by any change from normal appearance.

PSORINUM 300. Gastric ulcer. Man, aged 38, artist, active in many artistic pursuits not sedentary, attacked by severe pain seemingly caused by gastric ulcer. Colocynth symptoms of great severity, also Arsenic modalities. Both remedies gave relief in turn. Later, persistent diarrhœa and tenesmus with extreme weakness, though little expelled from the bowels. This condition persisted for several days, becoming less and less severe. While improvement took place, the patient evinced his malady by facial cachexia and an apprehensive mental state.

No remedy having given positive correction—though every remedy prescribed had benefited—Psorinum was considered, and one powder of the 300th gave prompt and absolute comfort, banished all trace of tenesmus, induced peaceful rest at night, and restored the rhythm of the digestive function.

This case is one of many seen by the writer at different times, which have had an operation recommended as the only cure. This patient, along with the others, was restored to health after what had for long appeared—under gross treatment—to be an incurable medical case.

SILICA. An illustration of the logical association of symptoms in some cases where the chronic remedy is and has been discerned as indispensable to the patient. A young man having recovered from the depletion incident to strenuous military service at the front—having recovered much of his health by dint of homœopathic care directed to the obvious discomforts in order of their appearance—finally presented himself as in

good physical form, but having the following symptoms, which while plainly felt, were not particularly troublesome:

Drawing sensation right groin, settling near hip joint

Some sensation left groin less often

(Direction opposite that of Berberis)

Slight urethral heat after micturition.

Vague occipital pain

Occasional neuralgia from occiput to shoulders

Angina acuta, superficial but increasing.

Knowing the patient and his temperament (for over 20 years of his life; he is now 28) the selection of Silica is inevitable, and the 1000th potency gave complete correction of the whole condition.

AMANITA (or *Agaricus muscarius*) has many significant cough symptoms. This most poisonous fungus, when attenuated into a remedy of high potency, is rich in its power to reach certain of the most troublesome coughs in patients to whom its proven symptomatology corresponds.

An instance of perhaps an hitherto unrecorded symptom seems important. A dry, spasmodic cough, after starting seemingly within the larynx had annoyed a man of middle age at irregular times for some weeks. It had not seemed important except at the very moment of the spasmodic attack, when its force amounted to extreme discomfort. Then it would disappear, and for an interval of hours or days remain unnoticed, when it might suddenly recur without discernable cause. However, a possible modality was that of, worse after eating, as it was noticed that soon after meals the cough returned. Following this observation was the occurrence of pain in the head while the cough lasted. The pain became intense as soon as the cough started, located at first in the temporal regions, occupying the cranial tissues, and going directly with sudden force to the occiput as a focus of both intensity and final location. Amanita was given in the 500th potency, and the cough left.

This may serve as a reminder of how great is the importance of the *last* fully developed symptom in any given case.

KOBALT: The dentist stopped a tooth with Ames Oxyphosphate of Copper, which substance is said to contain when properly set, the basic phosphates of Copper, Cobalt, Iron, and Nickel. The Cobalt in this compound is said to be Arsenic-free (though Cobalt is associated with Arsenic in nature and "but little of the Cobalt is used.")

The patient noticed some weeks later that his gums were getting very tender. They soon became sore, swollen, and bleeding. They were so painful that many teeth felt sore also. Kali iod. 12x gave some relief. But on learning of the Copper filling I advised its removal, after which accomplishment the gums became healthy again.

Kobalt, according to Hering's proving, has 'Gums swollen, tender, as if ulcerated, worse from cold air,' which this case verified.

Niccolum has "ulcerated gums."

Cuprum has "gums ulcerated."

Ferrum has "toothache," etc.

It is becoming more and more a certainty in our minds that the different metals as used in dental surgery are bound to affect the health of the patient sooner or later. It is a bit strange that this knowledge comes so slowly. There is perhaps no plainer verification to be observed than the positive influence of the minute but constant absorption from the mouth of the medicinal character of substances used in teeth filling.

MERCURIUS SULPHURICUS: The statement is sometimes made, "Yes, the remedy removed those particular symptoms promptly, but the case is about the same." Here is an example of the reverse:

A gentleman applied for homœopathic treatment. He announced that he had looked into the subject and found it difficult to discover a so-called Homœopathist who practiced Homœopathy. Formerly he had been drugged *ad nauseam* by the self-styled "regulars." When he turned to Homœopathy he was given in its name everything but the homœopathic remedy. He received pills for his bowels, coal-tar residue for pain, opiates to provide a good night's rest, galvanism, farad-

ism, and the static for only-heaven-knows what. Being endowed with common sense plus some additional intelligence, he sought further help.

His condition, so largely the result of the effects of drugs strangely mixed, amounted to a nephritis, with all the attendant gastro-intestinal involvement. There were abundant symptoms, and it was not difficult to relieve all phases of discomfort. In reasonable time he considered himself well, though insurance examiners rejected the risk.

His symptomatology became very meagre, particularly on the subjective side. One rather welcome item was unearthed. He spoke of sometimes having a fit of sneezing, which appears to mean nothing but for the time being, and was not followed by taking cold or other discomfort. "What makes you sneeze?" "Why, it always seems to be the direct rays of the sun—is that possible?" "Quite." Merc. sulph. 200, one powder daily for a week was given, later the remedy was given higher. From that time the man has been fit in every sense for his busy life. He applies rarely for any attention, feels perfectly well, and his urine is nearly normal. He still has sometimes a sneezing spell when in sunlight.

AMBROSIA ARTEMISIAFOLIA 200 in rhinitis catarrhalis periodica chronica. A man of 35 had suffered every season for a dozen years from hay fever. (Miss Anna Brackett, the educator, used to say there were many counterfeit hay-fevers but only *one* genuine, which she had and from which she could get no relief except in one certain locality).

The male patient was given a few powders of Psorinum with no striking result, and none was anticipated at the time, as they were exhibited *before* the appearance of the attack that season.

His attacks seemed to be dependent on pollen as to their severity, although he had the "hay cold" all the time. So confident was he of this cause of aggravation that he avoided country driving. On spending a vacation at the seashore he accepted an invitation for a long motor trip over the country roads. He returned from it in such catarrhal distress that he

took a train for New York immediately to apply for relief. He was given powders of Ambrosia art. 200 to be taken infrequently till better. He went home, and on the way met an old time friend who was suffering "in the same way" with hay fever, so he insisted on offering to him some of his own medicine. This he explained to the doctor later. "But," said the doctor, "it was only intended for you, and might not do him the least good!" To which the patient replied, "But it did do him good; it helped him right away as I found when I saw him again, just at it relieved me."

This was in the summer of 1919. The patient says that he never had an attack of hay fever when living in Europe. However, he is now in America, 1920-21, and has no attack though there have been many suitable times for it.

A letter from a Wisconsin patient just received at this writing reports complete relief from a severe attack of hay fever (annual) by reason of a few powders of Ambrosia artemesiafolia. Further, Ambrosia is seen to be suitable for the cases that develop independent of the time of the ragweed pollen, though such cases sometimes are aggravated during that season. Does not this suggest a marked curative power of the remedy for constitutional cases or for the diathesis?

GRAPHITES in erysipelas. A man of forty had gone through several attacks of erysipelas under old school treatment, treatment covering many weeks. He was constantly fearful of its repetition, sought Homœopathy, and after some delay found it. It was difficult to estimate the origin of all his constitutional disorders, many of which appeared rather to be the effects of drugs.

After he had experienced the help of homœopathic remedies he forgot his anxiety in respect to erysipelas, but an attack came. The first manifestation was on the nose, where he said it always showed and from which location it spread.

Graphites gave prompt relief and cure. A year later he thought the early symptoms were coming on and Graphites forestalled them, since which time, now some seven years, there has been no sign of return.

CHEESE. A patient whose ears were subject to pain—an ordinary earache—complained that the otalgia was caused or increased by eating cheese, of which she was very fond. Sepia corrected this phenomenon and has also held off any otalgia at other times as well.

HONEY GASTRITIS; NATRUM CARB. A young man, fond of honey, could not eat it because of the indigestion which followed. Natrum carb. corrected this state of things. Which reminds one that some scientist has admitted that the new physiology is biological physiology, not biological physics or biological chemistry. The attempt to analyze living organisms into physical and chemical machines is probably the most colossal failure in the whole history of modern science.

Dr. J. S. Haldane, University of Oxford, has said, "By a strange confusion, the idea is abroad that nutrition is a matter of simple chemistry and physics, and that when we estimate food values in calories we are exemplifying this fact. This is enough to make a strong old vitalist like Harvey or Johannes Müller turn around in his grave and laugh."

ENDOCARDITIS following rheumatism in a boy of twelve years, who had been under much treatment and taken many drugs. He was emaciated, choreic, weak and feeble to a degree. His symptoms called for Arsenic and Arsenic produced much aggravation. Pulsatilla had second place and acted favorably over a period of months, the immediate improvement consisting of relief of all the heart symptoms and these being followed by severe pains in many joints, all of which disappeared in good order under Pulsatilla. Later Arsenic was demanded by both gastric and cardiac symptoms, and then acted curatively.

GLOSSITIS. The tongue swollen, with great sense of dryness, clinging to teeth and roof of mouth, particularly during sleep. Mercurius was given without benefit. On retaking the case new symptoms came to view and Gelsemium, as particularly demanded by general muscular atonicity, along with a tolerably complete picture of the remedy, cured.

STANNUM METALLICUM. In a married woman of 65

a severe attack of acute bronchitis was immediately followed by sciatica (right), this supervening almost immediately with pronounced discomfort. The pain was so marked that the patient complained in only one way, that the paroxysms began feebly but increased with steady force till reaching their height, then receded as gradually. What seemed to add to the distress was the mental state of apprehension, due to the fact that sciatica had been a sorry experience to other members of the same family. So it did not seem to mean Aconite. Two powders of Stannum 500 B. & T. accomplished a perfect cure.

SMALL-POX. Mrs. C. S. K. M. had small-pox when six years old, never having been vaccinated at that time. Sometime between the ages of 10 and 14 she was vaccinated, and was sick for three weeks with what seemed like small-pox, though of much more severe type than the attack in her sixth year. Has never been well since. Backache, disordered menstruation, excessive fatigue on moderate activity, persistent gastritis. This is not reported in favor of vaccination.

The Chairman: These cases are now open for discussion.

Dr. Carlton: In case of foreign bodies in the eye I have come to consider Aconitum an invaluable help, as I am sure most of you who have had experience with this class of cases, especially where the cornea is involved. Did you try that?

The Chairman: Anyone else?

Dr. Rushmore: Mr. Chairman, I would like to mention the fact that I have repeatedly verified the use of Ambrosia in cases of sneezing in the sunshine. I have had my attention called to it as connected with other symptoms; and I found Cobalt to be a very trustworthy specific for this condition, and also in connection with other symptoms such as chilliness, waves of heat and cold along the spine and lower limbs, in addition to the Ambrosia which I used. I have used Arsenic and Sepia as well as Sabadilla not only in the relief but also in preventing the recurrence of hay fever. I also found the use of Antimonium and Antimonium tartaricum to be an addi-

tional valuable indication in the presence of catarrh. I also had a recent case of great dilatation of the heart, under my care, following rheumatic fever. During the fever the patient was not under my care so I do not know about the condition of the heart at that time, but at the time I saw the patient there were great valvular lesions and considerable arrest of the circulation, mitral regurgitation with a good deal of pain in the chest. The patient was especially aggravated when lying on his back. Pulsatilla was given and its use was followed by the most astonishing and most unexpected relief, and the patient went on at such a great rate of improvement that it surprised me. Of course, we know that perhaps such cases are never cured, but the improvement was such as to restore him to his ability to attend to his usual work.

Dr. Dienst: Mr. Chairman, ladies and gentlemen. This paper which is so admirable and so instructive, raises a number of questions and the first one that comes to me is this: Is it scientific? We hear so much in these days about being scientific, and about scientific medicine and we are accused of not being scientific because we don't do so-and-so. These people, though, appealed to the doctor for relief, and it mattered little to them just how or from where that relief came. They wanted comfort. I want to say right here in the face of that which is called so scientific that there is nothing so scientific as the prescribing of the proper homœopathic remedy upon the conditions called for. The man who studies the case when the proper remedy is not shown has a hard job, and if we all had more of that spirit we would have improved scientific measures even better than we have now to employ. Now take the case of the man who sneezed in the sunshine. Some of your old school doctors would have injected him with vaccines and given him all kinds of remedies, but he would still sneeze. Suppose the doctor had given this man electrical treatment, baths, massages and so forth, he would have sneezed just the same. Now, then the dose of Nert. sulph. in the smallest minute dose relieved him. They say it is not scientific. Stranger things than these have occurred and it is

up to us to learn more about them. Some years ago a lady came into my office and said that she was not sick, but on the way to Seattle, before reaching that town, by some means or another, a needle got into the middle part of her left thigh, midway between the hip and the knee. I at first treated the matter as a sort of a joke, and told her she must be mistaken. "No, doctor," said she, "I am not. Look and see." I looked, and sure enough, there, under the skin was a body the size and shape of a needle. I wanted to squeeze it out—press it out, you know. "No, sir," she said, "that's too painful. Can't you give me something? Can you give me some medicine which will take it out?" What would you do, Mr. Chairman, or any member of you sitting here, what would you have done—is there anything more scientific than pressing that out. I said, "Madam, there is only one thing I can give you and then you will probably have to wait at least forty-eight hours." She said that would be all right and I gave her a dose of Silica in the CM potency, and told her, "Report to me, please, in forty-eight hours." About two o'clock that afternoon my 'phone rang and a giggling voice said, "Say, we have something to tell you. We have the needle." "Is that right?" "Oh, yes. The needle came out without any particular pain just a few minutes ago"; and then she described the needle. Was that scientific?

Dr. Krichbaum: The needle would have come out anyhow, probably, if you waited a few months. (Laughter).

Dr. Dienst: Other things like that have been done. I hold this, that they are absolutely, incontrovertibly scientific.

The Chairman: Is there anyone else?

Dr. Farrington: I am sure we are all grateful for such clear-cut, instructive papers. They fill in the little gaps and help us to fill out our knowledge of medicine by curing little one-sided phases of diseases that sometimes come to us. As regards Ambrosia I don't know how he ever got that from hay fever. It's as different from Ambrosia as anything I ever heard of. (Laughter). I have used that in a number of cases of hay fever but I have never seen it cure the tendency

although it was a relief in very many cases, whereas the inflammation, panting and stuffiness and the eye troubles which are also found in some of those cases, it doesn't cure the predisposition to these and they sometimes go on to an asthmatic condition.

Dr. Clark: Mr. Chairman. Years ago a woman came to board at one of the places where I was staying, and that was before I had taken any lectures on Homœopathy but I had studied it to a considerable extent in the west. She had onychia—that is, an inflammatory condition around every nail on the fingers of both hands, so that the nail was exfoliated every six months. She had consulted the best specialists in this country and in Europe, and they all told her that it was an idiosyncrasy which possibly she might outlive, but couldn't be cured. I didn't know any better and I told her that Homœopathy would cure her. "Well," she said, "if you will promise me not to do me any harm, I would like to try it." I promised her that quickly enough and then I started to find out what I could about what was good for that condition. I inquired of all the Homœopaths of my acquaintance, and they could give me no satisfactory light on the subject and I read all the literature I could find on the subject and that wasn't enough to give me the information to go ahead with it, so I got a repertory and started to go through it till I found a remedy for it. I read and read and read in "Gilchrist's Surgical Diseases" until I found it under "Arnica." Eureka! Arnica! I went to work and studied up on Arnica and found that Arnica was the remedy for which I was looking. "That fits her case," I said, when I read in that book the description of "Arnica." I gave her the Arnica and cured her completely, so that in the next six months she only lost the nail on the little finger of her hand, and all the other nails came back on her hand in better shape than they had ever been before, and a year afterwards none of them exfoliated. I have seen only three or four cases of onychia in the last forty years—this inflammatory condition about the matrix of the nail—and Arnica has cured them all. (Applause).

The Chairman: On account of the limited amount of time we will have to omit discussion on this paper to any further extent and will ask Dr. Hutchinson to close.

Dr. Hutchinson: In reference to Dr. Carlton's question, I am very fond of Aconite myself and I think it would have cured that case but there was a pretty good cause for distinction at that time. This patient was a very good patient of mine who was in the habit of coming to see me on very slight pretext, and in fact I didn't take it very seriously at first. We all know that *Coccus cacti* does remove those foreign bodies, as all of us have seen in various instances, and this one instance that I have mentioned isn't remarkable in that way, but I think it is rather remarkable that foreign body had remained so long dormant there—there was no doubt it had been there some little time and I presume Aconite would have done it—also *Coccus cacti*.

Dr. Farrington: In the case of Aconite, wouldn't it have been cured by injection?

Dr. Hutchinson: Yes, that was one of the first differentiations.

Dr. Krichbaum: Supposing that that had been in there for a long time before the man felt it. How do you know that it wouldn't have come out anyway, without any help?

Dr. Hutchinson: Well, it hadn't formed pus. There was no pus. I don't know how long it had been there, as a matter of fact. As Dr. Krichbaum says, it may have been in there a long time or a short time. No telling. It wasn't like those long bodies, like a needle or something which Dr. Dienst told us about removing from the leg of the woman.

Dr. Krichbaum: Don't you know that all diseases are either cured or die of themselves, within a certain time, if they are let alone?

APIUM GRAVEOLENS.

CELERY.

B. G. CLARK, M.D., NEW YORK CITY.

This remedy was partially proven by Dr. W. P. Wesselhoeft, and published in the Medical Advance, April, 1886. In the Dictionary of Materia Medica by Dr. John H. Clarke was recorded about all that was known of the remedy. It is evident that no female provers were recorded in the above. A patient of mine after eating celery was taken with cramps in abdomen, vomiting and diarrhœa. Menses came on (not due for two weeks). Some six years later she ate some chicken salad which had celery in it. She was taken ill with vomiting, pain. Menses came on in two hours. An eruption come out all over her body with severe itching. This prompted me to ask the young lady students of the New York College and Hospital for Women to make a proving of the remedy. They were not told what it was, only that it was an article of food which was in common use. Some six or seven students were given the 3rd. The next month the same were given the 30th. Later they took the tincture in 10 to 20 drop doses for a week. They kept a record of their symptoms and I saw them weekly but no examinations were made except the urine and the only change in that that was noted was an increase of urea.

These provings were published in the Medical Advance, September 14, 1914, and in the Institute Journal of 1914. A summary of the provings that were not in Dr. Wesselhoeft's provings are as follows:

Mind.—Cannot keep from thinking. Energetic, wants to work mentally and physically. Depressed, thinks she has said something to offend her friends, feels that people tolerate her only to be polite.

Head.—Frontal headache relieved while eating.

Eyes.—Aching in eyes. Redness of conjunctiva, with itching and smarting in inner canthus of left eye.

Nose.—Coryza; sneezing; watery discharge from nose not excoriating.

Mouth and Throat.—Pharynx and soft palate sore with much sticky mucus; necessitating frequent swallowing.

Stomach.—Eructations. Desire for fruit, especially apples. Hunger relieved by eating.

Abdomen.—Pains: short stickings, soreness of whole abdomen. Pains as if stool were coming on. (Tincture).

Stool.—Three to five stools a day: (tincture), sharp pains in left iliac region going over to right. Nausea increases with the pains. Relieved by lying down and flexing thighs. Quite thirsty.

Urea.—Increase of urea.

Female sexual organs.—Sharp sticking in region of both ovaries, relieved by bending over. Could not walk: weak feeling with nausea. Pains relieved by lying on left side with legs flexed; increased by motion; increased deep breathing; cutting pains in ovaries running backward, relieved by pressure and lying down. These pains lasted but a few seconds at a time accompanied with nausea and faintness. Increased in afternoon. Menses delayed. Crampy pains relieved by cold applications and flexing legs on abdomen. Cutting pains in both breasts with tenderness of nipples.

Chest.—Feeling of tightness over heart.

Muscles of neck.—Aching: stiffness. Hurts to turn head.

Skin.—Eruption in welts over body; fine elevated pimples, itching relieved by scratching.

Sleep.—Wakes from 1 to 3 A.M. Hungry for apples. Eating does not help sleep. Is not fatigued by loss of sleep.

The symptoms that were marked in all the provers were smarting in inner canthus of left eye, with some redness.

Pains in abdomen in all, which seemed over ovaries, more on left side: sharp, crampy relieved by lying down and flexing legs. The pains usually present during menstruation were relieved while taking the 3 and 30. But the tincture did not relieve this. One woman had her normal pains while taking the tincture. All were awakened about 1 to 3 A.M. Hungry, craving fruit, especially apples. Eating relieved the hunger, but did not help them to go to sleep again. This wakefulness

was accompanied with a boyancy of mind and body and the loss of sleep did not cause fatigue the next day.

The tincture caused one prover to have some looseness of bowels, and gave all of them some pain and desire for stool, with some headache. Like all food products, the tincture did not produce as many or as pronounced symptoms as the potencies.

CASE I.

Miss V., school teacher. Has always had pains during menses; of late these pains were severe, lasting 24 hours, with frontal headache and nausea. Examination revealed a small uterus slightly anteflexed with some decensus. Apium graveolens 30 was given four times a day for two days before next period, which she passed without pains. I saw this patient in May, 1921, and she said she had menstruated without any pain since taking the remedy a year ago.

This is the type that I have frequently prescribed this remedy for with much success.

A repetition of cases would only consume your time.

The Chairman: Has anyone else had any experience with this remedy which they wish to mention?

The Secretary: Mr. Chairman, I spoke to Dr. Clark on one occasion of a case that is very interesting, in my mind, of the skin effects of this remedy. On one occasion my daughter spoke to me about an eruption that had broken out about the fingers of her hand, and the eruption later came out as small vesicles and those, later on, developed into scabs and itched intolerably. The first thing I thought of was *Rhus tox.* poisoning, though I didn't know how she might have come in contact with *Rhus tox.* Later, as it dried up, it assumed an eczematous form and I had to prescribe something for her, but Dr. Krichbaum, who is so kind as to take some of my family troubles from my shoulders, prescribed for her. In our family we were in the habit of eating large quantities of celery. I

don't know what led Dr. Krichbaum to ask about celery, but anyway, he spoke of celery and he stopped celery with her as an article of diet and in a very short time that whole condition cleared up, and then, later on, if she would start in to eat celery again, the same thing would happen, the rash would come on and the vesicles would appear and that eczematous condition would come back. Of course she has gotten to a point where she can tolerate a little celery, but if she attempted to eat any quantity of it the rash would break out. I think that it was very interesting in that it illustrates the proving of a substance on a healthy individual, carrying out the proving that Dr. Clark showed in the laboratories on the girl students in the college.

Dr. Krichbaum: Mr. Chairman, we talk about psorics and antipsorics and all that sort of thing, and Aconite, for curing diseases. Why, I get so tired of it, hearing what Hahnemann said way back in old times, almost ancient history, all of which may all be true, but if you have got the right homœopathic remedy you have got the antipsoric, whether it's Aconite or Antimonium or what it is, or celery.

CHLORUM AS PROVEN IN CHICAGO.

ELOISE O. RICHBERG, M.D., CHICAGO, ILLINOIS.

Citizens of Chicago have been privileged to watch what one may call a wholesale proving or, perhaps more appropriately, a wholesale confirmation of previous provings of the effect of Chlorum, generally recognized as chlorine gas, on humanity.

During the last year or two, the drinking water has been impregnated in varying proportions with this substance by order of the city's Health Department. From results, probably the most profitable and practical fact thus gleaned by our physicians is that chloride of lime, used so widely and generally—as disinfectant, bleacher and cleaner—is a dangerous material for home use and that even its use by commercial houses will bear watching.

In Dr. Boger's "Synoptic Key of the Materia Medica," he has grouped in his characteristically clear and concise style nearly all worth saying of this remedy, but I wonder if the facts are generally recognized in our practice?

Among the thousands of Chicagoans who have thus been medicated, it would seem that most of the recorded symptoms have developed.

Chief among these as to virulence ranks œdema of the glottis with many attendant laryngeal affections. Suffocating sensation upon lying down—continuing through the night, is usual.

A crowing cough, similar to the whooping cough which is more distressing during expiration than inspiration.

Many annoying skin eruptions, catarrhal conditions everywhere, convulsive attacks, especially noticeable during dentition, and a fear of going insane, often resist treatment until the pure drinking water is substituted for the chlorinated.

Dr. Jno. Henry Clark, London, records, "Malignant pustules, carbuncles and typhoid states among the indications"; doubtless true, particularly as to the last, as Chicagoans are supposed to have been saved from the ravages of typhoid fever through this wholesale medication. As to tuberculosis——?

In Dr. Dewey's "Practical Therapeutics," I find *Chlorum* mentioned as "the specific for œdema of the glottis," to which I take exception,—believing that *Apis mellifica* is more likely to be indicated, especially with patients who experience relief from cold drink and whose troubles are chiefly right-sided.

The Chairman: Is there anything to be said in discussion of this paper? We shall have to make this discussion very short as our time is limited and we want to make as much progress as we can.

Dr. Nelson: I want to say that Chicago is not the only place where the water is chlorinated. It is getting to be pretty near the same every place. I have two or three samples of *Arnica* with me which I wanted to dilute and I stopped over at Morgantown, West Virginia, to dilute it with water and

right now it looks more like milk than it does like diluted Arnica. You can taste it in the water, this Chlorine. Almost everywhere where there are new water works the water is chlorinated.

VERIFICATIONS.

THOS. G. SLOAN, M.D., SO. MANCHESTER, CONN.

1. *Arsenicum*. For four year old child with repeated vomiting with thirst for cold water which caused severe epigastric pain and vomiting. Diarrhœa and restlessness.

2. *Verbascum*. Boy of twelve with neuralgia over left eye, worse from pressure, comes on at the same time every morning, about nine o'clock. Cured in one day. Previous attacks had lasted two weeks.

3. *Lycopodium*. Adult, diarrhœa, little pain, small watery stools, worse 4 to 8 P.M. and during the night. Much flatulence. Has been sick three days. Had two more movements after the first dose of Lyc.

4. *Colchicum*. Child of four has great abdominal distension, temperature of 103.8, nausea, cannot pass gas up or down. Has had three doses of Castor oil without a stool or any relief. When seen ten hours after Colch. had been given had had three stools and the distension had disappeared together with all the other symptoms.

5. *Belladonna*. Boy of twelve with a beginning peri-tonsillar abscess, right sided. Tonsil very red and swollen. Cannot swallow. Began to get relief in four hours, and after missing one meal, ate as usual and had no more pain. A few months earlier he had a similar attack, and the physician he had that time told him there was nothing to do. That attack lasted a week, he could not eat and had constant pain until the abscess ruptured.

6. *Lachesis*. Boy, with a left sided peri-tonsillar abscess for thirty-six hours, better from cold drinks. Five hours after his first dose of Lachesis, he felt well enough to go to a ball

game. Practically no more pain. Abscess ruptured during sleep thirty-six hours later.

7. *Opium*. A four year old girl with convulsions had been put in a hot mustard bath and given an enema before I arrived, with no relief. Very quickly after a dose of Opium her convulsions stopped. Three-quarters of an hour later she began to twitch again, but another dose of Opium stopped this and she had no further trouble.

8. *Nitric acid*. A man of fifty with a gripe infection apparently calling for Bryonia but not relieved by this remedy, complained the second day that his head was so sore that he could not bear the pressure on his pillow. Nitric acid quickly relieved this symptom as well as the whole disease.

9. *Berberis*. Sharp pains extending from left renal region to bladder, with nausea and flatulence.

10. *Berberis*. Sharp pain from left kidney, down left spermatic cord. Kidney sensitive. Urine negative microscopically. Complete relief in fifteen hours.

11. *Verrucinum*. Numerous warts on backs of hands. No leading symptoms. One case cured in one month, one case in two months.

12. *Sepia*. Headache in one or the other temple, preceded by blindness and numbness in the face and hands which clears up as the headache comes on, accompanied by epigastric emptiness, chilliness all over and a sense of sweet odor. Headaches usually last one or two days. Sepia cleared it up in three hours.

The Chairman: Are there any remarks on any of these cases which Dr. Sloan has reported?

Dr. Richberg: What was your remedy which you used?

Dr. Sloan: Verruca.

Dr. Hutchinson: I was reminded by Dr. Sloan's report of a case of diarrhoea which came to me a long time ago and I remember I referred the case to a specialist and he cured it with Lycopodium. If you use Lycopodium in a case or two of

this kind you will never use anything else. The prescription was a good one.

Dr. Allen: Speaking of warts I remember a case of one man who came to my office, a brother of one of the clergy and of strongly allopathic tendencies, and when he appeared in my office he had a wart on top of his head, and wanted me to remove it with the electric needle. I thought it was a good opportunity to demonstrate Homœopathy, and I said to myself, "Warts are systemic and if I can remove them with a remedy I would like to try and destroy the wart by means of this remedy." I found that in this case the indicated remedy was *Sepia*, so I gave him *Sepia*, cc, three powders and some Alcohol in a small vial to wash it, and he came back in a few days and not one bit of change could I see, except that under the magnifying glass I could see a slight fissure traveling zig-zag across the centre of the wart. I gave him another powder and then something happened. I didn't see him for a long time and when I did see him he took off his hat and said, "Look." I said, "What did you do to it?" It was gone. He said, "Nothing but just take the acid that you gave me and put that on."

Dr. Stearns. Mr. Chairman, I had a case of acute articular rheumatism which went through all right with *Pulsatilla*, although it had been ill for some time, and there were some signs of endocarditis. It cleared up the cardiac condition but during his convalescence from this illness he developed a wart on the top of his head, and it came right on the same site of one that he had a year before that, and about the same time he developed the symptoms of hot feet, hot lips, and a great deal of thirst and hunger, which calls for Sulphur. I gave that and the wart disappeared in the course of about five months and the valvular condition was apparently cleared up. Of course you know that any statement regarding the heart is never just certain, but the valves appeared to be all right, although they would probably not be good under very much effort or anything like that, although I have no doubt but what the cardiac symptoms will eventually disappear altogether.

Then there was a case also which I diagnosed as calculus, on account of the location of the pains, which would come suddenly and disappear almost as suddenly. It was diagnosed as a calculus. The urine contained no blood, but contained shreds of colorless mucus. The character of the pain and the fact that he was a tall, slender blonde, and could not tolerate fat led me to decide on what course to take. I gave him Pulsatilla with a very reasonably quick cure of his trouble. He was having these attacks every night but after a few doses he had very few attacks.

A PROVING OF EOSIN WITH COMMENTS AND COMPARISONS.

BENJAMIN C. WOODBURY, M.D., BOSTON, MASS.

August 3rd, 1920, 9.30 A.M.

Prepared 2% aqu. sol. Eosin obtained from E. F. Mahady's, Boston. First diluted with equal parts aqu. dis., making a 2x dil.=1/100. Through successive dilutions to the 6x aqu. dil. Then 7x prepared in 95% Alcohol, making the first *fixation potency*.

First symptoms:

August 3rd, 10 A.M.

One-half hour after taking 5 pellets felt *burning* under *nails* of left hand, which within a short time shifted to same fingers of *right hand*. The burning lasted for a short time only, then was felt no more, until 2 P.M. when within a few minutes after taking 5 pellets, returned and was felt in both hands, *under the nails*.

11.30 A.M. Sensation of burning beneath finger nails—left hand—three outer fingers, as of Ammonia or strong acid. (These fingers were stained in the process of potentizing, but solution carefully washed with soap and both warm and cold water).

August 4th, 12 M. Began taking 5 pellets, (No. 25 pellets)
Q. I. D.

3 P.M. While walking in the open air felt a similar sensation of *burning in toe of left foot*, which soon disappeared and was not felt again.

3.30 P.M. but now the *burning under the nails* of left hand *has returned*. It is not a pain—merely a sensation as above described as if having had hands in Ammonia. (In cleaning paint off a desk I recall having had a similar sensation from the use of a *strong solution of Ammonia*). Now as I write there is a sensation of burning in both hands *under nails*.

5 P.M. On waking from short sleep—itching and redness of left lower lid, smarting as from sand or other irritation, causing desire to rub the eye, relieved by cool bathing.

7.30 P.M. Burning felt again in *three outer fingers, left hand*, also peculiar boring pain (as of an ulcerated tooth) in right inferior maxilla, near root of lower canine tooth (never remember to have felt a like sensation before); relieved by pressure and after rubbing.

August 5th.

No special reactions until 2 P.M. after a double dose, felt few minutes later, a marked *burning in fleshy joint (ball) of left toe* (great), very like the sensation felt in chilblains, lasted about ten to fifteen minutes and disappeared. Within a short time a sudden and almost uncontrollable desire to sneeze (this also noted once on day previous). This *burning* of the toe joint about one-half hour later involved the under part of the left foot having disappeared from the toe. A similar sensation was felt in various spots, i.e., the ulnar side of left hand, also ulnar side of *right* hand, a sort of burning, stinging. There was also a similar sensation in calves of left and right leg—with itching in various spots, hands, arms, legs, thighs (inner side) anus (an old symptom).

8.30 P.M. Before taking regular dose, burning under *left* finger nail left hand.

August 6th.

On waking early this A.M. felt much less of a stiffness of the

distal phalanx of the ring finger of the right hand, which is almost the only remnant of a septic polyarthritis, resulting from a serious attack of influenza in February, 1920. Also felt less of a slight remaining stiffness beneath the right knee (popliteal space); for all of which Radium bromide in the 30th trituration has done yeoman service. This distal phalanx has been uninfluenced even by the last dose, which also seemed to produce rather a general aggravation.¹

¹ If, as claimed, by Abrams, upon the basis of his observation in Electronic Polaritherapy, Eosin is found to have a more decided action in carcinoma than Radium, it may be that the former remedy may be found to be the natural complement, not only from its electronic reactions, but from its as yet little known pathogenesis.*

"Eosin," writes Abrams ("The Electronic Reactions of Abrams," page 43), "is a marvelous remedy in the treatment of cancer. I can employ no other word to justify this conclusion based on the observation of others and myself. By virtue of its neutral rays, it neutralizes the positive soil (13 *ea seo.*) of cancer. In gonorrhea and gonorrheal rheumatism, its action is equally efficient by neutralizing the positive and negative soil of the disease."

And in a recent number of "Physico-clinical Medicine," Vol. 5, No. 2, Dec. 1920, he states: "All recognized specific drugs owe their action to a specific rate of vibration corresponding to the diseases in which they are employed."

"This oscillatotherapy is dependent on like vibrations (homovibratotherapy) and constitutes a scientific demonstration of 'similia similibus curantur.'"

"Among the drugs, Eosin is most conspicuous. Its rate of vibration corresponds to cancer. After a lapse of years some patients with inoperable cancers are alive and well on whom this drug was used."

"Its employment is easy. It is mixed with Alcohol to make a dilute solution and then painted over the implicated parts daily or every other day."

"When there are metastases it may be given internally in very minute doses, gradually increased without untoward effects."

"It may be used with or without the oscilloclast."

*It has so far as we know never before been proven, although it is noted that Swan includes it in his list of nosodes and other potentized products.

George A. Hopp, M.D., states (Hah. Mo., Vol. LV, No. 7, p. 425) that, "Little has been done or reported on the chemotherapy of cancer. The only communication is that of Wassermann's experiments. These investigations were based upon the discovery that Sodium selenate and Sodium tellurate reduced cancer cells. And for the metals to reach the tumor cells a substance must be used to carry them. After many experiments Eosin was selected because of its great power of diffusion."

"Eosin-Selenium compounds have been tried out, the results showing that in a number of instances the tumors became soft and sloughed away or their further growth was checked."

It is claimed likewise by Abrams, that Eosin is most effective in poly-

12 M. After smelling of globules (saturated 7x) burning under finger *nails* (left hand).

5 P.M. After taking 5 tablets 7x, very decided aggravation of eczematous eruption of patellas (ant. surfaces of both knees) which had all but subsided. Very sore and sensitive papule on forehead near margin of hair, not noted in this situation before. (Possibly an old acne tract).

August 7th.

Have noted for past two or three days increased frequency in urination with feeling of uneasiness before urination. Also August 6th, two rather large stools, which is unusual, preceded by an uncomfortable feeling in abdomen, particularly felt in the epigastrium. (This latter, however, may have been a dietetic error).

Last symptom noted: Burning of lower lip (outside) shortly after taking. A good deal of *redness* of the *palms of both hands* have been noted since beginning the proving.

August 9th.

arthritis when applied to the skin externally. It did not, however, occur to the present prover that there was any direct connection between the reactions it is claimed to be able to dissipate, and the train of symptoms it can induce when taken internally, or found to remove clinically; but, how could it be otherwise; and finer and still finer reactions might undoubtedly be abolished by the similar remedy (in vibratory rate) when given in potency upon the one and only law in therapeutics *similia similibus*.

For it is really, after all, not a question of *quantity* but *quality* in vibratory therapy. And it is also the *homoeo* vibration, rather, we believe that the *homo* vibration as stated by Dr. Abrams that is to be made the basis of the most complete and far reaching investigation of this new world in therapeutic. This was most carefully corroborated by Hahnemann, and he calls particular attention to this point in his writings.

Thus we approach identity in similarity. The identical vibration would only strengthen, as the most closely similar (similimum) abolishes its corresponding electronic equivalent. Is not this later explanation the plausible one in view of the power of the similar remedy in sub-physiological potency, to correct abnormal vibratory or diseased tissue or functional vibrations, which in single, large quantitative doses, it will completely shatter. If so, would not this latter method of using drugs be the preferable one; i.e., the use of the smaller fractional interruption of morbid dissonant vibratory rates, rather than by the more powerful, (physiological) *Homovibrations*. This is by reason of the fact that it has already been found that the radio potentiality of all drugs so far experimented with has increased, rather than diminished in the ascending potency scale. Herein should be the basis of future investigation in electronic Homœopathy.

Began taking 6x potency at 2 P.M. Burning in mouth felt shortly after taking four medicated disks. One-half hour later felt a noticeable burning in heel (fleshy part).

10.30 P.M. Feet are both burning and hot and have a marked sensation as if swollen: not felt before. This potency has a distinctly noticeable *reddish pink* cast of color, the whole series (to the 7x/9th markedly iridescent).

August 13, 9.30 A.M. 5x dil.

Four pellets of 6x (to finish bottle) then shortly after four pellets of 5x followed soon by burning under finger nails, right hand, then left, (generally this symptom has begun left side and extended to right). Three-quarters hour after taking a peculiar feeling as if very tall—of increased stature, as if very tall, as tall as a door. This is saying a good deal for one who is of very short stature, (5.5). This sensation was felt when standing.

August 16th.

While taking 4x, few symptoms noted, except slight burning of mouth and tongue, and to some extent the characteristic burning beneath nails.

Thus far it would seem that the 6x and 4x have been much less active pathogenically than the 7x and 5x.

August 20th.

Began at 1.30 P.M. to take the 3x dil. four pellets Q. I. D. Noticed at once the slightly acrid and faintly bitter taste, and especially the burning of hands and *beneath nails*. The drug in this dilution gives a decided pink or reddish taint to the bottle and cork: also to the hands unless care is taken in not allowing the tablets to touch the hands. Itching, sneezing and stuffiness of the nose has been noted from this potency: and also from the 4x

When placed on the tongue or coming in contact with the lips a marked reddish discoloration of the mucous membrane results.

(August 15th, while taking the 4x a very peculiar pain almost amounting to faintness was felt in the bladder region,

especially worse while thinking of it. It was apparently *gas* which when expelled or eructated was followed by relief. It has several times been noted that gas would be eructated immediately after taking the usual dose of four medicated tablets—possibly merely the result of the saccharinated alcohol of the menstruum).

August 20th, 7 P.M.

There is marked *burning under the finger nails* as I write. The tongue is now as *red as a piece of beef* and even the *saliva* has a *pinkish red color* on expectoration.

Of course, this is very plainly evident now, but I recall having noticed this redness of the tongue for several days and wondered at its significance, not associating it up to the present time with the color of the remedy.

There has also been noticeable, a very marked numbness of the teeth, shortly after first doses of the 3x, especially of the canines of the lower jaw, and this still continues. It is a peculiar sensation, which I do not recall having noticed before. I judge from what I have heard persons say of the action of Cocaine when used as a local anesthetic in dentistry, that this sensation corresponds somewhat to that described following the latter drug.

Top of both knees burn like fire, eczematous spots before referred to are very much inflamed. Aphthous spot in mouth under surface of lower lip. *Burning of knees* in eczematous patches, with intense itching, *redness* and scaling on scratching. Itching somewhat relieved after scratching, but leaves an angry looking surface.

The stiffness of finger joints previously referred to, however, has been but scarcely noticeable today, and has gradually diminished since taking the remedy.²

August 22nd.

It is now two days since beginning the use of the 3x dil., and

² Clinical note This remedy was given in the 12x potency to a patient suffering with a chronic arthritis of both knees, of long standing, and after taking one powder daily for two weeks, writes that "the last remedy has done more good than anything she has ever taken."

the chief symptoms now noted are occasional burning under nails, numbness of lower front teeth and itching of knees. It is a noticeable fact that the most marked symptoms are noted on first taking a given potency, immunity soon being conferred. August 23rd.

Am just starting to take the 2x dilution. This form has a very red color fading off into iridescence or fluorescence of various shades from red to green and yellow. It has a slightly bitter, pungent or acrid taste, which soon disappears after taking. This preparation produces at once the same characteristic burning under the finger nails of both hands; also burning under the left thumb nail.

The tongue is *very* red following its ingestion; and there is burning of mouth and tongue which extends into the *stomach*, a symptom scarcely noticed before. There is also the sensation of being tall, at times as *tall* as a house (noted on a subway train, from which while erect it was an easy matter to imagine one's self as tall as a row of the tenement houses on the Boston side of the Charles) probably partly due to angle of vision.

There is also a vague sense of qualmishness, not exactly nausea, associated with *burning in stomach*, a sense of gone-ness as if wishing to eat again (just following lunch). There is a sense also of unsteadiness, not amounting exactly to vertigo, a sort of light-headedness.

Having applied the 3x and 2x also to a small wart on the dorsal surface of hand at root of the thumb, it remains about the same thus far, possibly slightly smaller in size. Also burning under ball of right toe (the toe and feet symptoms have not been noted before since the 7x and 5x dilutions).

SUMMARY.

- (1) Burning under finger nails.
- (2) Burning under toe nails.
- (3) Burning soles of feet.
- (4) Especially heels and ball of great toe.

(5) Itching and redness of knee-caps, with scaling and scurfiness.

(6) Pruritus ani (an old symptom).

(7) Redness of palms (discoloration even when not contacting drug in strong enough solution externally to discolor).

(8) Peculiar biting, numbing pain in root of canine tooth (anterior portion of inferior maxilla).

(9) Burning of tongue.

(10) Numbness of tongue.

(11) Redness of tongue (as red as a piece of beef).

(12) Salivation, with reddish pink saliva.

(13) Numbness in lower canine teeth.

(14) Aphthae inner surface of lips (lower).

(15) Redness of lips.

(16) Peculiar sensation as if very tall, with slight tendency to vertigo, when standing, walking or turning the head, stooping.

(17) Slight tendency to looseness of bowels.

(18) At first scanty urine—later increased frequency.

(19) Slight burning and uneasiness before urination, better after urination.

(20) Relief of post-influenzal arthritis (especially ring finger of right hand distal phalangeal articulation).

(21) Burning in various spots on skin, shifting location after scratching which relieves.

(22) Chief generals—*burning*, numbness, and itching relieved after scratching.

(23) Tendency to stuffiness of nose and increased frequency of sneezing.

(24) Redness of affected parts.

(25) Peculiar pain in right groin, with pressure in bladder region, relieved after passing gas or after eructation.

RELATED REMEDIES.

(1) Burning under nails: Caust., Elaps., *Sars.*

(2) ———under toe nails: Nit. ac.

(3) Burning of soles of feet: *Ambr.*, *Anac.*, *CALC.*, *Cal. s.*, *Canth.*, *Carb. s.*, *Carb. v.*, *Caust.*, *Cham.*, *Coloc.*, *Cupr.*, *Graph.*, *Kali. s.*, *Lach.*, *Lachn.*, *Lil. t.*, *LYC.*, *Mag. m.*, *Manc.*, *Mang.*, *Nat. c.*, *Nat. s.*, *Ph-ac.*, *Phos.*, *Plb.*, *Puls.*, *Sang.*, *Sil.*, *SULPH.*, *Sul. i.*, *Zinc.*

—while walking: *Carb. v.*, *Coc. c.*, *Graph.*, *Kali. c.*, *Lyc.*, *Nat. c.*, *SULPH.*

(4) Heel: *Arg. m.*, *Arund.*, *Carb.*, *Cycl.*, *Eupi.*, *Fago.*, *Graph.*, *Ign.*, *Kali. n.*, *Puls.*, *Raph.*, *Rhus. t.*, *Sep.*, *Sul. ac.*, *Ter.*, *Verat.*, *Vip.*, *Zinc.*

Burning ball of toe: *Ant. c.*, *Caust.*, *Kali. c.*

(5) Burning of knee: *Apis.*, *Arg. m.*, *Arund.*, *Bell.*, *Berb.*, *Brom.*, *Bry.*, *Cann. s.*, *Carb. v.*, *CHEL.*, *Fl. ac.*, *Lachn.*, *Lyc.*, *Mur. ac.*, *Petr.*, *Phos.*, *Plat.*, *Rhus. t.*, *Sabad.*, *Tab.*, *Tarax.*, *Tarent.*, *Ter.*, *Thuj.*

(6) Itching around anus: *Agn.*, *Benz.*, *Bry.*, *Bufo.*, *Fl. ac.*, *Lyc.*, *Mez.*, *Nat. s.*, *Nux v.*, *Op.*, *PETR.*, *Serp.*, *SULPH.*, *Tarax.*

(7) Redness of palms of hands: *AGAR.*, *APIS.*, *Bor.*, *Bell.*, *Berb.*, *Bry.*, *Carb. an.*, *Fl. ac.*, *Hep.*, *Mez.*, *Nat. s.*, *Nux v.*, *Phos.*, *Plan.*, *Puls.*, *Rhus. t.*, *Seneg.*, *Staph.*, *Stram.*, *Sulph.*, *Vesp.*

—spots: *All. c.*, *Bell.*, *Cor. r.*, *Elaps.*, *Lach.*, *Nat. c.*, *Sabad.*, *Stann.*, *Tab.*

(8) Pain left lower teeth: *Acon.*, *Apis.*, *Arn.*, *Aur.*, *CAUST.*, *CHAM.*, *Chin.*, *CLEM.*, *Form.*, *Gua.*, *Kali. c.*, *MEZ.*, *Nux. m.*, *Oleand.*, *Phos.*, *SEP.*, *Sil.*, *SULPH.*, *Thuj.*, *Zinc.*

(9) Burning of tongue: *ACON.*, *Am. m.*, *Apis.*, *ARS.*, *Aur.*, *ARUM. T.*, *Bapt.*, *Bar. c.*, *Bell.*, *Bov.*, *Calc.*, *Cal. s.*, *Dros.*, *Hydr.*, *Iris.*, *Kali. ar.*, *Lach.*, *Laur.*, *Lyc.*, *Mag. m.*, *Mang.*, *Med.*, *Merc. c.*, *Mez.*, *Ox. ac.*, *Phos.*, *Phyt.*, *Plat.*, *Podo.*, *Psor.*, *Ran. s.*, *Sang.*, *Sep.*, *Sulph.*, *Sul. ac.*, *VERAT. V.*

(10) Numbness tongue: *Acon.*, *Apis.*, *Ars.*, *Cal. p.*, *Colch.*, *Fl. ac.*, *GELS.*, *Glon.*, *Hell.*, *Hyos.*, *Ign.*, *Laur.*, *Nat. m.*, *NUX. M.*, *Rheum.*

(11) Red tongue: *Acon.*, *APIS.*, *ARS.*, *Am. m.*, *Bapt.*, *BELL.*, *Bism.*, *Calc.*, *Cal. s.*, *Camph.*, *Canth.*, *Carb. v.*, *Cham.*, *Colch.*,

Crot. t., Cup. ac., Ferr. p., Gels., Hydr., Hyos., Kali. b., Kali. c., Lach., Lyc., Mag. m., MERC., Merc. c., Nat. s., NIT. AC., Nux. v., PHOS., Plb., Pyrog., RHUS. T., Sulph., Verat.

Fiery red: *APIS., Bell., Canth., Cal. s.*

(12) Salivation: *AM. C., ARUM. T., BAR. C., BOR., FL. AC., IOD., IP., KALI. C., MERC., NAT. M., NIT. AC., NUX. M., VERAT.*

(13) Numbness teeth: *Ars., Asaf., Aur. s., Bell., Chin., Dulc., Ign., Lith., Nat. m., Petr., Phos., Plat., Rhus. t., Ruta., Thuj.*

(14) Aphthae: *Aeth., ARS., Arum. t., BAPT., Berb., BOR., Calc., Carb. ac., Carb. an., Carb. v., Dig., Hell., Hep., Iod., Jug. c., Kali. ar., Kali. bi., Kali. br., Kali. c., Kali. chl., Kreos., Lach., Lyc., Mag. c., MERC., MERC. C., MUR. AC., Myric., Nat. m., Nit. ac., Nux. v., Plb., Staph., SULPH., SUL AC.*

(15) Redness of lips: *ACON., APIS., BAPT., BELL., CAPS., CHAM., CHEL., CHIN., CIC., CINA., FERR., GLON., HYOS., LACH., MILIF., MEZ., NUX. V., OP., PHOS., RHUS T., SANG., STRAM., VERAT. V.*

(16) Sensation as if tall (delusion tall, as if he were): *Stram.*

(17) Diarrhœa: *AGAR., ALOE., ANT. C., ANT. T., APIS., ARG. N., ARS., BAPT., BAR. C., BRY., CALC., CANTH., CARB. V., CHAM., CHIN., CROT. T., DULC., FERR., FERR. AR., FERR. P., FL. AC., GAMB., HELL., HEP., IOD., IP., IRIS., KALI. BI., LYC., MERC., MERC. C., NAT. M., NAT. S., NIT. AC., PHOS., PH. AC., PODO., RHEUM., SEC., SIL., SULPH., THUJ., VERAT.*

(18) Urine scanty: *ALUM., APIS., ARS., ARUM. T., CANTH., CARB. S., COLCH., CON., DIG., EQUIS., GRAPH., GRAT., HELL., KALI. N., LAC. AC., LIL. T., MERC., MERC. C., MERC. CL., NAT. S., NIT. AC., NUX. V., OP., PLB., RUTA., SARS., SEL., SEP., STAPH., SULPH., TER.*

(19) Burning pain in urethra urging to urinate: *Ant. c., Ant. t., CANTH., CON., NIT. AC., PHOS., PRUN., Sabad., SULPH.*

—before urination: *Alum., Apis., Aspar., Berb., BOR., Bry., Calc., CANN. I., CANTH., Chel., Coc. c., Colch., Cop., Dig., Ery. a., FL. ac., Merc., Merc. c., Nat. c., Nit. ac., Nux. v., Phos., Ph. ac., Prun., Puls., Rhod., Seneg., Sulph., Zinc.*

(20) Stiffness of fingers: *Agar.*, *Apis.*, *Ars.*, *Calc.*, *Cal. s.*, *Carb. an.*, *Carb. s.*, *Caul.*, *Caust.*, *Cupr.*, *Dros.*, *Ferr.*, *Led.*, *Lyc.*, *Manc.*, *Merc.*, *Rad. b.*, RHUS. T., *Sil.*

(21) Burning of skin—in spots: after scratching: *Agar.*, *Am. m.*, *Apis.*, *Ars.*, *Bell.*, *Canth.*, *Carb. v.*, *Chel.*, *Croc.*, *Ferr.*, *Fl. ac.*, *Iod.*, *Kali. ar.*, *Kali. c.*, *Lyc.*, *Mag. c.*, *Merc.*, *Mez.*, *Nat. s.*, *PH. AC.*, *Plat.*, *Rhus. t.*, *Sel.*, *SULPH.*, *Sul. ac.*, *Tab.*, *Viol. o.*

(22) Itching spots: *Agn.*, *Am. m.*, *Arn.*, *Aster.*, *Berb.*, *Con.*, *Dros.*, *Euph.*, *Fl. ac.*, *Graph.*, *Iod.*, *Kali. c.*, *Lach.*, *Led.*, *Lyc.*, *Merc.*, *Mez.*, *Nat. m.*, *Nit. ac.*, *Op.*, *Par.*, *Sep.*, *Sil.*, *Spong.*, *SULPH.*, *Sul. ac.*, *Zinc.*

(23) Obstruction of nose: *ARS.*, *ARUM. T.*, *AUR.*, *CAPS.*, *CAUST.*, *GRAPH.*, *KALI. BI.*, *LYC.*, *NIT. AC.*, *NUX. V.*, *PULS.*, *SAMB.*, *SIL.*, *TEUCR.*

Frequent sneezing: *All. c.*, *AM. M.*, *ARS.*, *Aur.*, *Bell.*, *Brom.*, *Bry.*, *CARB. V.*, *Caust.*, *Cycl.*, *Dros.*, *Dulc.*, *Hep.*, *Kali. c.*, *Kreos.*, *Lyc.*, *MERC.*, *Nit. ac.*, *NUX. V.*, *Phos.*, *Plat.*, *Sang.*, *Sil.*, *SULPH.*, *Zinc.*

(24) Redness (skin): *Acon.*, *AGAR.*, *Am. c.*, *APIS.*, *Arn.*, *BELL.*, *Bry.*, *Con.*, *Crot. h.*, *Crot. t.*, *Dulc.*, *GRAPH.*, *Lyc.*, *Manc.*, *MERC.*, *Nat. m.*, *Nit. ac.*, *Nux. v.*, *Op.*, *Phos.*, *Ph. ac.*, *Puls.*, *RHUS. T.*, *Sabad.*, *STRAM.*, *Sulph.*, *TELL.*

After scratching: *Agar.*, *Am. c.*, *Ant. c.*, *Arn.*, *Bell.*, *Bor.*, *Canth.*, *Chin.*, *Dulc.*, *Graph.*, *Kreos.*, *Lyc.*, *Merc.*, *Nat. m.*, *Nux. v.*, *Olea.*, *Op.*, *Petr.*, *Ph. ac.*, *Puls.*, *Rhus. t.*, *Ruta.*, *Spong.*, *Tarax.*, *Teucr.*

(25) Pressing pain before urination: *Ang.*, *Arn.*, *Cal. p.*, *Chim.*, *Chin.*, *Con.*, *Graph.*, *Kali. s.*, *Nat. p.*, *Nux. v.*, *Petr.*, *Phyt.*, *Puls.*, *Ruta.*, *Sep.*, *Spig.*

(26) Eruption, eczema: *Alum.*, *Am. c.*, *Anac.*, *Ant. c.*, *Arg. n.*, *ARS.*, *ARS. I.*, *Astac.*, *Aur.*, *BAR. M.*, *Bell.*, *Bor.*, *Brom.*, *Bry.*, *Calad.*, *CALC.*, *CAL. S.*, *Canth.*, *Carb. ac.*, *Carb. s.*, *Carb. v.*, *Caust.*, *Cic.*, *Clem.*, *Cup.*, *CROT. T.*, *Cycl.*, *DULC.*, *Fl. ac.*, *GRAPH.*, *HEP.*, *Hydr.*, *Iris.*, *JUG. c.*, *Kali. ar.*, *Kali. bi.*, *Kali. c.*, *Kali. chl.*, *Lach.*, *LAT. M.*, *Led.*, *Lith.*, *Lyc.*, *Merc.*, *MEZ.*, *Nat. m.*, *Nat. p.*, *Nat. s.*, *Nit. ac.*, *OLND.*, *PETR.*, *Phos.*, *Phyt.*, *PSOR.*

Ran. b., *Rhus. t.*, *Rhus. v.*, *Sars.*, *Sep.*, *Sil.*, *Staph.*, *SULPH.*,
SUL. IOD., *Thuj.*, *Viol. t.*

The Chairman: This excellent paper is now open for discussion.

Dr. Farrington: I thank Dr. Woodbury for this excellent paper. It is an excellent paper and very well thought out. It shows a great deal of study. In a certain way it is difficult to discuss the many and various points of interest which it covers. I think that we have to be careful not to lay too much stress on these various means that have been brought forward, since Abrams work in assisting us to select remedies. We are, I am afraid, always trying to find the easier and the shorter way; I think, however, that we would be perfectly safe as regarding these means as mere suggestions and as helps for, after all, the real basis of our prescription has to be upon the basis of our proving of substances which have been already brought out and which constitute the real basis for our prescriptions. Dr. Boger showed us his wonderful work last night and there is one thing which strikes me as peculiar, and that is that there is only one method of securing the results desired, and that is by the actual step by step proving of each remedy. We thank the doctor for his excellent paper.

Dr. Boger: Mr. Chairman, two thoughts presented themselves to my mind as I listened to this interesting paper. One thought was this: We often take the remedy indicated and then we are afraid to prescribe it. Perhaps as specialists it seems preposterous that we should do such things—hesitate to prescribe the medicine. In such cases I have often succeeded by prescribing a chemical compound. I had one prominent case, which I have in mind now, where it was certainly indicated that the woman had gone through years of chronic bronchitis and which finally threatened to take her life. I started in giving her *Mercurius phosphoratus* and cured her, although, as you all know, the old cases are especially hard to cure. I merely mention that as an instance of the character

of what you may do, and while I speak of Phosphorus in this instance, that may apply to any remedy. Once in a while that remedy may excite a violent reaction, as you have well heard this morning.

The thought also came to me, while I listened to this paper, that we have been proving remedies and Hahnemann has proved remedies until we have a virtual wilderness, and the doctrine has grown so big and unwieldy that we can't just determine what we ought to have, and I know that most any of the doctors here will bear me out in that. I feel confident of one thing: that in the future we will have some method by which we will be able to elicit any desired response from the human body by some scientific method instead of by the use of a large number of remedies of which we have a very poor command. If we could go up to the patient and elicit some response from him by some reactive method which would conform to his vibratory reaction, which is going on at that particular moment, then we will be able to cure anything, if we can produce this proper reaction. What this will be I am not prepared to say. This event will come though, and I think it will be the next event—the next step in our system of Homœopathy, and I believe, too, that when that day does come that we will not get rid of being obliged to resort to certain characteristic ways of applying this or that medicine, which will vary with each case, but it will fit into that case to form perfect harmony. Even Hahnemann said that there must be some end to this potency question, as it could be carried on indefinitely and there must be some end to our indefinite proving of remedies. There is some law back of it, for there must be an end of remedies and proving, but up to the present it has not stopped and this is one of our greatest questions right at this very moment.

Dr. Loos: On the simple justness of the insight which brought forth that last remark from Dr. Boger, I wish to speak, and I wish to put a very strong emphasis on the fact that it will take a long time, but unquestionably we may have the change referred to in the future. Without a doubt the

time when that would appear, as Dr. Boger speaks of, when the Homœopath will have some method of arousing a response in the patient without medicine, will be a long time from now. Undoubtedly that time would have arrived long ago if we could have been the recipients of it instead of the progenitors of it, which would have happened if we had massed all of our observations together and co-operated with each other. Anyone who can see to look into Hahnemann's works cannot doubt that that was where he was tending, but the great mass of opposition which has raised against him and which seems indeed ready to attack anything which means growth in the material realm, appears to have hindered its development. Let us mark that development in some place where we can all see, for, some day, some time, some place, it will be asked, "Where was it? Who was it? When was it that that movement was put forth?" It certainly is coming.

Dr. Woodbury's remark about vibratory action reminded me of the work that has been done by those that call themselves "suggesto-therapeutists," who treat by the vibratory rate, and believe very strongly in the use of vibrations in restoring health. Dr. Woodbury has pointed out that probably the explanation of the action of a remedy is that it tones down and lowers the rate in health and causes the symptoms to come out. You are all familiar with the fact, in dealing with disease, that sickness is not an entity, or something to be attacked. It is a change of form; it is a greater vibration which is manifested in various symptoms, thus constituting what we call "disease" and these symptoms are the result on the material body of the continuously changed vibration, but the symptoms which indicate the character of that changed vibration are the changes which correspond with the changes brought on by the remedy, and the same vibration which at some source acts on the living body.

Dr. Gore: Although I am not a member of your organization at present, I hope to be. (Applause). One thing, in fact, I believe the first thing that the Organon starts off with is that the highest thing is to cure the sick. I think, in regard to the

homœopathic medicines, that they must be first proven on the healthy subject. Many of the things mentioned by the doctor, such as the order of therapeutic removal of the disease and the different remedies, have not been thoroughly proven on the sick, particularly as regards the auto-inoculatory remedies and the autohemotherapic remedies which are made from the blood of the patient. I have treated many patients with that, because here is a serum which is being proven every day in the patient's own self, and I have given those remedies in 30 and 200 and higher potencies and I have had some very good results from it, and I can see no reason why we shouldn't give these medicines instead of others about which we are less certain, even though they come from the respiratory tract.

Dr. Krichbaum: I'm always on the winning side. I wish to speak about what Dr. Boger and Dr. Loos said. God only knows when that time will be! "In the beginning was God. * * * And the same was in the beginning with God. * * * In Him was life and the life was the light of men." And such things as you speak of, Dr. Boger, belong to Him, and to Him only. He was and He shall be. We will never attain any such height as you have talked about for such things, as I said, belong to Him.

Dr. Richberg: I just wanted to say, Mr. Chairman, in line with a lot of talk we have heard here today and yesterday and in harmony with the papers so far presented to us, that there is a rather hopeful sign that we are drifting away from the old idea that has been held up to the shame and disgrace of every Homœopath, and that is the idea that Homœopaths can't be good diagnosticians. We thought that we had to learn that in the old fashioned method. We could cure a man that had appendicitis but what difference does it make whether the man had appendicitis or what he had just so he got cured? We have, however, proven that we know enough to diagnose cases—we have proven that to other people. I will mention one or two instances which illustrate, however, that we may all be wrong: A man had been examined by the best of diagnosticians from the Atlantic to the Pacific and from the Gulf to Canada,

and he was said by them to have everything you can have in the disease line, and had taken all the medicines possible for anyone to take. It started out with an ulcerated stomach and developed into a condition of the whole intestinal tract that, if he really had it, ought to have carried him, or anybody else, out of the world. He was a wealthy man and had plenty of doctors and nurses but he kept growing worse until finally, as a last resort, and it *was* a last resort, too, at the advice of relatives, he allowed a Homœopath to take charge of the case, and the Homœopath had charge of that case for a week, and during that week he reduced all the troublesome flatulence, etc., that had troubled the man, and said that there wasn't a sign of an ulcer in that whole tract, nor an abscess or tumor. He developed, however, a cancerous condition which was difficult to locate and when he finally did locate that condition it had spread and when they operated on him they took one look at the inside of him and sewed him right back up—he was too far advanced to operate on, they said. He died three weeks from that date.

Another one was one of my relatives who had been sick all her life with some trouble with her lung, although she had had the best doctors that could be obtained anywhere. She was a resident of Michigan, this lady, and if I mentioned the name she would be very well known, but she finally died and they examined her lung and found that there was not one particle of her lung that had been able to breathe for a long time. What good diagnosis would have done there it is hard to say. If that had been found out in time and she had had the right kind of treatment, all that sickness might have been avoided.

Dr. Woodbury: I would like to mention *Aralia racemosa*. I have personally verified the reaction of it, as Dr. Farrington has suggested. I have verified the reaction from Phosphorus in a case of chronic bronchitis, and I gave it in the 1000th potency, which gave a reaction which was practically the same as that which Dr. Case has mentioned. In using these modern scientific remedies we should all bear in mind that the reaction of the proof are the same reactions which are shown in

the chronic form of the disease indicated. Then there are certain symptomatic effects on the mind which are communicated gradually throughout the whole body. Dr. Loos has carried out this same idea in her suggestion of the suggestion-therapy. The man who succeeded Mrs. Eddy, or preceded her in her activities in Christian Science, treated his patients by what he terms in his book "*Science of Health*" instead of "*Science and Health*." Dr. Gordon's theories are in precise accordance with mine with the exception that I have always potentized my remedies just as the doctor's paper mentions and, thus far, I have given these substance in potencies of 200 or higher, which is most effective, and I think we have been getting good results, and the purpose of our treatment is to arouse the vital forces. Solanin, Phosphorus, Iodin, Medorrhinum and Tuberculinum, or any of our other drugs, and those other medicines, have to be potentized to a certain extent to give the desired result. Dr. Knowles' book on "Therapy" goes into this subject very fully. Speaking of self-remedies or autognosis and also general nosodes, such as blood serums, etc., which is anything diluted and then given back to the patient after being taken out of his own body, it makes no difference whether it is given by mouth or intravenously, it is giving the patient back his own poison, but in a potentized form. I think that Dr. Richberg's suggestion is a good one, that is, that we should know the diagnosis before the undertaker arrives, and it is this point exactly which I think should be emphasized. By examining the patient's blood it is possible for the doctor to clearly understand the symptoms which are beyond the pale of the modern scientific methods—we can get to understand local conditions of the parts involved, and can find out the vibratory rate, and so to speak, "get under the disease" and practically push it out and break down the adverse or fatal condition and slow down the vibration which is necessary to the continuance of a disease, and in turn thus relieve the various regions of the body which are affected. Now another reason for getting hold of some good routine method of diagnosis is that these things, if they are carried out properly, will do away with so much

animal experimentation. I know that that is a broad statement, for I know of the good work that Dr. Hinsdale and others are doing in their laboratories, but that is only on the objective side and such proving of medicines on guinea pigs, and cats, and dogs, and rabbits can never approach the scientific accuracy of proving them on healthy human beings who can prove these remedies by the reaction which they make or may make on human being and human organs. That would furnish us a means to do away with the enormous number of guinea pigs and rabbits that are sacrificed. I, personally, as a humanitarian, would welcome such a change. And as for Dr. Krichbaum, I have left him for the last, and I certainly realize the fact that we never can attain to such a standard.

Dr. Boger: Regarding what Dr. Gore had to say, I think, as Homœopaths, we should not use psycho-analysis, as I think it is one of the hardest jobs there is, for this reason: We have to look all over in order to find the difference between normal psychology and abnormal psychology, and when we have found it we can apply it to but one case, for what is normal in one is abnormal in another. Now all these people who use suggestive-therapy have such a mass of symptoms, for half of which you cannot get at the homœopathic remedies and, as a matter of fact, I have not been able to do much with such patients. We are not dealing with a normal person when prescribing for the sick and we should have nothing to do with psychological measures, for modern science has proven that in such cases we are getting into abnormal psychology, and that is a field we should keep out of.

The Chairman: I have here a paper which was written by Dr. Yingling. I first met him more than thirty years ago, and his work describing the Gila Monster impressed me as being a very masterful one, and although he is away off up in Canada now, scarcely a year passes that we do not get something of interest and value from Dr. Yingling, although he is quite an old man now. This year he has sent me a paper on "Torula cerevisia." We have Dr. Lehman presenting a paper on the

actual indications for the use of this plant and Dr. Yingling has carried it on and given a list of cases here that is very interesting, and when it appears in the Transactions I am sure you will all enjoy reading it and using it in your work.

TORULA CEREVISIA.

W. A. YINGLING, M.D., EMPORIA, KANSAS.

Torula cerevisia, the common yeast plant that the bakers use in bread making, is the remedy under consideration and a very useful remedy it is proving to be. It was first called to the attention of the profession in potency form in the I. H. A. Transactions, 1916, page 452, by Doctor Lehman. It has become quite a fad among some people to eat it raw at meal time for the digestion and other complaints. The manufacturers of yeast are making the most of the fad and are advertising it extensively. Of course, as in all such cases, there is some foundation for the claims of the faddists.

When I read Dr. Lehman's article I at once secured a cake of Fleischman's yeast and covered a piece of it with Alcohol, leaving it macerate for ten to fourteen days with frequent shakings. I then potentized it to the 4mth. With these potencies, mostly with the 200th, I have had very encouraging success and in some cases most brilliant. I have had sufficient experience with *Torula cerevisia* (pronounced *Tor-u-la*, *accent on first syllable*), to warrant reporting it to the profession. I include all the *cured* symptoms of Dr. Lehman. These cured symptoms I considered reliable, as have our best and ablest prescribers, especially when the one remedy has been used and the result is marked and prompt. I have selected the Latin name for yeast as the best one to be used, in fact, the only one, as it is the scientific name of the yeast plant. As *Torula* has not been proved the symptoms nearly all clinical, but notwithstanding that, they are reliable so far as verified. It is a remedy of wide range and I feel confident it will be of the

utmost use to the profession. Give it a careful trial and report results.

Miss H., aged 38, came to the office with a very severe headache, pain in the left temple involving the eye, across the left side of the head to the occiput. When she pressed on the occiput the pain in the temple was much worse. She also had a very profuse yellow vaginal flow before the periods. Belching and deranged stomach. *Torula* very soon relieved all this. In about two years she came back with a similar headache, but not near so bad. *Torula* again gave relief.

Mrs. O., aged 29. Headaches all her life. The past two or three years has had sick headaches. Pain on one side at temple, usually right side, or may be the left side; passes backward to the side of the occiput and nape of neck on the side of beginning. Now goes down further into the shoulders. Aching, strong pain, some throbbing, never shooting. Usually starts in the morning, growing worse during the day and lasting 24 hours or more. Head hot and feverish. Pain mostly behind ears and down nape (more severe, I suppose). Wears glasses, but sees no change from them. Comes at no particular time; four times the past month. Great weakness all over and soreness of the whole body. Menses irregular the past few years. Headaches seem to check the flow which is scant and of short duration; very dark and sometimes clotty. Was operated on for invisible goitre which ameliorated the choking feeling, but the heart trouble was the same as before the operation. Constipation since a child; has used physic since childhood. Worry, overwork, nervousness and the like brings it on, yet may come without apparent cause. Worse from constipation also. During the past three years has nausea and vomiting of bile, yellow, slimy, sometimes white mucus, very bitter; bad taste. Feels irritable, cross and nervous. Eyes feel heavy and burn. Dizzy with the headache, < rising up. Has fainted several times, < noise, walking, rising up. Sometimes > from pressure. < from any jar, touch of bed; wants to be real quiet. June 14, 1919, she received *Torula* 500 (Y).

July 16, reports a headache just before menses on right side,

but not so severe as usual, and lasting only seven or eight hours. Not so constipated as before. Repeat *Torula*.

October 13, writes me: In August had a breaking out on head and the local doctor said it was from the stomach, prescribed locally and gave Soda for the stomach. Following this more headaches and more severe. The last two began on the side of the head and went to the vertex, not as before to the occiput. *Torula* 900 (Y).

October 29. "No headache since starting to take the last medicine though had the period in twenty-five days, but no headache." *Torula* 900, one dose.

November 12. On October 31 and November 1 had a dull heavy feeling on top of head, but never had to stop for it as formerly. Sometimes has an itching; if she rubs it, white spots will come; mostly on ankles, a few on hips and arms. Gaining in flesh and feels fine.

November 25. Menses in twenty-four days; three days after got up with headache starting in right eye and going to top of head, got worse during the day and by night it was so bad she took the extra powder (*Torula* 900) with quite prompt relief. *Torula* 900 (Y).

December 11. No headaches. Menses in 30 days. Evening of third day pain started in right eye, went to back of head and down neck. Gaining flesh. Less costive. No late report.

Mrs. F. L. M., aged 50. Had something like the "flu" last fall, slow recovery, settled in lungs. Heart very weak. Sleep poor. Digestion poor. Bilious dysentery till a few weeks ago and not all right yet. Twice the past month laid up with bilious attacks, cramps in stomach, tongue coated in patches and after an attack tongue feels swollen and sore. Menopause; period in September and February, rather light brown. Extremely nervous, goes almost crazy. Some nights sleep very poor, and nights frightful, could lie in no one position five minutes. Eighteen years ago had a similar sickness which "ran into ulceration of the stomach and bowels." Was very ill for a year. Blood pressure 110.

Owing to excessive crude drugging she was given *Nux vom.* 20m (F. C.)

March 27, 1919. Dysentery, blood and mucus; piles. Much gas in bowels, rumbling. Pain under scapulæ. Sort of hot drawing pains on left side of body—"these seem the most trying." Will go around the square to miss seeing a good friend. Don't care to talk to any one. Has lost fifteen pounds in the last year. Repeat *Nux vom.* 20m.

April 11. First few days after medicine felt almost well, but on the fourth day got up with bad taste and a stiff neck and diarrhœa. Neck trouble next day went to small of back; if she got down it was hard to get up. Hunger, but nothing tastes good. Can't sit in one position long. Pain through bowels which is usually the forerunner of gas, followed by dysentery. *Torula* 500 (Y).

June 21. Medicine helped very much. Digestion is better. Pain through lower back and bowels almost gone. A little gas occasionally, but it is not to be compared to what it was. Pain under shoulder blade about gone; feels it sometimes if sits long in one position. Only complaint is poor sleep. Is drowsy, but the minute she goes to bed her back begins to crawl and it seems impossible to keep legs still, they move in spite of her, lasts from two to six hours. Getting up and sitting in chair does not relieve. "Dysentery much better." Disposition and color improving. Repeat *Torula*.

August 21. Bowel trouble seems all right. "If I am worse again will write for sure." No word since above.

Mrs. S. W. G., aged about 30. Has been a patient of mine for the past fourteen or fifteen years, and has a checkered career, now much better, then down again, very nervous and stomach easily upset. Such remedies as *Sulph.*, *Nux vom.*, *Lyc.*, *Bry.* would control matters for a month or two. As she lived in a neighboring city I could not get full particulars as needed. October 30, 1919, she wrote me that she was suffering from her old dizziness or swimming of the head. Pain under ribs of left side in the evening, none in the morning. Urine scant. Such an uncomfortable feeling in the stomach as

if food did not digest. *Torula* 500 (Y). December 2. Soreness in bowels. Dizzy spells, especially on the streets. Sore spot on left side of back from waist down. Such uncomfortable feeling about the heart, with difficult breathing, < from exertion. *Torula* 500 (Y).

June 9. Has been unusually well, but lately stomach troubles some. Dizzy spells, sudden attacks lasting four or five minutes, followed by a suffocating feeling. Belching gas. Heart beats fast going up and down stairs. *Torula* 900 (Y).

June 17, 1920. Weak, exhausted, depressed. Pressing down of uterus. Limbs feel so heavy, < on feet. Pain across back, wakens her early in the morning, < while in bed, > when she gets up. The great exhaustion and weakness being the main features this time, and from past experience, I gave her *Echinacea* 200 (G).

July 3. Exhausted feeling much better. Dizziness is worse, spells more frequent and after effects worse. **Such a soreness in stomach, like a lump.* Pain over left eye. Menses just over, had very bad odor. Can hardly wait till bed time. *Torula* 900 (Y). I have had no word since. From her past faithful reporting I feel sure she is doing well.

G. W. E., aged 62. In 1905 he had a severe cough and marked decline which was entirely relieved by *Bacillinum* 6m (G). November 15, 1919, he writes: For a year on awaking in the morning feels very queer and dizzy, with nausea. Lump in throat pit that wants to come up but will not. Better chewing gum. Belches food, sour at times, or watery and not so sour. Some bloating and rumbling in abdomen. Passes flatus both ways, up and down. Breathing hard. Gets hot with nausea and sweat and chills; after vomiting two or three times gets some relief. May be several hours before he can walk about from the dizziness. Bowels nearly normal, may be two or three stools a day. Ringing in the ears, < right, from the blood pressure as he thinks; heart beats hard and fast from the spells. Eats well and nearly always ravenous appetite; sometimes cannot get enough to eat. Gradually worse, spells coming more often. *Torula* 200 (Y).

November 26. Stomach better. Not bothered with lump in throat. Sour stomach better, only a touch every two or three days. No bad sick spells since medicine. Has been a little dizzy three or four times. Bowels regular. Ear rings nearly all the time. *Torula* 200 (Y).

December 25. Only has dizzy spells about once a week, lasting only a few minutes. Lump in throat remains much better. *Torula* 200 (Y).

January 2, 1920. Had a little dizzy spell, and one next day, but feels well since. *Torula* relieved him of all his complaints except the dizzy spells and as they kept coming back I gave him *Merc. dulc.* 9m (Y), repeating as needed, which wound up the case.

Mrs. S. H., aged 42. Had the "flu" in October. In following February began to feel very nervous which affected throat, filling up for a while and then better. Gas in stomach and abdomen, passing down and up. No distress. No bloating. Dull pain above left groin in flexure of colon. Constipated and has taken much physic. Has lost 30 pounds. To start the case *Nux vom.* 9m (F).

September 1, 1919. Less gas, but left side of abdomen pains. Some rumbling. No pain. Menses six weeks past due. Cramps in calves of legs. Constipated. *Torula* 500 (Y).

September 18. Pain in left side of abdomen by spells, not so continuous as formerly. Gas in abdomen rumbles about. Bowels sluggish only at times. Menses came in six weeks at the last period. No cramping in calves now. *Torula* repeated.

October 1. Doing well. No bad spells. Feels better generally. Side bothers less. Sometimes a kind of pain in stomach (abdomen?), but less. Less gas than before. Bowels move better also. *Torula* 900 (Y).

October 14. Doing well. No bad spells. Bowels gradually better. *Torula*.

October 27. Menses in three weeks, very profuse. Doing well otherwise. Side better. Some gas, but less. *Torula* 900 (Y).

November 21. Doing well. Menses in three weeks, much less flow, no pain. No bad spells. Bowels sluggish. *Torula* 900 (Y). These repetitions are usually one dose in the potentized form. I begin the treatment with four doses, one night and morning. If worse after beginning treatment I give four doses.

December 17. Left side bothers a little after breakfast only at times. No bad spells. Menses in three weeks as before. Very little gas or belching. *Torula* 2m (Y).

January 27. Getting along well. Side better. Stomach better. She reports about the same with an occasional single dose of *Torula*.

July 7. Doing well. Some more pain in left groin. Bowels regular. *Torula* 4m (Y). Continues doing well with an occasional single dose.

Mr. W. W., aged 70. Eczema on legs from knees down, much worse about the ankles, for more than 25 years. Has often been suppressed. Has been on the elbows and end of spine. *Itching*, *oozing* water when bad. Lumps under the skin. Rubbing inflames and causes itching. Has been suppressed lately and is now much worse about the ankles. Has used Radium water as a wash which seemed to dry it up, but it promptly returned on the ankles. In consequence of the seeming relief from Radium water I decided to try *Radium* in potency and gave him the 200 (EK). Being no better I gave him *Natrum phos.*, *Chelidonium*, *Rhus rad.*, *Sulphur* at various times, but failed to get good results. *Natrum phos.* and *Rhus rad.* especially are called for in this eruptive trouble about the ankles, but failed in this case.

November 6, 1920. *Torula cer.* 12 (Y) one pellet, three times a day.

November 16. Legs very much better. No itching. Eruption almost gone. The only application allowed to satisfy his mind was hot water and olive oil.

December 26. Was about cured up, but is coming back again, but not nearly so bad, just showing a little. *Torula* 12 in pellets.

January 4, 1920. Gradual change for the better. Condition was better with slight changes at times for the worse, though never as bad as before. In March reported "improving right along in every way." I have not seen this case since March 22, but as he was improving right along I feel sure he would come back if worse again. The action of the remedy was good considering the age of the patient and that he had no experience in Homœopathy, would not follow directions and kept doing what he ought not to do. If he returns I shall put him on the higher potencies.

Mrs. C., aged about 80, a great grandmother, came to the office the afternoon of May 5, 1921, short of breath, panting and said she feared she had heart trouble as she was so short of breath, could hardly walk to the office. She had great misery and distress in the left side about the short ribs, fulness and pushing up from accumulation of gas which affected the heart. Some belching and rumbling of gas. I gave her *Torula* 500 (Y). The next morning she phoned me that she "just had to let me know that she was entirely relieved of her distress and was feeling all right." She said the first dose relieved her very promptly and was now "feeling just fine." This very prompt action of the 500th potency shows that the remedy is active and reliable and should be further proven and tested.

Mrs. F. S. H., aged 69. April 21, 1921, asks for relief from severe bloating of stomach and abdomen, causing shortness of breath and such a tight feeling. Bloat always present, but < some days. Rush of blood to head so often. *Torula* 200. *On May 11 writes that she is greatly improved.*

Mrs. R., aged 77. May 6, 1921. Great shortness of breath on rising in the morning. Seems to be mucus in the lungs, with whistling. Dyspnoea, < walking, < exertion. Swelling about the ankles and above, < left one. Stomach much out of order. Much gas in bowels with rumbling. *Torula* 30 (Y), six powders twelve hours apart. On May 13 reports ankles better, stomach much better, gas better. Bowels move better. Cough remains, but she can now expectorate much easier, "the medicine loosened it up." Cough now only in the evening; does not

prevent sleep. Breath very short on exertion and on arising in the morning, but wears away sooner. Made the trip to the office, six blocks, with less difficulty and breathing not badly affected.

A Mrs. L. whose husband had the small-pox and she was the only nurse, though about eight months pregnant. The baby came near full time, but had been dead for some days. She became very weak, emaciated and depressed. All food she ate went right through her. Old school doctors could give no relief. She began taking yeast cakes, three times a day, which entirely relieved her and now she has robust health and is vigorous. I am unable to give particulars as I did not see the case.

I will add a plan I have used for many years and which I find to be very useful as well as convenient for the use of the new remedies. New symptoms and indications of old remedies and the salient features of the new ones I put at once into the repertory, and add to the margin of the *Materia Medica* the new symptoms of the old remedies as they are revealed. For the convenient use and study of the new remedies I make a complete Schema *a la* Hahnemann on my Hammond as an insert to be placed at the proper alphabetical place in the *Materia Medica*. By this means the new remedies are at my command and are not useless from the want of memory. Those who trust to the memory for the use of these new remedies will fail to remember them after a few weeks or months and even the place where they can be found. Thus they lose all the benefit to be derived from them. The time for such work is but little, while the benefit derived from it is very great.

I use the asterisk "*" to call attention to a few salient features as probably highly characteristic of *Torula cerevisia*.

SCHEMA.

MIND: Irritable. Restless. Hysterical. Worries and is worn out. Nervous tension at night, can't sleep. (Will go around the square to miss seeing a good friend. Don't care to talk to any one).

HEAD: Aching in back of head and neck. *Headache and sharp pains all over body. Severe pain in left temple, extending to left occiput; pressure on occiput < temple pain; gas, stomach deranged. *Nausea. Aching in left or right temple, extending all over side of head it began on and to the occiput; and down shoulders at times. (Dull, heavy feeling in vertex). Head hot and feverish. (Headache, < from constipation).

EYES: Red and watery. Itch and burn. Lids stick in the morning. Neuralgia around eyes and teeth.

EARS: Otitis media of right ear. Buzzing. Disease of ear, even suppuration.

NOSE: Catarrhal discharge from post nares into fauces. *Sneezing and wheezing constantly while baking bread.

FACE: Acne, pimples.

MOUTH: Awful bad taste. Tongue coated brown on posterior part. Catarrhal discharge from the pharynx, coming from the post nares. Tongue feels swollen and sore. Coated in patches.

THROAT: Clutching feeling at the throat. (Lump in throat pit that feels like it wanted to come up, but will not).

STOMACH: Thirst. *Sour. *Disturbance of the digestion (sycotic) with pain in stomach and abdomen. Pain in stomach and abdomen one to two hours after eating. (Bilious attacks). Appetite much impaired. *Digestion poor. Cramping. *Belching gas; food. Soreness like a lump. *Gas in stomach and abdomen after eating. Nausea with pain in left side of head and occiput. Uncomfortable feeling as though the food did not digest.

ABDOMEN: Great soreness all over abdomen, especially in region of right ovary. Severe neuralgia of the organs of the abdomen, pain shifts to different parts of the abdomen during the twenty-four hours. Uncomfortable feeling of largeness around abdomen. *Much gas. Sense of fulness. Gastro-intestinal catarrh. Rumbling.

RECTUM & STOOL: *Constipation. (Bilious dysentery; blood and mucus). (Piles). Passing flatus.

URINARY ORGANS: Urine scanty.

SEXUAL ORGANS: Pain in left ovary. Conscious of ovary; disappears suddenly. Terrific pain in region of right ovary. (Abscess from gonorrhea). Leucorrhea yellow, fetid. Continuous discharge from vagina; acrid; before menses. Severe burning in vagina. Menses scanty, greenish, very offensive. Lochia suppressed by vaccines. Suppressed sycotic discharges. Gonorrhea of three months, yellow; bad, offensive odor like mould.

RESPIRATION, etc: Asthma for some years with gluey expectoration. Generally < by expiration, may be the reverse. *< Baking bread (Lyc.) Breathing hard.

CHEST: Heavy. Sore.

COUGH: Every morning. Expectoration yellow.

BACK: Severe backache. Drawing sensation in muscles of back, especially the neck, head and down the back. (Pain under scapulae; especially if sits long in one position).

EXTREMITIES: Hands cold like ice. Hands go to sleep easily. Arms tired and weak from elbows down. *Brownish spots on left arm. Limbs feel like a burden. Tired and weak from knees down. Flesh sore on thighs and back of limbs. (Itching, especially on ankles, white spots come after rubbing). Eczema from knees down on legs, and much itching. Eczema, especially around the ankles.

SLEEP: Very poor, disturbed by great restlessness. (Is drowsy, but the moment she goes to bed her back begins to crawl and it seems impossible to keep legs still, they move in spite of her, lasting from two to six hours; rising to sit in chair does not >). Poor rest if goes to bed with empty stomach.

SKIN: Tinea versicolor, covering whole chest. *Eczema. *Eruptions. *Boils. Carbuncles. *Recurrent boils in most places.

GENERALS: General coldness, needs warm wraps in warm weather. Sycosis and its results. Sour, acrid, yeasty, mouldy odor from discharges. Burning sensations. Does not feel clean after a bath. Sycotic discharges. Sycotic remedy in all stages, acute, subacute and chronic. Anaphylactic states produced by protein and enzymes from lower order of life, espe-

cially from sycotic conditions. Numbness. Extremely nervous, goes almost crazy. Restless, could not lie in one position but a few moments, preventing sleep.

< by baking bread. Sneezing and wheezing; < from dust of any kind. < at full moon.

REMEDIES IN PYORRHŒA.

JULIA C. LOOS, M.D., H.M., PITTSBURGH, PENNA.

Pyrrhœa is the present day focal fad, or one of several that are now holding as the object of popular attention, emphasized by the advocates of local, visible, material so-called cause of disease, i.e., the disturber of functions and the basis of inoculation whereby tissues are disintegrated and degenerated (separated from the life-force, in consequence of which separation they cease to respond to life-vibrations).

In the view of those who know that suppuration is never the beginning, but, on the contrary, is the ultimate of processes in living bodies, pyorrhœa must be considered an index to point to something which has disturbed the bodily functions, something which is to be changed in the life of the individual. If our mental vision, intelligence, understanding is keen we cannot deny that something of disorder preceded that inflammation which progresses to the stage of cellular destruction, separation of the gums around the teeth exposing that portion of the teeth which nature has protected with clinging firm structure, separation even to the extent of permitting the teeth to move and be loose in the gum when yet firm in the bone, and bleeding from the small vessels normally provided to maintain supply and carry off waste products. These alterations from normal procedure in the body must have been preceded by some vital disturbance which will require something more than local stimulation and mechanical cleansing away of degenerate tissue to eradicate.

Coming to the remedies in Homœopathy whose action on the

body brings this sort of effects, we find the most similar are Am-c., Canth., Carb-a., Carb-veg., Caust., Hep., Lach., Merc., Mez., Nat-m., Petr., Phos., Puls., Sil. These have suppuration of gums. Consult the repertory to find which of these have detachment of gums, bleeding gums, looseness of sound teeth. Do not be alarmed. I am not going to bore you with the detailed symptomatology of these remedies. Probably some of you could do that more graphically than I. I am asking you to appreciate what these remedies in their action in the body do to the functions which maintain the body a receiving station for the life-vibrations in the vital system of wireless transmission of messages. Look upon the individual who includes pyorrhœa in the symptomatology by which you are to be guided to the remedy to restore his health and determine for each one what has been going on in that individual body and in that individual life to bring about this condition. You will find other testimonies, of course, to combine with this local expression, to make out your complete case. And then it will be clearly evident to the intelligent prescriber that this list of remedies is not one to be applied successively to the same individual but a list from which to select the one most similar to the condition, if one might so express it, similar to the course by which that individual has traveled (wandering from the path of healthy activity) to arrive at this condition of body.

When we have a clear image of the Am-c. patient, of the Carb-v. patient, of the Phos. patient, we must be able to recognize pretty well how the metabolism is being performed, what is the condition of the blood vessels, how the heart is acting and so on, and we must know that in the Silicia patient Phosphorus will not do much for pyorrhœa, even as Carbo veg. will not in the Ammonium carb. man. But I am asking you to go further back, and receiving the testimony that these symptom images offer in regard to the life of the patients whom we learn to name according to their remedy-characteristics even more than we recognize them by their family or christian names. There are no superficial changes presented by these

remedies. They tell of processes that have been operating deeply and through extended periods of time and of experience. They tell of circulation, of intelligence, of wisdom, of metabolism, of blood-constituents, of nerve response, of mental control.

Let us study the characteristics of Ammonium carb., for instance. Let us not lose sight of the fact that what is exhibited in the body and in the functions of the body was preceded by corresponding operations or experiences in the life. Nothing operates in the life that is not first in the thought.

In the Ammonium carb. man, whether prover or patient, one strong characteristic is the blood change: increased watery content and decreased corpuscles; disproportion of elements and perverted quality. The blood is breaking down before it reaches the tissues or is surcharged with waste from the tissues without the needed fresh supply of substances in exchange. Fluids are acrid, blood oozes from relaxed or degenerate vessels. There is not only lack of repair, there is also lack of response to ordinary stimuli, lack of reaction, we say. Remedies that appear similar arouse no response; the system does not express its disorder in symptoms, so few symptoms to guide to a selection of remedy. Pallor, mottled color of skin, yellow finger nails—what does it tell of blood and circulatory channels? The blood presents a zymotic quality. Is it not the accumulating poison from the system—animal poison similar to snake-venom and decaying flesh? The endocrinologist explains that the suprarenals are inactive.

Something preceded that. Something has depleted this system, deprived it of the supply of life-force which belongs to every human being. Something has interrupted the life-vibrations, lessening the response in this receiving station of matter (or substance). This is seen also in the exhaustion at menstrual periods, the sleep aggravation.

There has been internal fever, whether the thermometer reveals it in the externals or not. Lips are dry and scabby, cracks in the corners of mouth and eyes. Acute infectious fevers, of intense zymotic type, erysipelas.

Defective metabolism is revealed by the quality of blood,

hemorrhagic tendency, catarrhal discharges, changes in the gums and at the roots of teeth, emaciation, lack of heat and aversion to washing.

Mental control is lessened. Reactions may be somewhat hysterical, depression, weeping inclination and undue sensitiveness to what people say and to the sound of their talking, tell that control of self is slackened—another testimony of lessened vital vibration. Irritation from ordinary functions, and normal stimuli, sensitiveness to weather changes further bespeak lowering of mental control.

Asthma and cardiac enfeeblement hint of repressed affections and indifference in the emotional life.

The glandular system is altered and presents lumps and obstructions to the lymph flow, probably one phase of defense from the zymotic inflictions.

In such a constitution Ammonium carb. would be a wise choice as the medicine, but the physician's duty goes further. Instructions in diet to lead the patient to providing constructive materials, to be used with the least burden on the eliminative organs and omitting the depleting elements. That is meat and highly albuminous foods, acids and potatoes should be omitted while sweet fruits, natural sweets (least possible refined cane sugar), cereals, fats, milk and plenty of green vegetables will constitute the best diet.

Perhaps most important, most interesting, and most delicate of all, the doctor has the problem to seek out what has been the influence that has brought the depletion. It might be worry and grief, shock, excessive attention to other peoples' demands, under the sense of duty or other form of relinquishing the will to the demands of another or burdensome tasks performed continuously without joy in the work. Having found what is the occasion, the patient is not cured until a change in this respect is instituted and carried out in new lines of like that afford opportunity for freedom in expression and loving attentions and exchange of ideas in normal joyous activity.

What could local swabbing, injecting, scraping, do toward

curing such a patient of pyorrhœa and other disturbances without attention to the nature of the case?

CARBO VEG.

In *Carbo vegetabilis* what a different picture is met. It is the materialization of self love, indulgence, greediness, fear. Like the man of the parable who gathered his harvests to hoard in his barns, this patient has accumulated so much matter that the economy is overburdened, cannot digest it all nor assimilate what is digested or partially digested, because it holds on to it or too inactive to use up what it previously had stored. Here the sluggish action of the receiving station, the body interferes with its responsiveness to the life vibrations and we find lack of response, sluggish mental action, sluggish circulation, life depletion further manifest in the respiratory difficulties. How many expressions are here telling of the excess matter accumulation. Internal burning and external cold, desire for cooling drinks and for warm clothing, fresh air with lack of vital heat. Bleeding, ulceration, catarrhal discharges, many variations of stomach and intestinal disorders or deficient action.

He craves coffee, acids, cooling things containing vitamins and scant building substances. Craves sweets, easy of assimilation without taxing digestion, and salt, to supply more alkaline. He is averse to those foods which are counted usually the substantial and common foods, meat, milk, fats, wines. He is satiated with these. He needs a highly eliminative diet to clear the body of its excess. Abundance of acid fruits and acid vegetables, potatoes cooked in the skins, plenty of green vegetables with exclusion of proteid, starches, fats until the system has disposed of all this accumulation and has become restored in all tissues and reaction in the functions.

Mental deficiency is expressed in failure to control thoughts. Sleep is disturbed by dreams always of self, horrible experiences that bring cold sweat, exhaustion with the fright and anxiety. Indifference in affections, anxiety with dyspnœa, con-

fusion, dulness reveal how the intelligence and the emotions are distorted—lack of mental control.

In addition to diet and the deep-acting potentized carbon, this sort of patient who has pyorrhœa must learn self-denial, first in small things, but persistently and purposefully. Could we assume to free him from the local manifestations if we could not reveal to him what had brought him to it and then direct him to change of habits in such manner as to insure his carrying out the instructions and gradually awaking and strengthening the wisdom and knowledge in his own mind that would bring about better ultimates?

So must the physician investigate remedies and life functions and life experiences to be able to select from the list of remedies in the potentized medicines which is the one for this case of pyorrhœa. So long as a doctor harbors a thought of applying these remedies in succession on the same patient, or seeking the one which has pyorrhœa in highest degree in the provings, he may well expect disappointment.

This small group of remedies offers a fine opportunity to study end conditions, ultimates as they are sometimes called, tracing back to the beginnings, following the course by which various sorts of disturbances in that wonderful connection between receiving station and constant, unceasing, infinite source of life-vibration manifest.

The correspondences of bodily functions and organs relating back to the immaterial can make these discriminations very clear and really enlightening. They afford the strongest line of first things for immunity, because they deal with the healthy activity and not with the end products.

Heart disturbances point to the affection, love, devotion to others.

Lungs represent life. In lung conditions seek avenues for less depletion and more life force .

In stomach disorders, investigate matters of intelligence and foster better action there.

In liver disorders, Truth has been neglected. Foster truth in all details, frankness, do away with hiding, deceiving.

When the abdominal organs act not harmoniously and freely, stimulate reliance on and increasing knowledge and wisdom.

In all lack of co-ordination foster mental control, to the end that the individual fixes clearly what he mentally desires and trains his mind to carry out his will, that some suggestion or impulse cannot turn him from it to a course that he really does not wish to follow.

We are masters of our fate only in that degree that we are captains of our souls.

The Chairman: Is there any discussion on this paper?

Dr. Roberts: Mr. Chairman, I want to commend this paper but I shall have to say something in addition to it. I have treated a great many of these cases of pyorrhœa and I will say that they are very troublesome, and also very common, and very hard to cure. I am very uniquely situated in that I have an office on the same floor with a dentist, and he took up pyorrhœa with me, and I have dealt with a lot of those cases and I want to say, in fact I can say, truly, that if there is any one thing that ever struck these cases as a specific for pyorrhœa, that remedy is *Calcareo renalis* because it is capable of producing that condition and it generally shows improvement—almost invariably inside of a week. I have a great many cases that are referred to me for that purpose alone, and that is all we have ever treated them for, for there is one thing I want to emphasize particularly and that is this: that you can no more cure pyorrhœa as a disease by the administration of a remedy alone than you can cure an infected finger that is infected by a sliver down near the periosteum—you have got to get down in there and clear that out and then, after that has been done, administer your remedies and you will restore the patient to health. You have got to remove cause. I don't know as I ever saw a case cured without the cause being removed first, and after you have removed

the cause and administered the medicine you are almost invariably successful in "burning out" the pyorrhœa.

Dr. Woodbury: Mr. Chairman, pyorrhœa is a very broad and interesting subject, and I am pleased to note that Dr. Loos makes a special point of the diet, in cases of pyorrhœa, because that is one fundamental thing. She thinks, and I do also, as I am sure anyone who has thought about the subject must, that if the children were properly fed the disease would not affect them and it is my theory that the diet should be controlled very carefully, before the appearance of the disease, as well as after, for that will stall it off, or at least keep it from getting to the molars. It is fortunate if you can prescribe in those cases early enough. Some of the things that cause pyorrhœa are the use of meat early in life; the use of too much salt; the use of too much condiments and also the excessive fondness for sweets; all of these things are debilitating and devitalizing. The food must include vitamins and also mineral elements. How can we expect not to have decayed teeth if we do not supply the two particular elements which are needed which are Calcium and Chloride. The pericarp is the only part of the grain which contains that which meat does not contain, and that is the kind of grain we got when we were boys, not the demineralized, devitalized product referred to as flour and so prized by housewives—the white flour. The same thing applies to milk: our children do not get good milk—they do not have the milk fresh from the cow and I want to tell you that milk which is brought sixty miles from the country into the city and pasteurized isn't so good as the milk you get right fresh from the farmer. Then, too, there is the ever-present temptation of the candy shop, and with all of those circumstances, how can we ever expect them to build their secondary teeth? Another point is the fact that Dr. Loos spoke of, that the food should consist, to a certain extent, of acid fruit. The acid fruits are essential in eliminating pyorrhœa, and likewise for the cleansing of the teeth. I also think you would get better results in the treatment of pyorrhœa if you used more vegetables—the vegetables which pro-

duce acid. In fact I remember that I, myself, used Lime juice when I was in the Hawaiian Islands. When you use Lime juice the teeth are cleansed and the tongue is cleansed, and I had such good success with it that I thought I would use it on more of a wholesale plan, and so, at our clinical hospital, whenever I see a bad condition of the teeth, I take it for granted that then is a good time to use Lemon juice or else Lime juice, and so I give about half a Lemon to a cupful of water and I allow them to use nothing else in their mouth and have them discard all pastes and tooth powders, etc., which I consider are an abomination. One of the other things which I have found of value is Silica soap. It is a natural soap obtained from the earth and you can rub it over the teeth and it makes a very efficient lather and I think that helps the teeth considerably. If the teeth are properly taken care of it is really wonderful the degree of preservation which can be obtained.

PHOSPHORUS.

GUY BECKLEY STEARNS, M.D., NEW YORK CITY.

The following four cases, in addition to showing some of the key-notes of Phosphorus and its scope of action, illustrate a method of studying chronic conditions.

A physician, aged 63, fair skin and hair, weight over 250 pounds, complained of throbbing pain in the mid-chest front and back, with shortness of breath induced by any emotion or exertion. He had swelling of the feet and ankles. Pulse 96. Apex four inches to the left in the fifth space; heart-sounds indistinct and weak. This patient represents that class of cases so aptly described by Mackenzie as "The beginning of heart-failure," due, undoubtedly, in his case to a fatty heart.

His pains first occurred as a throbbing in the lumbar region if he retained his urine too long or strained at stool or when urinating; later, this pain worked up to the chest with the aggravations as described.

Diagnostically, these symptoms referable to the heart are of first importance; but, in studying for the homœopathic

remedy, we allow them temporarily to slip into the background and regard the symptoms which characterize the constitution as the most important.

This man was mentally active and keen but physically sluggish, this sluggishness being due partly to inclination and partly to old ununited fracture of the femur. He was buoyant if all went well but easily depressed by adverse conditions. If awakened after going to bed, he remained wakeful and disturbed for the remainder of the night. He was good-natured, but very susceptible to emotional disturbances. Mental exertion caused occipital headache toward the end of the day. He was neurasthenic and apprehensive, and for two years had been developing a few phobias. He perspired easily; experienced general aggravation before a storm and in wet weather. He had five to eight painless stools daily, the first always waking him at 4.20, after which he did not sleep. All acid fruits passed undigested. He had never been as well since an operation for anal fistula a few years before.

Two prominent characteristics in this patient's case were general aggravation from emotional disturbances and easy perspiration. Repertorially, the most prominent remedies under these two symptoms are: CALC. CARB., COCC., GELS., NAT. MUR. and PHOS.

Mental keenness, susceptibility to weather changes, and chronic painless diarrhoea are all key-notes for Phosphorus. This remedy was given in high potency, doses not being repeated as long as improvement continued. All symptoms improved and now, fifteen months later, the anginoid symptoms are gone, there are only two stools a day, and he can do a normal day's work without headache or other distress.

The second case was a man sixty-two years old, stout, taller than average, who for ten years had had periods of exhaustion with shortness of breath, and, for the last three years, had had irregular pulse with occasional extra systoles. For one year there had been anginoid symptoms, sudden pain in the heart extending down the left arm like the twanging of a taut string. Every few weeks, stoppage of the urine necessitated catheter-

ization. Glycosuria for many years. He had spells of mental depression. Constitutionally he took cold easily and these colds always affected the chest. He was a large eater and felt that eating braced him up; was always much refreshed by a nap; better from heat than from cold; perspired easily and felt better from perspiring; was worse in a close room. He was far more active mentally than physically.

This patient's pulse was 84 when he was seated; apex in fifth space four inches to the left of the sternum, second aortic accentuated, heart-sounds indistinct. This complex of symptoms also belongs to Phosphorus, and this remedy, given as it was given in the case just cited, has corrected all the heart and other symptoms.

The next case is a man 31, tall, dark, slender, aquiline features, long fingers. Harvard graduate. This patient had had three attacks of manio-depressive insanity; the first in 1914, the second in 1915, and the last in 1917 when he was for five months in a hospital, from which he was discharged with a bad prognosis. These attacks began with excited mental state which gradually increased until he became exalted and then maniacal; after a few weeks of this it was succeeded by depression that lasted for several months. He was always subject to alternate periods of elation and despondency.

I first saw this man in December 1917, three months after his dismissal from the hospital. His constitutional symptoms were: Inability to concentrate because thinking made him restless and uneasy. Sensitiveness to cold and easily induced fatigue. Perspiration of hands and feet, that from the feet being offensive. Difficulty in falling asleep. Ravenous appetite during the outbreaks. General relief from eating. General aggravation in the afternoon. Occasional headache, better in the open air and worse from stooping or any motion. Depression during cloudy weather. Susceptibility to taking cold. General desire for and alleviation from being in the open air.

Repertorially, considering the local perspiration of hands and feet and the relief in the open air, FLUOR. ACID, PHOSPHORUS, SEPIA, and SULPHUR present themselves for comparison.

Phosphorus covers the entire case and it was given in the same way as in the two previous cases. All the symptoms gradually cleared up, including his lack of mental control, and he obtained employment in a bank where he has had several promotions during the past three and a half years.

Kent reported a case of dementia praecox which he cured with Phosphorus, where he discovered the key-note in the fact that the patient wanted all food and drink cold. Apropos of dementia praecox, that remarkable man, the late Joseph Fraenkel, stated in one of his endocrinological clinics that, before he became interested in Homœopathy, he had considered dementia praecox incurable but that, since practising Homœopathy, he had cured seven cases.

The last of this series of Phosphorus cases was a man of 32, suffering from psychasthenia; medium height, fair complexion and hair, face round but drawn, worried expression. His teeth had been treated for pyorrhœa two years before and he had, as he put it, never felt right since. Eight months before, he had been operated on for appendicitis; had had a slow convalescence and had been nervous ever since. Two months before I met him, he had had a nervous spell of which he had but a hazy recollection, had "talked peculiarly," he said, and ever since had felt strange and everything had seemed to him strange. He had constant apprehension; feared insanity; wondered how he came to be here; everything in the world was wrong; he kept getting in a panic, it seemed, and had been unable to go to his office. This man was in the insurance business.

He feared to be near a knife lest he should commit suicide, yet he was afraid of death; afraid to be alone. He often got impulses to smash things.

Constitutionally, he was always worse from 5 P.M. until bedtime; fell asleep late; had general aggravation on a gloomy day. Often took cold. Highly sensitive to noise. Fidgety. Restless. Sensation of internal trembling. Teeth sensitive to cold.

Repertorially, taking into account the three fears, viz., fear

of being alone, of death, and of insanity, the following remedies suggest themselves for comparison: PHOSPHORUS and PULSATILLA highest, with ARSENIC, CALC. CARB., KALI CARB., LYC., NUX VOM., and SEPIA in lower degree. Phosphorus covered the case and it was given as in the other three cases. This patient was better in a week, went back to work the second week, and, in six weeks, reported "well."

Epitomizing the method of studying chronic cases: First, take the history with especial reference to constitutional symptoms. Second, compare in the Repertory two or three of the most characteristic constitutional symptoms. Third, study in the *Materia Medica* the residual symptoms in connection with the remedies brought out in the second step.

A PLEA FOR THE STUDY OF A-TYPICAL PROVINGS.

H. A. ROBERTS, M.D., DERBY, CONNECTICUT.

The specialist in homœopathic *Materia Medica* and therapeutics makes many friends among the proven remedies which we recognize readily by their characteristics. This is a most fascinating study and we soon become fairly expert upon the family type and many of the details of each individual member of the family; so that we are able to prescribe many remedies intelligently. Then we meet with individuals in the study of the provings who are not like the major part of the provers. This reaction to the remedy differs in different provers just as much as the provers of the disease react in a dissimilar manner when attacked by disease. So while we are expected, as specialists in *Materia Medica*, to be able to differentiate the typical proving we cannot be said to be proficient in the Hahnemannian sense until we are able also to differentiate the a-typical provings.

To illustrate: many of the provers of *Pulsatilla* were women, yet the reaction of the male to *Pulsatilla* is none the less to be noted. Again in the same provings of *Pulsatilla* the major number of the provers produced fever without thirst, yet some few had fever with thirst. Again we are prone to regard *Nux vomica* as only applicable to the dark complexioned male, yet

some of the provers were light complexioned and of the female gender.

Again we find that some of the remedies which are right sided in the majority of the provers, become left sided in a few and vice versa—the same as a majority of people are right handed yet some small per cent are left handed.

I trust I have said enough to bring out the need of more frequent and deeper study of the individual provings, for in so doing we will be able to select the correct remedy in many cases where the characteristic typical symptoms are overshadowed in the atypical cases.

THE NEWER ASPECTS OF BACILLINUM.

E. WALLACE MAC ADAM, M.D., NEW YORK.

The nosode Bacillinum has been in use as a curative remedy against tuberculosis for many years. In a previous communication to this society I have mentioned a somewhat broadened field for its use and the importance of the subject urges me to bring the matter again to your attention, together with some additional observations, the result of further study and experience.

Bacillinum is a remedy for tuberculosis; and when we use it more commonly than has been the custom in the past, its wider range is due, not to any change in its sphere of action, but rather to our larger knowledge of the clinical manifestations of this disease. Other writers have laid emphasis upon the history of tuberculosis in the family or upon some evident reason for suspecting infection. I urge consideration of the pathology of the disease and of the early clinical history of many thousands of carefully studied cases.

The citation of a few cases may illustrate in what manner we may apply the discoveries of other clinical investigators to the advancement of our own curative art.

Case I. A man of about forty was referred to me by another physician because of swelling of the liver. There was some fever and physical examination pointed to fluid in the right pleural cavity; pleurisy with effusion was diagnosed. Para-

centesis was performed, about two quarts of clear amber fluid was withdrawn and the liver slipped back into place. No tubercular family history was obtained, yet Bacillinum 200 one dose was prescribed. The man made a happy recovery and gained forty pounds in the next few months.

It is generally recognized that the majority of all cases of pleurisy are tuberculous. Of 300 uncomplicated cases of pleural effusion in the Massachusetts General Hospital, followed by Dr. R. C. Cabot, the subsequent history was ascertained in 221; followed five years until death or phthisis 117; well after five years, 96.

Bacillus tuberculosis is present in a very large proportion of all cases of so-called idiopathic pleurisy. The exudate is usually sterile on cover slips or in culture, but when a large amount of the exudate is used for inoculation purposes, the result proves more than half of the cases tuberculous. One investigator, Le Damany, has demonstrated this fact in all but four in fifty-five primary pleurisies. (Osler).

We have, therefore, a good basis for prescribing Bacillinum somewhere in the course of every pleurisy, and it is my practice to use this remedy very early.

Case II. A well nourished, pleasant-faced woman of fifty, is ill with what appears to be influenza; there is fever, rapid pulse, cough, aching, chilliness; congested feeling in nose and throat; some nosebleed; thick, yellow, bland discharge from nose; the cough is worse talking and lying on the back. The appetite is poor, there is no thirst although the temperature is $101\frac{1}{2}$. She is not constipated, having two normal stools daily. She likes summer better than winter and when well has an aversion to fats. Four weeks ago she had a similar attack while in Boston, which was followed by catarrhal inflammation of the throat and a slight cough, from which she has not recovered. Physical findings were normal.

Pulsatilla was prescribed with immediate relief but in a few days she was ill again, this time with fever of 101, sore throat and headache. Pulsatilla was prescribed again but she derived no benefit from this; the tonsils are swollen, she is chilly if she

moves about in bed; she has pain in the head worse from cool air; she sweats a little and desires to be covered up. She is running a slight fever each day—99° to 101 2/10. Silica 200 is given.

Five days later there are discovered localized sibilant rales posteriorally in the upper right lobe. Silica has given some relief and is repeated. Three days later there is no improvement, the fever continues, the cough is distressing. There is no history of tuberculosis in the family; the sputum is negative for tubercle bacilli; a careful X-ray study is negative for any pulmonary disease.

Bacillinum 200, one dose, was prescribed with rapid improvement and cure in about three weeks.

This illustrates another common type of case. Pathology teaches that obstinate bronchitis is chiefly due to one of three causes: failing heart, failing kidney, or tuberculosis. The heart and the urine of this woman were both normal. If we can eliminate asthma and rare conditions such as syphilis and cancer of the lung, bronchitis due to foreign irritants (dust, teeth in the bronchi), the probabilities are strongly that such a condition is the very beginning of pulmonary tuberculosis, and if it is not checked before many weeks have passed, demonstrable lesions will be evident.

Although the remedies Pulsatilla and Silica were both well indicated, they did not go deeply enough.

Case III. A boy 15 years of age, has had a cough for nearly three weeks. He works in a dusty second-hand book store. The cough is loose, rattling with scanty, thin, whitish expectoration. The cough is worse indoors, relieved outdoors. Appetite, bowels and sleep are normal. Physical examination reveals nothing abnormal. There is no tuberculosis in the family.

Bacillinum 200, one dose, was given and the cough disappeared in a few days—"as if by magic," his sister reported.

This illustrates still another class of cases frequently seen—a cough with no remedy clearly indicated. By far the greatest number of cases of chronic pulmonary tuberculosis begin with

a bronchitis or, as the patient expresses it, "a neglected cold." He may have had several colds during the winter but has paid no especial attention to them; now there is a cough and even after a few weeks it seems not to abate. Physical examination at this time may be negative, and there are no tubercle bacilli in the sputum. The cough, however, grows worse, and finally a little area of moist rales is discovered in one apex and a few weeks later the bacilli are detected under the microscope.

That is, a grave disease of the lung usually has its onset in an insidious, painless and apparently trivial ailment. If we regard all such trivial ailments with distrust, and treat them in the light of many thousands of histories, we will undoubtedly cure many cases of incipient tuberculosis.

A case such as I report may progress in two directions: it may get well of itself, because it is essentially benign or it may develop into frank tuberculosis because it is a true infection. We cannot know at the beginning which way it will go. If it is a benign case, Bacillinum will not hurt the patient. If it is not benign, this remedy will cure practically every time.

CONCLUSION.

The reason for giving Bacillinum is the same for each of these three cases: a suspected tubercular diathesis. And the suspicion is based not on the physical findings, nor upon the family history, nor upon the X-ray, but upon what we know of the pathology and early clinical history of countless unfortunates. I urge that the time to cure tuberculosis is before it can be diagnosed; before there are any physical signs; before tubercle bacilli appear in the sputum; before you can do more than suspect the danger. I urge accusation rather than proof. After the case is proven tubercular, Bacillinum may still be used, but its most brilliant work has been done for me on suspicion.

The Chairman (discussing Dr. Roberts' paper): With regard to the similarity between Pulsatilla and Tuberculinum. In my work at the hospital I took down the characteristics of about a hundred cases with a view of working out several

remedies for this disease, but Pulsatilla was the one most prominent. It would seem that perhaps Pulsatilla is an analogue—or that Tuberculinum is an analogue of Pulsatilla.

Dr. Stearns: This is one of our most interesting problems. I have found, however, that Bacillinum is perhaps better in cases of lung infection which comes with influenza, but as for tuberculosis, I have found Tuberculinum a better specific for tubercular cases—in tuberculosis it appears to work better. I would like to know just what Bacillinum is prepared from.

The Chairman: Dr. Boger, from what is it prepared?

Dr. Boger (W. Va.): A diseased lung.

The Chairman. A human lung?

Dr. Boger (W. Va.): A human lung, yes, sir. Tuberculinum is from a cow—it is bovine.

The Chairman: Do you know anything about the comparative strength of these preparations?

Dr. Boger: Bovine Tuberculinum is usually more efficacious than the human preparation—Bacillinum. It seems similar but not identical.

Dr. Page: There is one observation which I would like to put before Dr. Stearns in regard to some of the cases he mentioned, and that is about the use of Phosphorus or of Lycopodium. I think if you follow either one of these remedies far enough in these cases and wait long enough they will cure, almost invariably.

Dr. Stearns: What do you refer to, the mental indications, or as a whole?

Dr. Page: As a whole.

Dr. Richberg: What Dr. Page has said reminds me of something that I wanted to say. In my own observation the most pronounced Phosphorus patients have been very fond of sleep, and yet sleep aggravates them. I followed out one case along this line of a lady who came to me and she had ovaritis, or thought she had it, and as near as I could make out she did have it, for she had all of the symptoms of it. She had the fever and the coldness which accompanies that disease. She suffered in the fresh air, yet she must have the fresh air, and

her fondness for ice cream was a very obsession, but I doctored her with Phosphorus—and she is one of those women that always overworked for other people, and before I conquer the burning between the shoulders which has been bothering her, I will not consider her quite cured, but the fever is gone, and if she would only take a rest for a short time everything would be all right, although I can't get her to do that. When I gave the Phosphorus to her I was sure that after I gave her that she would be very much better. It was indicated on account of the fondness for sweets, etc. She finally responded to all those details except the burning between her shoulders.

Dr. Brown: I would like to ask if there is any danger in using Bacillinum. I remember that about thirty years ago I was always warned against using it in advanced stages, and medical opinion was very strong and pronounced about Bacillinum being made from a lung. I have been doing a little research work and have given Bacillinum in some cases with excellent results—we have been giving it made from the human lung and the animal lung and have had some very marked results.

Dr. Boger: There is one little matter right here that I would like to speak of. A very expert veterinary who has strong homœopathic leanings told me several years ago that in this cow testing business, testing the cows for signs of tuberculosis, that he found that the use of Tuberculinum really rendered the cows more susceptible to tuberculosis, and he was a state veterinarian. I have also noted another thing and that is, that barring the use of nosodes and other sera of various kinds, the use of the low potencies of the crude substances renders the patient more susceptible to a recurrence of that disease. That subject has hardly been touched upon from that standpoint. You have been talking about using phosphoric remedies and nosodes, etc., but the crude application of the substances is a dangerous business, and I speak mostly from experience, and I am certain that even a candid allopath will admit that antitoxin protection is only for a very short time, and the patient is very probably more susceptible

to diphtheria or other infection afterwards. That is my idea of the matter, at least.

Dr. Allen: Is that true of vaccine and typhoid specifics?

Dr. Boger: Yes. They have kept shortening the time and shortening the time until now they have gotten it down to about two months, and it is just that much less effective every time you take it.

Dr. Woodbury: Mr. Chairman, there is one interesting point that I thought of in connection with Dr. Stearns' cases: that is regarding the matter of dreams, although that may seem to be a minor feature, but it is not, for it serves to indicate some nerve conditions which we cannot afford to overlook. I have been told that there is no limit to the things which a family physician may have to prescribe for. Often it indicates some sort of an ovarian or uterine condition. I remember one patient who came to me and there were several of the ordinary symptoms but the most peculiar thing to me was that the patient constantly dreamed of mice. That was a very small thing but rather important, although from some practitioners it might have received scant attention. I looked in my repertory for the proper medicine to give in that case and found it under the heading, "Dreams of Animals" and under the heading of mice. There was but one remedy given and that was *Sepia*, and it seemed to be a cure to all the symptoms.

There is another thing, regarding Dr. MacAdam's paper. I well recall, about twenty years ago, Dr. Burnett brought out a book on the new cure for tuberculosis by the use of potentized lung tissue or Bacillinum. My father became very much interested in it and he obtained some of it, in some potency, and administered it in some six or seven cases, and as a result of that treatment, I know that at least three or four of them are alive and well today, and are in quite good health; two of them died, but if I recall correctly, —I wouldn't be sure about this—but I think they were temporarily cured and "put on their feet" by the use of Bacillinum,

and there were two or three that were too far gone to cure by any method.

Dr. Stearns: The matter of the danger of the use of the nosodes, in regard to that, I remember that when I was an interne in a hospital, one of the other internes was experimenting with Bacillinum, and he was giving it with the 1300, and there were some cases there that had had no trouble with the urine at all, but within a month from that treatment everyone of those cases died of acute nephritis. Whether that had anything to do with that or not, I don't know, but it seemed to be that. I would like to hear the experience of the members who are here who may have been experimenting with it, of the effects of vaccination or rather inoculations of this substance in the arm. I am just now treating an old school physician for glaucoma—I don't know as he knew that I was a Homœopath when he first came to me, but he has been connected with the army for some time, or was at one time, and he volunteered the information that in his army work many eye conditions were brought to him which became worse when they underwent inoculation, and he noticed that so much that he got into some trouble because he reported back to his superiors that this was the fact, on account of using this vaccine. He wasn't thinking anything of our line of treatment, but he was thinking of what he saw and heard the men say. They would say, "Oh, I haven't got any 'pep' after this last inoculation," and most of them, in fact the majority of them, had had trouble with their eyes. I operated on one case of gastro-enterostomy, which had been troublesome for a long time, and I asked this lady had she ever had typhoid inoculation. She said that she had had typhoid inoculation some years ago, and that shortly after that she had a severe case of typhoid which seemed augmented rather than helped by the inoculation, and I have had a great many chronic cases brought to my attention that had their origin in an inoculation going back twenty or thirty years, and I have studied typhoid and typhoid remedies a whole lot, and also as to mental symptoms which they produce and the cures for them, and often the use of one of the specifics

will bring about the first real improvement that has been brought about for years in cases of chronic diseases brought on by the use of the vaccines and serums.

Dr. Boger (W. Va.): I want to ask some of our members here if, in their observation of the use of the bovine serums, etc., if the bovine and human serums have worked out to have an absolute difference, or are they, according to their experience, identical? There was some trouble caused by these injections in some places and so they gave it up, and some professors met at the Academy at Danville to talk it over, but there was no agreement. These old school men couldn't understand it at all because they saw that it was vascular. We have got to be careful how we give these remedies. If we give them in the greatest potency or in the crude form they are very dangerous and one of the dangers of Tuberculinum is giving it in the too crude form. Take a case of heart trouble—you may prescribe, say, Catnip, and it fails, after you have made long and careful study of the conditions, and you have to look for another remedy; then the result of all your observation has fallen to the ground, and you go at it again, hoping that the remedy you give will have the desired effect, and perhaps giving it more carefully and painstakingly. As I was leaving Chicago to come East almost the last thing that Dr. Winter and Dr. Alvin said to me was this, "I want to tell you something that I want you never to forget." As we talked along he said this, "Now, when you have failed to find a remedy, after trying your best, give a dose of Tuberculinum, at long range, and then repeat the medicine and you will have success with the remedy you at first failed with."

Dr. MacAdam: 'One question was asked about the danger of Bacillinum. I have never used Bacillinum except in the 200 potency, and I never give it except in a single dose, at very long intervals, about once every six weeks, and using it that way I have never seen any bad result even in cases which were far along and in fact I have seen what were apparently good results which have lasted for some days, or weeks, and

then eventually the disease slips off and that closes the necessity of the work.

The Chairman: This closes the bureau except for one or two papers which will be read by title; if there is no objection we might adjourn till eight o'clock to-night, when we can open the Bureau of Clinical Medicine.

LYCOPODIUM—PROVING AND VERICATIONS.

V. TABER CARR, M.D., TIFFIN, O.

This remedy is admirable for its power and usefulness in the Homœopathic Materia Medica. Medicinally inert in its crude state, the old school and not a few Homœopaths are unacquainted with its untold curative value. However, this does not lessen its therapeutic value as proven by its enviable history given in the volumes of our literature. Easy for comprehension are its characteristics, positive and direct in its action, no one should hesitate to convince himself of its dynamic value for the relief of suffering mankind.

A prescriber should have a profound respect for the triturated and potentized remedy as so scientifically made. It might prove fortunate to the careless prescriber for future work to have under his care an oversensitive patient agonized by the overaction of a remedy. He will then appreciate the statement made by a master prescriber that the homœopathic potencies are as sharp as a two edge sword, they can cut both ways. Dr. John H. Clarke in his Dictionary of Materia Medica advises the giving of Lycopodium with caution, especially when highly attenuated.

The following case mainly substantiates the symptomatology of Lycopodium, adding possibly a few symptoms not found in "The Schema."

The patient, a lady forty-six years of age, is vigorous and robust in body, intense and quick in action and in feeling. Mrs. Charles W., on Jan. 3rd, 1915, was afflicted with ovaritis on the left side. Lachesis was administered. In forty-eight hours the symptom picture changed to that of Lycopodium with the absence of an inflamed ovary. Excruciating pain now

in the rectum was featured by the 4 to 8 P.M. aggravation and a few other symptoms characteristic of *Lycopodium*. The 200th given, caused immediate evacuation of the bowels containing much flatus. The symptoms returned in an hour's time and the remedy was repeated. On the following day, February 4, the symptoms returned on the time aggravation, 4 P.M. Again, after the period of aggravation, *Lycopodium* 10m (Fincke) was administered followed by immediate cessation of all symptoms.

The next morning began the display of the following symptoms:

Mind—"I feel like crying." Frightful dreams. Dreams of being forced to work. Depressed, more so in cloudy or rainy weather, and when waking in the morning. Very irritable during pains. Easily startled by noise. Easily angered.

Head—Dull, heavy feeling.

Ears—Ulcer on the lower lobe of the left ear; discharge greenish-yellow and thick.

Rectum—Sharp, cutting pains worse 4 P.M.

Perspiration—Profuse at night with extreme thirst.

Chill—Forenoon and afternoon. Severe short chills in the afternoon; tongue felt cold; face was pale; blueness around the mouth. Heat of the stove removed the chills.

Fever—Evening.

Stomach—No hunger or hunger which few mouthfuls satisfies. Sour eructations after eating. Empty eructations in the evening and night. Everything turns to gas that is eaten at supper.

Abdomen—Soreness worse by jar; by coughing. Cramping pains better by hot applications.

Urine—Offensive.

Stools—Offensive.

Genitalia—Physical examination gave evidence of inflamed indurated condition of the vaginal walls and sore, indurated, enlargement of the pelvic contents.

Back—Aching in the sacrum. In the lumbar region pain as though the back would come apart.

Nose—From the posterior nares a greenish discharge in the morning; difficult to loosen and putrid taste.

Extremities—Shooting pains extending around the wrists. Boiling hot apple juice accidentally spilled on the wrist did not give even the sensation of warmth.

Sleep—Awakens frequently.

Generalities—4 to 8 P.M. aggravation. Stitching pains. Sudden short weak spells. Pains ameliorated by hot applications. Feels weak on waking in the morning. Sensitive to drafts of air. Sensitive to cool air when walking. Craves the open air and is relieved by it.

Sensations—Balls on soles of feet when walking. Leaf on the face and when turning the face left the edges of the leaf on the pillow. That she is in another person's body. The ankles felt like wood.

Nux v. 30th every week or ten days gradually abated the severe symptoms. Kali carb. eradicated the symptoms of long duration. The patient, in spite of her harassing experience, says she is enjoying excellent health and declares she feels fully as well as in her youthful days.

AN ARSENICUM CASE.

EVERLYN HOEHNE, M.D., FAIRHOPE, ALABAMA.

Several years ago a young woman, a former patient, came to my office and asked me to prescribe for an aunt of hers with whom I had no acquaintance. I therefore proposed to make her a call to which, however, the niece objected, as the aunt absolutely refused to see a doctor, having previously employed a number of physicians at various times without relief and had lost confidence in all, though, on the entreaty of this favorite niece, she consented to make another trial if she were not obliged to see the doctor, and the remedy were brought to her.

The family was intelligent, so, under the circumstances, I consented to prescribe for her.

HISTORY.

Miss J., age about 45 years. Thin, tall, brunette, sallow,

very neat about her person. Mild disposition—easily depressed. Periodical attacks of severe, dull, intense pain in the epigastrium, extending toward the right side, with occasional sharp pains radiating in all directions, lasting from one to three hours, sometimes longer. The pain came gradually and disappeared the same way. Sometimes had short intermissions of relief during paroxysm. Cold perspiration during, and exhaustion after the attack. These often came on several times a week and sometimes three or four weeks would intervene between.

R One powder Arsen. 30x dissolved in one-quarter glass of water—teaspoonful every 10 minutes until relieved.

S.L. powders, one at night dry on tongue.

About three weeks after reported improvement—had several attacks, the first one coming on soon after the prescription, with amelioration after the first dose, and complete relief after the third.

“Acted like a charm,” the niece said. “Attacks less frequent and severe, though she had had no medicine for some time.”

R Ars. 30x three times weekly. S.L. intervening.

About a month later reported much better—I think only one slight attack during that time.

However, she had previously been without an attack as long, so thought it wise to continue the same remedy in the same potency for another month, but gave it less often; about once a week with S.L. between.

Next report, no attacks, but several premonitions.

I advised them to discontinue the medicine, but gave them a powder of Ars. 1m to use, the same as the first one, should she have another attack.

The next attack came on about six weeks after when I was out of town. “It threatened to be a very severe one,” said the niece. “The powder had been misplaced but was soon found and administered. If the first powder acted like a charm the last acted like lightning. She had complete relief after the first dose.”

After this she received S.L. with an occasional powder of Ars. 1M—about once a month. She had occasional slight attacks but they were growing less frequent.

Her last prescription from me was Ars. cm, one dose, with S.L., after which there was no report.

I met the niece about a year later; she told me that her aunt was well. They had moved to the suburbs in the meantime and we lost track of each other. When next I heard about her I learned that she had another sudden and very severe attack, and having no remedy on hand, a neighborhood "regular" physician was called in.

I did not hear from her again until some months later when I was called to attend another member of the family. She requested an interview, which I did not grant until she obtained the consent of her attending physician. Her appearance was a shock to me. She was in bed, very weak and nervous, thin, face cadaverous, with signs of intense suffering; constant, intense pain in epigastrium extending to right side.

She told me her doctor had diagnosed it gall stones. Pointing his finger at her emphatically, he declared, "There are two hundred and fifty gall stones in that bladder and there is no help for you without an operation." She refused "the only help" she told me, though strongly urged by friends and relatives, and was waiting for the end which followed shortly.

In her will she requested a post mortem examination by her physician at which I was to be present. Result—one small gall stone—carcinoma of the liver.

Query: Would Ars. have cured her had she continued? Would it have been effective had she returned to it when I saw her last?

CASE CONFIRMATIONS.

HERBERT E. MAYNARD, M.D., BOSTON, MASS.

During an epidemic of sore throats in and about a hospital, most of which were diagnosed by the pathologist as streptococcus infection, the following symptoms were fairly constant:

The attacks usually commenced suddenly with extreme

prostration; some aching of the back and extremities, and in almost all the cases marked pain and stiffness in the back of the neck and head and severe pain on swallowing. For the first 24 hours there was very little to be seen in the throat, then in most cases redness of one side, usually left; slight swelling of tonsil on that side followed by the appearance of a pearl gray or yellowish membrane either on the tonsil, the faucial pillar or, in four cases, on the post wall of the pharynx. In four cases there was extreme puffiness of both the uvula and soft palate: Swallowing was very painful but in 8 out of 17 cases, all starting on the left side, there was considerable relief from hot drinks. One case had severe pain extending from right side of throat up through head to above right eye; glandular swelling was not marked and there was little salivation.

All the cases had chilliness; none were sweaty, and in all except one the temperature remained low, 97.6 to 100 with a very high pulse, 120 to 140. The odd case ran a temperature of from 102 to 103.5 for four days and never had a pulse higher than 80.

Most of the cases were very uneasy and frequently changed position in bed usually to get the head and neck into a more comfortable position which was difficult to do.

In only one of these cases were there any joint symptoms or other complications following.

Scanty urination was common in the beginning of nearly all the cases: most marked in the four that had puffiness of the fauces, but this condition was not long lasting and in no case was there any pathological kidney condition.

For the treatment: Of course, all these were bed cases: all were too ill to be about for more than a few hours from the onset; all were on liquid diet for at least 48 hours, then put on full diet if they could swallow it. An ice bag to the throat or back of neck gave most relief of anything.

For the remedies: At the start most of the cases had prominent Lachesis symptoms, left sided condition, scanty membrane with little swelling and with more pain than appearance

of throat seemed to indicate, and stiffness and pain in the back of the neck. The relief from hot drinks was marked in some, but there was aggravation from same in others.

Lachesis helped some.

Sabadilla cleared one up rapidly but did not relieve others with left-sided aggravations and relief from hot drinks.

Apis relieved three right-sided cases with puffiness of the throat, but they were all very slow in recovering until Pyrogen was given.

Pyrogen covered the general aching, prostration, restlessness and decided disproportion between the temperature and pulse which was marked in every case.

In nearly two-thirds of the cases Pyrogen alone was given and every one of these cases recovered more quickly than any of the others. Pyrogen also cleared up the joint symptoms which followed in one case nine days after patient had returned to duty.

Most of these cases were traced to milk, and few new cases occurred after the practice of boiling all dishes was instituted.

ACONITUM NAPELLUS.

DONALD MACFARLAN, M.D., PHILADELPHIA, PA.

For some time now I have realized that if a series of many reproving were tabulated with reference to numerical superiority, a short but *very* valuable picture of the drug's sphere in the dynamic state may be arrived at. I have worked this out for a low potency, the 3d of Aconitum napellus. None of the provers knew they were proving, so there is nothing fancied. I have not ceased making observations, but what I have really got I submit.

The following arrangement is a record of descending importance. Number 1, for instance, is seen more often than any other symptom.

Of course the 3d potency is very low. A series with the 30th is being made, in order to compare. The mental symptoms will come more and more into view the higher we go.

ACONITUM NAPELLUS 3D.

No. I. *An aggravation from any movement (act of coughing, breathing, walking) of any bodily part.*

No. II. *Sleeplessness in forepart of night (unable to fall asleep before midnight).*

No. III. *Thirst from 6 A.M. until midnight.*

No. IV. *Chilliness, least often from 6-12 A.M.*

No. V. *Drowsiness only during daytime.*

No. VI. *An aggravation after sleep on arising in morning.*

No. VII. *Expectoration most frequently thick, then yellow, then green.*

No. VIII. *Generalized asthenia between 6 A.M. and noon.*

No. IX. *Frontal headache. Most often dull, then intermittent, then constant, and then sharp.*

No. X. *Sweating at night.*

In order to get the time modality I have divided up our day into four periods: 6 A.M. to 12 noon; noon to 6 P.M.; 6 P.M. to midnight; midnight to 6 A.M.

Dr. Hutchinson: Studies of major remedies that have already been proved may be continuously illuminated, as Dr. Macfarlan shows. Certainly Aconite, with its great range of power in both chronic and acute disorders, must have within its various potencies much that is undiscovered. In any case, the re-provings with different potencies will serve to acquaint more fully with the older, original, and established symptomatology that has served with increasing utility for so many years. Personally, I am convinced that Aconite is a much neglected selection for many of our cases to which it is applicable as the homœopathic similimum.

SUCCINIMIDE OF MERCURY.

I. PATHOGENIC OUTLINE,

BENJAMIN C. WOODBURY, M.D., BOSTON, MASS.

II. CLINICAL DATA,

MARTHA L. BOGER, M.D., PORTSMOUTH, N. H.

PHARMACOLOGY.

This preparation belongs to the Chloride group of Mercurials, which includes, the mild Chloride (Calomel, HgCl_2), the corrosive Chloride (corrosive Sublimate [HgCl_2], the Benzoate [$\text{Hg}(\text{C}_6\text{H}_5\text{O}_2 + \text{H}_2\text{O})_2$], the Cyanide [$\text{Hg}(\text{CN})_2$], the Oxycyanide [$\text{HgO} \cdot \text{Hg}(\text{CN})_2$], the Salicylate [$\text{C}_6\text{H}_4\text{COO} \cdot \text{Hg}$], the Subsulphate [$\text{HgSO}_4 \cdot 2\text{HgO}$].

According to Sajous¹ the Succinimide or Imidosuccinate [$\text{Hg}(\text{C}_2\text{H}_3\text{C}^2\text{O}_2\text{N})_2$], occurs as a white crystalline powder, soluble in 50 to 75 parts of cold water, and in 25 parts of water with the aid of heat. Dose (hypodermically) 1/5 to 1/3 grain (0.012 to 0.2 Gm.)

The primary object of this paper is to present an outline of the pathogenesis of this form of Mercury as delineated by its toxic symptoms when given in overdosage or in susceptible persons. Secondly to present some suggestions regarding its definite action in some conditions suggested thereby.

GENERAL OUTLINE.

Sajous² refers to the report of Wright and White (U. S. Navy) in Dental Cosmos, September, 1915, and Copeland's Confirmation of this treatment (Dental Cosmos, February, 1916), for the curative action of Succinimide of mercury (1 grain—9.965 Gm.) given weekly by hypodermic injections into the buttocks.

According to Wright, 28 consecutive cases of pyorrhœa were completely cured by this method in conjunction with proper dental surgery. The Mercury was given in the proportion of

¹ Sajou's Cyclopedia, Vol. VI, 653.

² Cyclopedia, Vol. VIII, 35.

1/5 grain (9.913 Gm.) to 4 minims 9.25 C.C. of hot sterile distilled water.

The dental treatment consists in careful expression of pus, removal of calcareous pockets and tartar, extraction of hopeless teeth, polishing of root structure and the local use to the gums of tincture of Iodine, tincture of Aconite and Chloroform. The dosage (initial) in a male patient is grain (9.965 Gm.), in a female from 1/5 to 2/5 grain (9.913 to 9.926 Gm.) less.

Sajous³ also quotes the report of Kritcheosky and Seguin (*Presse Med.*, May 13, 1918), in which good results were obtained in 60 cases of Rigg's disease from Succinimide of Mercury injections. In these cases large spirochetes were observed in the pyorrheal secretions and were found to disappear during treatment. In 244 cases, the organisms were demonstrated in three-fourths of all instances. In healthy mouths but few are found or they are absent. In 42 patients showing the organisms from 6 to 10 injections of 0.1 to 0.6 Gm. of Neoarsphenamine caused the disappearance of the spirochetes in 29 cases, with clinical improvement.

PATHOGENIC DATA.*

PHYSIOLOGICAL THERAPEUTICS.

Wright's investigations with this drug in the treatment of vegetable parasitical diseases dates back to 1905 when he first began the use of it in tuberculosis, but he states that it was not until 1907 that he had an opportunity to try it out extensively.⁴

Wright's observations include its effects in tuberculosis, pneumonia, typhoid fever, paratyphoid, cerebro-spinal meningitis, erysipelas, infectious arthritis, chronic articular rheumatism, gonorrheal arthritis, acute tonsillitis, epidemic catarrh, acute cystitis (staphylococcic) lymphangitis, cellulitis, mumps (right parotid), Vincent's angina. He has also reported upon cases of broncho-pneumonia, chronic otitis media, furunculosis

³ *Cyclopedia*, Vol. Index-Supp. Vol. X, 819.

⁴ The treatment of diseases of vegetable parasitic origin by deep muscular injections of Mercury.

* In the arrangement of this data reference has been freely made to Wright's original publications.

and chancroid, chronic unilateral facial neuralgia, chronic laryngitis, lumbar myositis and myositis of other muscles.

Its use is also suggested in septicemia as a possible means of preventing the development of the septic process.

His dosage in tuberculosis is 1/15 gr. (9.994 Gm.) slowly increased to the point of tolerance. The most efficient dose being that which will just fall short of mercurialization 1 2/5 grain (9.91 Gm.⁵)

Wright bases his use of Mercury upon its parasiticide action against vegetable parasites. "For every vegetable parasite," he states,⁶ "Mercury is the chemical affinity, and when properly injected into the infected part will cure the specific disease. This is represented by a chemical formula as follows: (vegetable antigen + Hg) + antibody + complement = complement fixation (cure).

"I now believe that Mercury has a dual parasitotropic action: First primary or direct, in which the Hg by affinity unites with the organism and antibody, finds complement. Represented by formula as follows: Vegetable antigen + Hg + Complement = Complement fixation (immediate cure).

"Should symptoms of mercurialization follow it should be given in smaller doses at succeeding injections or its administration should be stopped and suitable corrective measures applied."

As no provings in the true pathogenetic sense have as yet been made, it is merely the symptoms produced in this specific form of "mercurialism" that we are to make use of as the basis of its Schematic arrangement.

Some of the author's observations are of interest, e.g.: "It seems probable in cases of pneumonia complicated by pre-existing pulmonary disease,⁷ more particularly tuberculosis or syphilis and whether active or latent, that the direct immediate curative action of mercury will not take place; therefore when

⁵ Sajou's, Vol. VI, 682.

⁶ The treatment of diseases of vegetable parasitic origin by deep injections of Mercury. Med. Record, July 11, 1914.

⁷ The treatment of pyorrhœa alveolaris and its secondary infections by deep muscular injections of Mercury. Med. Record, March 13, 1915.

such immediate cure does not follow the initial injection in the early days of the infection, the possibility of such complications should be considered.”*

Again: “For every vegetable parasite Mercury is the chemical affinity and when properly injected into the infected part will cure the specific disease . . . Not only this, but it should also cure any secondary systemic infection that might be present, whether caused by the same organisms, as found in the original focus of infection or transmutation, forms of the organisms, the possibility of which has been demonstrated by Rosenow, and later, independently by the Pasteur Institute of Paris, for no matter how changed the physical and specific characteristics of these transmuted organisms, it is a matter of biological impossibility for them to change their class; they remain vegetable parasites.”

SCHEMA.*

Mind: Delirium; classical symptoms of cerebro-spinal meningitis (cloudy cerebro-spinal fluid containing pus, albumin and positive for *diptlococcus intra-cellularis*). Profound toxemia, delirium.

Head: Headache, profound malaise.

Eyes: Conjunctivitis of both eyes.

Face: Bilateral facial neuralgia.

Mouth and Gums: Thirst. Gingivitis: gums spongy, soft, bleeding and retracted. Tender and sensitive.

Teeth: Pyorrhœa. Extensive pyorrhœa with gonorrheal arthritis. Pyorrhœa involving upper and lower central teeth. Looseness of the teeth. Pyorrhœa, upper and lower teeth. Looseness of upper right bicuspid. Calcareous deposit about the neck of every tooth, free flow of pus from around all teeth. (Improvement noted before local treatment was instituted). Perialveolar abscess above upper left first molar, drained and

* This is probably explainable in the light of Hahnemann's aphorism that in the presence of two existing *dissimilar* diseases the weaker is suspended by the stronger, till the action of the latter is overcome, when the former will again express itself. Syphilis or pulmonary disease would in this sense be the weaker yet the more fundamental disorder.

cleansed without improvement till Mercury injections were instituted—cure. Pyorrhœa involving processes of all upper teeth; processes of all lower teeth. Processes of all the teeth, with looseness. Pyorrhœa and extensive calcareous deposit and gum recession. Free flow of pus from upper molars and lower central teeth. Calcareous deposit and gum recession. Discharge of pus from around every tooth. Teeth extremely tender and sensitive, calcareous deposit under gums.

Jaws: Abscess of right upper jaw and severe bilateral facial neuralgia. (Marked improvement). Perialveolar abscess above left upper first molar (during treatment)—Wright. Tender and sensitive. Discharge of pus around teeth. *Marked recession of the gums. *Severe gingivitis and angioma (in susceptible patient). Wright.

Throat: Frequent attacks of laryngitis and tonsilitis.

Respiratory Organs: Advanced pulmonary tuberculosis markedly benefited, associated with pyorrhœa. (Wright and Ladd). Bad cough which does not yield to treatment—sputum negative to tuberculosis.

Chest: Cough, subcrepitant rales, upper right lobe. Lobar pneumonia. Harsh respiration.

Heart: Endocarditis.

Stomach: Indigestion and poor appetite (gastric symptoms disappeared). Indigestion and very poor appetite.

Abdomen: On the 12th day following injection 3/5 gr., *severe abdominal pain, diarrhoea, and rectal tenesmus* (patient evidently having an idiosyncrasy for Mercury) Wright.[‡]

Stools: *Bacillary dysentery* from tropical exposure. *Diarrhoea, griping, tenesmus. Blood and mucus in stools* (italics ours), *frequent passages*, 15 to 20 in twenty-four hours. *Painful and frequent stools*, tenderness over left iliac region. *Blood and many pus cells in stools.*

Genital organs: Subacute gonococcic urethritis with discharge from urethra.

* This Schema includes systemic symptoms known to have cleared up after its use in pyorrhœa; symptoms marked with an asterisk represent its observed pathogenic action.

‡ This is the most marked pathogenic symptom noted.

Urine: Shreds in urine. Gonorrheal arthritis.

Extremities in General: Arthritis of right hip, following bacillary dysentery. Pain and swelling of left knee. Right knee painful also right ankle with swelling.

Lower Extremities: Acute arthritis of right knee with pain and swelling. Right hip and left knee involved; swelling of both knees. Polyarthritis both knees and ankles. Gonorrheal arthritis. Pus exuding from teeth upon being treated for pyorrhœa. "Motion" nearly complete in all joints and function practically restored.

Lower Extremities: Pain, soreness and stiffness of feet and ankles, could hardly get out of bed. Chronic infectious arthritis. Pain and swelling of left ankle. Severe arthritis of knee joints (immediate and marked improvement). Right the worse. Unable to bear weight of right knee without pain. Knee slightly swollen. No fluid. Both knee joints involved, swollen, tender and painful. Myositis of lumbar muscles—upon treatment for pyorrhœa cured by five injections. (Wright). Pain in right knee joint extending to left knee. Now both knees swollen and extremely painful and tender; elbow and shoulder joints also involved—acute infectious arthritis secondary to pyorrhœa.

Back and Shoulders: Severe pain, soreness and stiffness of shoulder joints.

Tissues: Chronic articular rheumatism, all joints involved; partial recovery. Still involvement of feet, severe pain in small joints of the feet.

Skin: Large patch of eczema on chest for past thirty years disappeared during treatment for pyorrhœa. (Wright).

General: Mercurialism.

RESUME.

"A single therapeutic agent can be parasitotropic for an entire group of organisms, e.g., Arsenic (Salvarsan) as a specific cure for syphilis, yaws, relapsing fever, sleeping sickness, etc., it being specific "for the diseases of micro-organismal animal parasitic origin," *Sic.* the specific Mercurial (the Suc-

sinimide in diseases of vegetable parasitic origin in which Arsenic has no curative action).

The use of Mercury, however, is of time honored origin, and its careful proving and likewise the checking up of its action in syphilis as given below by careful laboratory tests would readily establish its relationship to this disease upon a purely scientific basis.

While Wright, so far as our present knowledge is concerned, makes no reference to its use in syphilis, we have already quoted the observations of Kritchevsky and Seguin in the demonstration of spirochetes in Riggs' disease.

Lydston states⁸ that in syphilis "the newer salts of *Mercury* have almost supplanted the Bichloride and Calomel for hypodermic use. The *Succinimide* and *Salicylate* are best, and should be given at intervals of two or three days to a week in doses carefully adjusted to the tolerance of the patient, deeply in the gluteal muscles."

Although laboratory tests have, up to the present time, given little assistance to the homœopathic therapist in this disease, may it not be that for the most part Wassermann's are made by some Homœopaths as a routine measure and by others only in exceptional cases. Few reports have been given of the return of negative Wassermann reports after strictly homœopathic prescribing. This may be partly owing to the fact that as Wright points out prior to the demonstration of the relationship of the Wassermann to syphilis, many conditions treated successfully by Mercury were called syphilitic, that are now known not to react to the Wassermann when finally the Wassermann came into general usage, many physicians who had previously treated syphilis in its various manifestations with homœopathic remedies, either abandoned it for the more definite method of Salvarsan, or were loath to have Wassermann tests made upon suspected cases.

The faint-hearted homœopathic syphilologist may take heart, however, in the knowledge that so well-known a dermatologist as Ralph Bernstein, of Philadelphia is responsible for the con-

⁸ Sajou's, Vol. VIII, 470.

fession that in a practice of 15 years, he has made use of Salvarsan in syphilis in but two or three cases.⁹

The recent confirmation of the power of Mercurius protoiodide to produce a positive Wassermann reaction in the blood of the rabbit given us by Wurtz of Pittsburg¹⁰ should stimulate further research along this line.

SUCCINIMIDE OF MERCURY.

CLINICAL DATA BY

MARTHA I. BOGER, M.D., PORTSMOUTH, N. H.

Case No. 1. Mrs. E. H. B. Delivered of an abnormal child—anomaly that of Spina bifida and Hydrocephalus. As this was the second time for such an occurrence, the husband asked the cause.

I suspected syphilis, despite the fact that both parties were college graduates.

Mrs. E. B. H. had three negative Wassermann tests (alcoholic antigen used).

Mr. E. B. H., age 35, lawyer, had four plus Wassermann, alcoholic antigen. Denied ever having had chancre or rash or any secondary signs of syphilis.

Insisted on intra-venous treatment; September 1918. Salvarsan did not bring negative Wassermann as desired.

April 20, 1919. Gave 20cc. distilled water, in which were dissolved 40 tablets of 3x Mercury succinimide (Otis-Clapp trit.)

April 27. 20cc. as before, were given.

May 5. 20cc., with 20 tablets of 3x were given.

May 15. First negative Wassermann was obtained.

Wassermann has continued negative until this time, for in June this year, 1921, I received a negative report to a Wassermann test submitted. No further treatment was given except a few doses of Sulphur 200th, at various times for slight bowel derangement. I believe this case can be called a cure.

Case II. Mrs. H. M. S., 22 years of age. A club woman

⁹ Journal of American Institute of Homœopathy.

¹⁰ Merc. biniodid and the Wassermann.

and mother of two children, the second of whom showed signs of hereditary syphilis at birth. Child delivered by Dr. Woodbury in 1916.

Because of case of child, parents were asked for a blood test, which was refused until the winter of 1919, when Mrs. S. developed an obstinate throat, which ulcerated a large hole through the right soft palate. This absolutely refused to heal. I finally told her frankly that the case was syphilis, and although terribly angry, she submitted to Wassermann, which proved to be 4 plus (antigen not known). Board of health.

She was given Merc. succinimide 30x, 10 tablets in 20cc. distilled water, one intra-venous treatment. The throat immediately began to heal.

Merc. succinimide had been given by mouth to no avail. I again prescribed the 30x tablets, one every four hours. She took these over a period of 18 months, and from a half invalid, she has now become president of a woman's club and directs her own household.

She has taken no Mercury for one year, until 1921, when she came to me with "an all in" sensation, and a stopped head. Had a few nervous symptoms. Pulsatilla seemed to be the remedy, for she is of that type, but it brought relief for only a few hours, after which I gave her Merc. succinimide 30x. She had four doses. Calc. phos. 200th was given for occasional headaches.

Her child, Barbara, had a chronic otitis media, and a syphilitic keratitis which left a scar on her left eye. Graphites apparently cured this case at the age of one and a half years. This spring, however, she developed an obstinate cough, which nothing seemed to help. Gave Graphites cm, which promptly cured the cough, but before leaving for this convention, she was brought in with a return of the old otitis media; probably an exacerbation, brought on by the Graphites. I gave her Sac. lac., but if this continues, and no new symptoms arise, I shall give this child an intra-venous treatment of Merc. succinimide.

Case III. Mrs. C. H. S., aged 21, housewife; called me when three months pregnant (1918), to treat a so-called case

of measles, which had been treated by a "regular" physician for two weeks and refused to yield. Beautiful case of secondary syphilis with typical rash and vaginal lesions. Sent case to Boston University laboratory where three Salvarsan treatments were given. Delivered her of a normal child, except that the child had six fingers on each hand. We amputated the extra fingers. Wassermann negative. Merc., in oil, was given intra-muscularly by Dr. Watters. Wandered to other treatment but in January, 1921, she called me to again deliver her. Delivered her of a mascerated, still-born child. Her Wassermann proved to be four plus. Merc. succinimide 3x, one intra-venous treatment and Merc. succinimide 3x, given T. I. D. by the mouth. Wassermann negative May 15, 1921.

Case IV. Mrs. H. A. V., 1919, came to me during pregnancy, with obstinate nausea and vomiting, which apparently yielded to nothing. She had all evidences of hereditary syphilis; Hutchinson teeth and flattened nose, which were not hereditary traits. Wassermann was anti-complementary.

Delivered, February, 1920, female child, which developed hemorrhages from rectum, vagina and mouth. Rabbit serum was given babe, along with China off., 200th, internally. Babe is living and fine.

Mother presented no symptoms, except did not gain following birth of child. Change of climate did not help. Calc. phos. 200th seemed to be her nearest similitum, but did not help.

October, 1920, in desperation, I gave her Merc. succinimide 200th, 20cc. distilled water, 10 tablets dissolved therein. Almost immediately she began to gain, and has had nothing but Sac. lac. since. She does all her own housework and is gaining so rapidly she wants me to stop.

Wassermanns have been made regularly every four to six months, in each and every case. No case has shown a return of the positive Wassermann.

This data is not presented with any idea of teaching anyone anything. In a small town we must meet the "regular" school, who advertise that nothing but intra-venous methods

will aid syphilitics, so why not give our remedies so. I am enthusiastic about such cases as I have tried.

In no case was the Merc. succinimide prescribed according to symptoms; there was a paucity of such. Use of great antipsorics, by single doses did not arouse symptoms, as Sulphur and Psorinum were tried. When you have a case that will not yield, I urge you to try Merc. succinimide.

The Chairman: These interesting papers are open for discussion. It seems to me that there have been some very interesting points brought out by the Doctor's paper.

Dr. Dienst: I would like to ask Dr. Boger if she places confidence in the Wassermann reaction?

Dr. Boger: Well, sir, yes and no! In all of these cases the case gives typical symptoms, and everyone of these cases—each case, shows a Wassermann reaction, although I know the Wassermann reaction is not considered absolutely reliable. I have found that when the Wassermann was negative the patient has generally gained in health and everything of that kind, even though there were no real symptoms at first to prescribe on. I find one feature peculiar to this disease: no matter how sick they are they won't stay in bed, not if they can help it. That's about the only symptom.

Dr. Dienst: I asked this question because of the fact that I had occasion to give some testimony before a committee of Congress last fall and some of the things which I said were very displeasing to the surgeons on the other side who asked me if I didn't believe in the Wassermann, and my answer was that I couldn't very well, if I believe the testimony of others who have had the opportunity of observing, as ascertained from their literature, and, as you know, that literature is very small. In private practice I find it to be carried out and therefore cannot deal differently in regard to syphilitic infections which are sometimes neglected with serious results.

Dr. Boger: I have never found a case in which there was a four-plus Wassermann in which you did not find some indication, which leads me to believe that if an action is positive,

that syphilis is present. The lady and gentleman of whom I spoke in regard to this case, of course had this deformed child and they had just that previous sort of a history. That confirmed that test. A couple of months ago they came to me and asked me if I thought they could bring forth a normal child, and I said, "Yes, I thought so," and it will be interesting to note the results.

Dr. Dienst: I think there are many things of this kind which happen but which are often neglected as to reporting them.

Dr. Boger: I know that. In this case I wanted to have this laboratory test made.

Dr. Woodbury: I am sorry that she had to read that long preamble, because, to my mind, it is just a matter of the knowledge of one's duty. About all I have been able to gather from today's papers, up to now numbering some eight or ten, is that somebody reads a few cases he has treated and observations regarding them and the remedy used; the interesting thing about this whole question is that a great many of our Homœopaths have dodged the question of syphilis. The victim comes to them and they tell him to go to the dispensary—they don't treat syphilis, and they go to the dispensary and the victim is given "606" six times repeated, at this dispensary which is conducted by the board of health. Then they go through the old routine again and again: they receive their Mercurial treatment and then will clear up and think they are better for a little while, and then after a while their symptoms all come back and the same thing is repeated again and again and again and again and again. One great need for us, as Hahnemannians and Homœopaths, today is to find some way in which we can, in an organized manner, take hold of the treatment of syphilis, and take it from the hands of those who use the old style classical treatment of syphilis—using "606" and Mercury. I have in mind one case which I treated which seemed to have some good effect and which might give us an idea how to proceed. I had a lady patient who came to me and I gave her the 3x, after Dr. Boger's method, and

then finally the 2x and this seemed to give remarkable results. Then she went home and I lost track of the case.

Dr. Stearns: I was interested in the case presented of an averted operation, in which the Mercurial preparation was given by mouth and then in the same potency intravenously, and that it was not until after it was given intravenously that it produced the desired result. That interested me and brought to mind an experience of a doctor a few years back, during the epidemic of infantile paralysis. He treated these cases by spinal injection and injected the remedy into the spinal canal through a puncture—spinal puncture—and he claimed that he got much better results. We also had another case in which the patient was a very hard working man but was very much wasted and got little rest and the arthritis was getting worse all the time and bed sores developed which were very troublesome, one on his chest and the other back of his right shoulder. The Wassermann in his case was 4-plus. The pain went all through him. He had three o'clock in the morning aggravation, perspired freely at night and seemed to suffer more pain at night. We treated him with Kali-iodide but it didn't seem to have any effect and so we gave him Mercury 200 and he improved vastly, and, in fact, got entirely well as far as it is possible to tell; his Wassermann cleared up and I have followed him along for about five months and his Wassermann remains negative. I suppose, doctor, we are getting hold of syphilitic cases every day in our regular homœopathic treatment of practice. There is one trouble, though, and that is that the symptomatology is so apt to be obscure in many of those cases.

Dr. Krichbaum: Some have the idea we must treat it as the old school doctors do, in order to treat it at all, although, as the homœopathic profession commences to get a little more free, we will evolve a method of treating it, of our own. I have never known of any case that I couldn't cure by Homœopathy and I don't have very many losses of cases, either. When we use Mercury succinimide I think probably we are going a little bit too far.

Dr. Woodbury: No one applauds the modernization of Homœopathy more than I do. Dr. Boger was such a pioneer in doing this work that I thought it was only justifiable to let her come here and explain to us just how this thing is done. Personally I have in mind a case of syphilis in which I obtained excellent results from Alumnia in the 50m in a case of locomotor ataxia. Then I have in mind two other cases in which I have relieved both pains and other symptoms with Aurum in 60m. This is just a beginning and if we can get the same results by using this compound of Mercury. In these cases I have tabulated the symptoms which were cured and those which were not. One notable thing, I think, is the rapidity with which the chancre cleared up, the throat symptoms, both for the right side of the throat and the left, the mucous patches and so on, and thus if we did this way all the time we would have a thoroughly verified symptomatology which would indicate the cure right away.

Dr. Baker: I have never used a remedy intravenously, except in one instance, and that was in the case of an old lady seventy-five years old who had a fractured hip; she had gotten along fairly well and she was getting some articles of food but something still seemed to be the matter with her. I gave her Arsenicum 200 and got no result, and about three or four hours afterwards they 'phoned me that she was getting in very bad shape, so I injected Arsenicum 200, and it commenced to act right off and she was on the road to recovery immediately. I don't see why, if you know that a remedy is more quickly of use when used intravenously, why there should be any objection whatever to its being used that way and I believe that that is the way we can get the results which we want to get in cases of syphilis.

Dr. Underhill: I have been very much interested in Dr. Boger's paper, and I think we may well dwell interestingly on the methods we have adopted. I was also impressed greatly by that thought on turning over things to our old school brethren. I object to that and I don't think it is necessary. During the past five years my son and I have followed up

about thirty cases that showed four-plus when they came into our hands, and we have proceeded on the same principle as did Dr. Allen. Every case we have gotten we have followed up and kept track of until we have gotten what we thought was a similar remedy for every one of these cases. I can't tell you just the exact number of cases that we have but most of them have shown negative for years, and, as far as we know, we are curing every single one of them, and we don't turn aside any case to anyone. We give the homœopathic remedies and expect the results and get them, too!

Dr. Loos: I want to say one word about the use of the remedies by the hypodermic needle, although the Organon should always be our guide on that. We have more control over the remedies than we do over the so-called natural diseases, because we can create a susceptibility to them in order to heal the diseases. When you have a patient who apparently needs the remedy you are using, and it seems to you you don't get the response which you ought to get, haven't you often thought of that fact? We have been instructed in the treatment of the chronic cases, to use the high potency and repeat it at frequent intervals, and as soon as the action demonstrates itself to discontinue it. That should not be done by a beginner. It should be done by somebody who understands the methods of treatment for such cases. You can get a response to a remedy given internally just as quickly as if it were used in any other way, used in that manner, repeating it every three or four hours, until there is a response to the remedy.

The Chairman: I will ask Dr. Boger if she has anything further?

Dr. Boger: If you will notice, gentlemen, each one of those cases ran over a period of three to five years, and in none of these cases has it been followed for less than that time. I have treated syphilis by this and also by the indicated remedies, and I had to do this in defense of myself. If you are the only Homœopath in a town where the old school doctors have practical supremacy and where they call you a "Homœo-quack"

every time you turn around, and then you get one of the richest families in town coming to you, and the man says to you: "I want an intravenous treatment," what are you going to do about it? You will give it to him just as he asks you to, the same as I did.

Dr. Krichbaum: Tell him to go to h——l!

Dr. Boger: Oh, no, you wouldn't, sir. You can't do that and keep your patients. Since I have become more established in practice, I don't believe in letting my patients dictate to me, as much I used to allow them to, but I can't see any harm in doing all you can to please them. I don't see anything against giving in, though, to the patient. It really helps out more in the end than you would think for.

Why isn't it better to concede the least little bit and get somebody pleased with your work that will bring you other cases? I think that Dr. Woodbury can tell you of hundreds of people who have been wrecked, as far as their medical practice was concerned, right in the same town where I am, just by their not being willing to give in a little bit to please the patient. I have been nearly wrecked, but not quite, and I can't see any harm in doing this, and I certainly won't stand back and let the other fellow grab it all, just because I won't yield an inch or so to the patient. Take these cases when they came to me; they came in with the history of which I spoke to you and yet he said to me, "I am perfectly well; fine, robust health; never had a sick day in my life," and then you got a four-plus syphilitic Wassermann.

Dr. Woodbury: I was so firmly convinced by Doctor Boger's results that I have put in my repertory "Uvula, ulceration of—*Mercury succinimide*." And its going to stay on there till I learn something better.

Dr. Boger: When I examined this lady there was a hole in her throat that you could have put a large English walnut into, but now, although there is a slightly granulated surface there and it is deeply dented in, it is really healed, and I saw her just before I came down here, that is, not long before I started. I wrote to Dr. Woodbury about it and not only that,

but I think, in fact I am pretty sure that Dr. Wharton saw the case once. I know he did.

Dr. Wharton: No, I didn't.

Dr. Boger: Didn't you? Well, it was someone else, then. Anyway, I *though* it was you, sir.

THE POTASHES.

P. E. KRICHBAUM, M.D., MONTCLAIR, N. J.

The Potashes affect all tissues of the body, hence their location is general. Further, so diversified is their action, it is not too much to claim that they produce every known physical sensation. Having this affinity for each and every tissue of the body, the irritations and inflammations produced by the Potashes, very easily run the gamut from functional to structural changes in the organism. The group also furnish remedies for two of the "diatheses." Kali carb. for the rheumatic, and Nat. sul. for the Hydrogenoid. They are deep acting medicines, and therefore particularly applicable to chronic diseases. To recapitulate or generalize for the Potash group then, we may state that they all act upon the mucous membrane, kidneys, blood, and glandular organs. They have an elective affinity for the motor centers of the heart. The Potash subject is worse in the morning, after copulation, after sleep, and exertion. *Better from warmth*, rest, and food rich in blood making properties. You will seldom find a patient constipated, when any one of these medicines is indicated.

Timothy Field Allen says of them, "They are devilish in their effect, insidious, and disorganizing; profound tissue changes resulting often quite out of proportion to the amount taken. I am of the opinion that more chronic disease, predisposing to pernicious and incurable maladies is produced by the almost universal habit of drinking alkaline waters than by any other of the numerous habits of the civilized world."

The Potashes all produce ulceration, both internal and external. Diarrhœa belongs to them. They have increased alkalinity of the blood. The alkalies and their salts are eliminated by the kidneys, at the same time they increase the amount

of urine, they also increase the solids and alkalinity. One has only to remember the amount of damage the Chlorate of Potash has done in its over-use for sore throats. Bicarbonate of Soda as long employed in domestic medication, is unquestionably a mischief maker. In fact the drinking of alkaline waters in general, should be condemned.

As we now take up the individual medicines of this group, Kali aceticum heads our list. Both Kali and Acetic acid cause great disturbance in the circulation of fluids in the tissues; combined, they exert the same influence. The Kali acet. patient is dropsical and weak. The striking characteristic of his disorder is the typical tendency to loose bowels and profuse urination. The urine, yellow in color, is strongly alkaline, of high specific gravity and either sweetish or ammoniacal in odor. The diabetic patient may be helped by Kali acet. but it has not been found useful in simple polyuria. The noted sensations are *weakness, trembling, gripping and gnawing*. Such manifestations, referred to the abdomen or kidneys, would naturally lead you to expect the patient to have pain after eating, with free watery stools, and he does. In fact this distress, if it localizes around the umbilicus, may be present all day, regardless of digestion. The termination then of the marked morning aggravation of Kali acet. may not occur till evening, when the sufferer relaxes and lies down. One exception to this broad generalization is found however, in the headache, helped by Kali acet. The high peak of pain here comes on about 4 P.M. Other characteristics marked under Kali acet. are the profuse sweat about the head from 11 A.M. to 1 P. M. Indeed, profuse offensive perspiration is always a "pointer" for one of the Kalis. Discharge of hemorrhoidal blood several times during the day is also listed. But the trembling weakness, the indistinguishable anxiety pervading the whole body, though of transient duration, this is directing, peculiar, and capitalized under Kali acet.

Kali ars. or Fowler's Solution, closely resembles Ars. and is substituted for it by our friends of the old school. In the combination under discussion, Ars. lays its impress upon the

patient with Kali modifications. The typical Kali ars. subject is restless, nervous, and anaemic, but the anaemia is marked by a yellowish color of the iris of the eye. Lachrymation also is present. These two points shut the door on Ars. for the true Ars. iris is blue, and the eye itself dry and puffy. The specifications for the Kali ars. make-up then, show us a watery-eyed, yellow, dirty-skinned individual, temperamentally restless, fault-finding, exacting, and self-analytical. This patient is subject to skin troubles, papules appear, then vesicles form, followed by crusts, which in turn, dry and raise scabs. These gradually fall off, and so called "sores" are the end of the process. The slow and sluggish trail of these skin irritations, shows the profound disorganization, often present, when Kali ars. is the remedy. Indeed, epithelioma of the lip, or cauliflower excrescence of the uterus may meet you here, and Kali ars. fit in with better results than Ars. alone. The differentiation may smack of hair splitting, for instance, the eruption under Kali ars. has larger scales than under Ars. and the parts are dry or exude very little moisture unless scratched. Of course the itching is intense, is made worse by warmth and is also aggravated when undressing at night. A few of the symptoms accredited to Kali ars. are striking, especially the sensation of a ball raising from the stomach; the choking sense of suffocation in the throat; the feeling of the red hot iron in the rectum; the burning and numbness of the tongue. Oddities of physical aberrations, all of them. If study of a case in which any one of these appear, completes the picture of Kali ars. you will have the satisfying assurance of a full agreement of the accompanying tissue changes, or organ disorganization that belongs to this medicine.

Kali bi. comes next. The patient to whom this medicine applies, is a pretty steady office caller. His physical summing up, broadly outlined, shows you a light complexioned individual, fat, flabby, lazy; indeed a sort of constitutional indolence claims him. He seldom exhibits any marked energy, even in his pathological processes, as noticed in the fact that he very infrequently gets up sufficient steam to register a good full

pulse or develop a fever. Even his body discharges are loth to leave. Expectorations are drawn out in ropy, stringy masses. This is strikingly characteristic of Kali bi. The pains under this remedy, are sharp and stinging and sticking, but most peculiar, they can be *covered by one's thumb, in rheumatic conditions*. They wander from joint to joint, or may be found in all parts. Kali bi. is aggravated in the cold open air, by undressing, drinking beer, and from 2 to 4 A.M. It covers ulcers when they appear as punched out, whether catarrhal or syphilitic. The rheumatic pains alternate with the gastric symptoms, or the rheumatism may disappear when the gastric symptoms reach their height. Cool days or nights tend to aggravate the rheumatism of Kali bi. Another point which may lead you to Kali bi. in this complaint is the fact that the trouble most characteristically busies itself with the small joints. The headaches of Kali bi. may be preceded by blindness. Kali bi. has registered a type of dysentery which occurs in the spring; the stools are brownish, watery, mixed with blood and attended with great tenesmus. But—and this is the pivotal feature, *the tongue is dry, smooth, red, and cracked*. Kali bi. may serve you in iritis. It is indicated late in the disease, when adhesions are formed between the iris and crystalline lens. The attracting feature being another sample of the Kali bi. indolence translated—little or no photophobia, and not a decided redness. In the chest, asthma may find a curative medicine in Kali bi. when the distress depends upon bronchiectasis. The paroxysms occur between 3 or 4 A.M. are apt to be confined to winter months or very chilly summer mornings. Relief is ushered in by the expectoration of the classical ropy stringy mucus.

A study of Kali bromatum brings out many interesting symptoms. This remedy, as we know, acts mainly on the nervous system. *Primarily it decreases reflex action, while its secondary effect is to depress the mind*. Every little disturbance of the periphery of the nerves; every little alteration in the functioning of an organ, is *reflected in the nerve centers*, and produces some other disturbance, either an uncomfortable

sensation, twitching in the muscles, anxiety, headache, or even convulsions. The business man who has poured over difficult problems till he becomes dizzy, staggers when he walks, complains of a benumbed feeling in his brain, especially the cerebellum, and is convinced he is losing his senses. This state of affairs, termed "brain fag," may be helped by Kali bro. We also know that cases much further along the road to brain collapse, come under this remedy. In instances of acute mania, perhaps, where the patient has strange imaginings, claims that he is pressed upon by demons; that he is hated; that he will be poisoned. Here we see a resemblance to Stramonium in the first state, and Hyoscyamus in the second. The pupils of the eyes are dilated, the face bright red with an expression of intense fear. The body trembles, and the muscles twitch, again like Hyoscyamus. Such a patient must keep busy. His hands are in constant motion. In insomnia, Kali bro. may be of service if the characteristic restlessness be present. Tarantula has a very similar condition. Pursuing the mental symptoms of Kali bro. further, we find complete loss of memory in the Kali bro. patient. He is afflicted with a distressing melancholia; cares for nothing. Such a condition may follow excessive venery or masturbation. Kali bro. occurs to us as a remedy for epilepsy, but no cures have been recorded, only suppression, unless the disease has been caused by excessive venery. Locomotor ataxia in the overworked is also thought of but for Kali bro. to be useful here, the same cause must be present. In the generative sphere, per se, as might be expected, Kali bro. has an easily recognized field of action. Such extreme conditions as satyriasis, nymphomania, impotence, may call for this potash. In eclampsia where Kali bro. is indicated, the child's head presses on a nerve ending, or against a rigid os and causes the disturbance. Cholera infantum and diarrhœa in children may be cured by Kali bro. where there is great prostration, cool surfaces, and symptoms of hydrocephalus. (Cinch). On the skin Kali bro. has a curative sphere in cases of eczema, where the blotches are livid, large as one's thumb nail, covered with scales, and *having in*

the center a yellowish appearance, as if it were suppurating. This suppuration finally occurs, leaving a central depression. Abscesses in *sebaceous* or *sudoriferous* glands, which develop a *scaly* eruption, come under Kali bro.

The typical Kali carb. patient presents a striking picture of the so-called "tubercular diathesis." Kali carb. is complimentary to Carbo veg. and similar to it in lung inflammations. Indeed, if one fails, the other may complete the cure. The symptoms are easily recognized. In the lungs we have the well remembered *sticking pains*, aggravated naturally by motion, though unlike Bry. they may come on at any time. There is hoarseness, and loss of voice, with the characteristic cough caused by a tickling dryness in the larynx perhaps. Only *small round lumps* of mucus can be raised. The pains are sharp and sticking, worse on deep breathing and from *lying* on the *painful side*. The rubrics under Kali carb. read—anaemia, feeble heart action, (this medicine is seldom called for by a patient with a full round pulse) depressed temperature, increased tissue waste, frequent chilliness, throbbing in blood vessels all through the body. Such are generals. Particulars in location and character of disturbance, may be introduced with Kali carb.'s BACKACHE. This backache, when accompanied by sweating, weakness, and marked nitrogenous waste, is found under no other remedy. It is famous. Your pregnant patient complains of her back, grows hysterical with this headache which seems to be associated with an intense weakness, to the point of an actual giving out of muscular support. The peculiar distress may follow her into confinement, when the uncomfortable sweating at night is a feature. In the head we find congestion with humming in the ears, and vertigo from turning the head rapidly, or from any act that diminishes the blood supply to the brain. The peculiar puffiness or *sac-like bags between the brows and eyelids*, is a signal for Kali. carb. and of course much strengthened as a symptom, when corroborated by Kali carb.'s sticking pains in the eyes with floating specks in the field of vision, or coldness of the lids. Kali carb. has been found useful in toothaches, when the tooth troubles *only*

when eating. The throat symptoms of Kali. carb. show some oddities. The patient may complain of a sticking in the pharynx like a fish bone prick, as soon as he catches cold, *with much hawking of mucus.* Hep., Nit. acid, Alumen, Carbo veg., Arg. nit. all have this fish bone sensation in the throat, but Kali carb. alone has the hawking of mucus. This gagging character of the cough, may lead you to prescribe Kali carb. in whooping cough, especially when the Kali carb. eye peculiarity is present. Kali carb. and Arg. nit. in bronchitis of children run very close together. Some fine differentiation is called for here. In the stomach under Kali carb. we encounter longing for sugar or acids, with aversion to meat. The stomach feels full of water, swollen and heavy. The abdomen is distended after eating even small quantities of food; everything turns to gas. Temperamentally, the Kali carb. patient is peevish, nervous, easily startled, fearful of disease. Takes cold from the slightest draft of air. Is indifferent with great bodily exhaustion. May be very sleepy during the day, and sleepless after 1 or 2 A.M. Spinal irritation with uterine complaints, when the characteristic intolerable backache shows up. Menstrual pain a week ahead of the flow. Pain in the spine while eating. Mere straws, perhaps, but they often betray the fact that the wind is blowing towards Kali carb. and invite your study of this great remedy.

Kali citricum, a potash of which there has been no proving, has been given in 8 to 10 grains in wine glass of water to assist the action of the kidneys in Bright's disease, where the patient has been on an exclusive milk diet. It has also been thus heroically used as a solvent for gouty concretions about the joints. In large doses it has produced *tympanitis, constant flow of mucus from the anus*, awful gastric and abdominal pain as if a machine were at work *inside, skinning the inside of* the stomach and the whole length of the intestines. Flatus constantly passed and in great amount, producing a pain of its own, which was a prominent feature. This pain, "as if a machine were working inside" reminds us of Nit. acid.

Kali chloricum, another of the potash group, is an active

poison. Location of its activities seems to be the *mucous membranes*, skin, and blood. The sensations are the familiar sticking, burning, aching, smarting, of the potashes as a family. The patient here is greatly aggravated by cold. "Her very blood seemed cool" one writer has it. Nosebleed appears to alleviate some mental conditions. Temperamentally, under Kali chloricum, there is increased irritability. Patient complains of feeling dreadfully dull and stupid. Dizzy on stooping and rising. In the mouth, we have cancrum oris with hard swellings and profound prostration. In the external throat, we find *swelling of the submaxillary glands, while internally, the throat may be oedematous and red, with rawness, dryness, scraping and difficult deglutition*. The stool, under Kali chlor. shows blood and mucus, and its passing is accompanied by *cutting pains* and again great prostration. Cases of acute nephritis may be benefitted by this medicine when the urine is bloody, scanty, and of course albuminous. The heart action and pulse where Kali chlor. serves of course are very feeble. The pulse weak and soft. There is the sensation of *coldness in the precordial region*. With these manifestations, you would expect to find general cyanosis, especially of the lips and extremities.

Kali chlorosum, another potash has received no proving. Our observations are from poisonings only, and rather meagre. The most notable symptoms recorded are *watery eyes, pale puffy face*. This watery condition of eyes prevents one riding in a rapidly moving vehicle. Constriction of throat and chest. Much sensitiveness has been noted of the epigastrium, of the larynx, and whole anterior portion of the neck. Cramps and restlessness were observed. Aphonia marked in asthma, and the peculiar coryza and lachrymation in diphtheria.

The chief use for Kali cyanatum has been found in cases of *epithelioma of the tongue*, apoplectic and epileptic conditions, respiratory disorders, rheumatism of the joints, and neuralgia. This is very general. Let us take the particulars, as found in facial neuralgia, for instance, when Kali cyanatum is called for. We read—agonizing attacks of neuralgic pains between *tem-*

poral region, ciliary arch and maxilla, with screaming followed by apparent loss of consciousness, as if struck with apoplexy. Severe neuralgiac pains in temporal region and left upper jaw, daily at 4 A.M. increasing till 10 A.M. and ceasing at 4 P.M. In this interval, anorexia, fever, and backache. Great flushing of the face. On the painful side these neuralgiac seizures are noticed in paretics. Epileptics where the fingers are *stretched out and spasmodically closed*. Where conditions of slow breathing are relieved by pouring cold water on the face.

Kali-ferro cyanatum resembles Sepia in its uterine sphere and Kali carb. about the heart. In general, the aggravations are—touch, (unmarked) on rising, on awakening in the morning, on moving, and on walking. Better in the afternoon. Mentally, the Kali ferro-cyanatum patient is sad and inclined to weep. In the female sexual organs, we find menorrhagia, three to four ounces of dark blood passes painlessly or passive painless flowing of natural colored blood, rather thin, and causing much debility. Leucorrhœa like pus, yellowish, cream-like, profuse *but not irritating*. *Leucorrhœa only after the menses, with pain in the small of the back*. In the scrobiculum and stomach, under Kali ferro-cyanatum, we find acidity with sour eructations tasting of ingesta. Much flatulence and pressure at the stomach after eating. All of which may accompany the uterine symptoms. In the abdomen, there is a sensation of weakness and bearing down in the bowels, particularly if this bearing down *extends to the back*. Kali ferro-cyanatum exerts a marked action on the heart, with irregular pulse and circulation. You may find a fatty heart with weak irregular pulse, or hypertrophy with dilatation, or functional disorders of the heart with anemia. Under nerves and tissues, we encounter debility, paleness of lips, gums, and whole skin; cold hands and feet, urine frequent, profuse, watery, sometimes containing traces of coagulated blood. Wandering neuralgiac pains of the head *following the sun*, may cause you to study Kali ferro-cyanatum.

Kali iodatum, another member of this great potash family, affects the lowest tissues of the body, as the fibrous, acting

particularly on the periosteum and the connective tissue, wherever found. The tendency is to produce *infiltration* as you will always find an *oedematous* or *infiltrated* state of the part affected. Cases which exhibit a great deal of anxiety about the heart, with flushed face and hot head. Such patients may be very talkative, looking and acting like folks with three sheets in the wind. In these heart affections, where Kali iod. will help you, you may find a patient describes a horrible smothering feeling awakening him from sleep, and compelling him to get out of bed. Lach., Kali bi., Lactuca, Euphrasia, Graph., and others have a similar condition. Endocarditis and pericarditis of rheumatic origin, with darting pains, aggravated by motion, especially walking, at times calls for Kali iod. If you have a gummatous tumor involving the nerve tissue, Kali iod. may be your only hope. In the headaches of Kali iod, we have action upon the aponeurosis of the occipito-frontalis muscles, nodes form and pain excessively. This condition belongs to the syphilitic or mercurial diathesis. *Kali iod. is more anti-psoric than anti-syphilitic*, and is most useful in *chronic syphilis in psoric patients*. In fact syphilis only attacks the highly psoric.

In the eyes there are many violent symptoms under Kali iod. especially syphilitic iritis after the abuse of Mercury. If Mercury has not been pushed, then Merc. cor. is our best remedy for iritis with severe symptoms. Pustular keratitis with chemosis after abuse of Mercury is another eye condition where Kali iod. may be of value. In the nose, Kali iod. may be of service. We have coryza or catarrh occurring repeatedly in mercurialized patients, very little cold or exposure, or every damp day causes the nose to become *red and swollen*. The discharge is acrid and watery, the eyes also smart and lachrymate and become puffy. On the other hand, the nasal discharge may be *thick, green, and offensive* with a burning sensation in the nose, even perforation.

In the lungs, Kali iod. has a decided sphere of usefulness. The indications briefly outlined—stitching pains from sternum to back. Think of Kali iod. in pneumonia after *hepatisation*

has commenced, *infiltration* set in, and you see no symptoms for Bry., Phos. or Sul. The patient has a very *red face* with *drowsiness*. Bell. might occur to you, but Bell. does not fit the pathology of such a case, hence falls short of being the medicine for the totality of the symptoms. The trouble did not start in the brain, but in the chest. The brain complication arose as the profound condition asserted itself. Expectoration like soap suds, only it is apt to be a little green. This symptom is guiding for tuberculosis in cases of night sweats and loose stools in the morning. The cough is violent, racking, and worse in the morning. Kali iod, may help you in rheumatism of the spine, causing paraplegia. Small of the back feels as if squeezed in a vise. Sciatica pains worse at night, and worse lying on the painful side (Merc. and Syph.) Contracted kidney of mercurial or syphilitic origin. The skin under Kali iod. shows a papular or pustular eruption which leaves scabs or cicatrix.

The key-note of Kali muriaticum, which by the way, has many symptoms similar to Kali chloricum, is *WHITENESS*, whiteness of secretions, exudations, eruptions, or tissues; the next is toughness, toughness of fibronous exudations and discharges, too readily clotting blood, hence embolism, indurations, and hard swellings. Think of Kali mur. in chronic catarrhal conditions of the middle ear, with closed eustachian tube and where the patient complains of snapping noises in the ears. The tongue under Kali mur. is *greyish white*, either dry or slimy. Hemorrhoids with dark, fibronous, clotted blood, may be helped by Kali mur., also rheumatic fever with exudation and swelling around the joint or rheumatism of the left shoulder and elbow, worse in the morning on rising. As we go on down the list of ailments where Kali mur. comes in, we read of carbuncles with hard indurated swellings. Dropsy from obstructed bile ducts, enlargement of the liver. Cutaneous eruptions resulting from bad lymph in vaccinations. Infantile or chronic syphilis, chronic catarrh of the bladder, gonorrhœa of glans or urethra, second stage with chordee, dysentery, much blood passing with stools. Croupous dip-

thertic exudations. Scorbutic, especially after Mercury. With any one of these disorders Kali mur.'s peculiar symptomatology may agree. All symptoms under this remedy are aggravated by motion, fatty or rich food, pastry and the like, and by warmth of the bed.

The pains under Kali nit. are very severe, stitching, like all the potashes, cutting, lancing, tearing, pressing. Mentally the Kali nit. patient is peevish, fretful, and full of ennui. In the male you find sexual excitement with pain in the *testes and cord*, in the female, menorrhagia with flow of *ink-like blackness*. Special parts, and special disturbances—Nose: pain-like contraction in the eyes and forehead and face *concentrate in the tip of the nose*. Swollen feeling in the right nostril which is painful to pressure. Sore pain in right nostril which is painful to external pressure (nasal polypus). Asthma with excessive dyspnoea. (Nitrate papers are burned to allay asthma). *Faintness and nausea with burning pains in the chest*, rather free expectoration. Acute rheumatism with endocarditis. Kali nit. is *aggravated by eating veal*, drinking wine or beer. Slight drafts of air affect the head symptoms, also washing in cold water (eyes.) Cough worse at 3 A.M.

Kali permanganium has some marked throat symptoms; anterior throat very sensitive, intense irritation of nose, throat and larynx with sanious and bloody discharges and constant inclination to swallow, although swallowing gave great pain. Profuse salivation and constant flow of ropy mucus from the stomach. The uvula swollen and red. Extreme fetor of breath and sanious discharges from the nose and intense prostration, are the leading indications in diphtheria.

The disorders which may yield to Kali phos. are—insomnia, spasms of irritable weakness, paralysis, septic states, and septic fevers, hemorrhages, noma, scurvy, phagadenic chancre, carbuncles, typhoid, and typhus fevers, and adanamic states—a big range truly. Some of the distinguishing points which may lead us to select Kali phos. as the remedy, are—according to the late Dr. H. C. Allen, early morning waking, the peculiar mouth, the severe action on the skin. Aggravation after coitus,

sensitive to touch and the marked and golden yellow color of the discharges. Kali phos. is contained in the cells of the brain, nerves, muscles, blood, (corpuscles and plasma) and inter cellular fluids. Any disturbance in the motions of its molecules produces despondency, anxiety, fearfulness, tearfulness, homesickness, suspiciousness, agoraphobia, weak memory, etc. In the realm of the vaso-motor nerves, we find small and frequent pulse, which is later retarded. In the sensory nerve area, pain with sensation of paralysis. Motor nerves off the track, results in weakness of muscles and nerves even paralysis, while disorder in the trophic fibres of the sympathetic nerves ends in retarded nutrition and total arrest in a limited area of cells and their softening. In the mouth we have a sensation as if the tongue would cleave to the roof of the mouth; as if a ball were rising in the throat, as if a rocket had passed through the head. The familiar potash signal, sticking pains, of course, are present. Toothache, alternating with headache, is peculiar. Weakened states due to shock, mental or physical or from any strain upon the system may be helped by Kali phos. In the female generative sphere, we have amenorrhoea, in neurasthenic subjects, or mothers worn out from nursing. Hemorrhages, blood not coagulable, blackish or light. Lack of nerve power is guiding. You may have a case of croup in the last stage, with extreme weakness and the pale and livid countenance, where Kali phos. will help you. Children who scream and cry from this undue sensitiveness, call for Kali phos.

Kali sul. has received no proper proving. We know that it acts on the lymphatic vessels. The pains are wandering, especially in rheumatism. These migratory pains remind us of Pul. Perhaps we have given Pul. and failed, Kali sul. comes in then, because of its deeper action. It has more skin symptoms than Pul. Yellow scales on the scalp, bald spots, great pain on moving the head sideways or backward (can move towards front). In the eyes, we have purulent neonatorum, yellow disk. Catarrh of the stomach and duodenum with yellow coated tongue. Aggravations, warmth, and in the evening,

better in the open air. In the chest, we find rattling with labored breathing, talking almost impossible.

These are but pin points of suggestions, but valuable as are all such, when they lead us to the true study of our great Materia Medica. The potashes deserve consideration. They are powerful medicines, as this brief sketch indicates. If any one of the group is called for at the bedside, it is an imperative call, where delay or substitution are dangerous.

Bureau of Clinical Medicine

GUY BECKLEY STEARNS, M.D., NEW YORK CITY, CHAIRMAN.

CASES.

THOMAS E. REED, M.D., MIDDLETOWN, OHIO.

January 28, 1921.

Dr. Guy Beckley Stearns,
180 West 59th Street, New York, N. Y.

Dear Doctor:—Your communication of the 1st inst. came in due time, but I am too busy to always attend to these things promptly.

In reference to your circular of inquiry, I might reply in part briefly, as follows: Although I have had a general experience in my fifty years of practice, I will refer to only two or three of the clinical groups you mention that should be of interest to every homœopathic physician.

I will treat of a few where operations are usually employed.

FIRST: *Appendicitis*—so-called—of which I have treated for many years more than all of the other doctors of this city (about 20), because nine in ten of their cases look me up when they are told that an operation is imperative. I treat them all homœopathically and have never lost a case of that nature. I have had pus form in a few, but they burst in the channel

and discharged per rectum, and all make quick and complete recoveries.

My treatment in acute cases is as follows:

a. At the very first I give the best indicated homœopathic remedy: a few of the most prominent being *Aconite*, *Bryonia*, *Rhus tox.*, *Coloc.*, *Colch.*, *Merc. cor.* or *Viv.*, *Fer. phos.*, *Kali mur.*, *Calc.*, *Sulph.*, and others as indicated.

b. Eliminate all solid foods.

c. High enemas, and as fever subsides a good dose of Castor oil.

d. Hot fomentations over region of pain, by flannels wrung out of very hot salt water, frequently changed or reapplied until pain is relieved.

SECOND: *Gall stones*. In the same way I treat many of these cases, and cure them also. Numerous persons in this city I treated, *ten*, *twenty* and even *thirty* years ago, who have had no return of the trouble. I can say that I never fail to cure these cases, and never advise an operation. The knife is dangerous, for it kills many, and never cures, though it may stop the attacks for a while. I have cured a number when the attacks returned after an operation; but would rather have them at first.

The principal remedies indicated and used are *Nux vom.*, *China*, *Sulphur*, *Hydrastis*, *Cal. phos.*, *Chionanthus* (jaundiced cases), *Ars.* (stomach complications), *Bry.*, etc.

THIRD: *Gravel*. This is a first cousin to gall stone. The severe pains and symptoms resemble each other but are located differently, and with respect to general care of the patient, can say much the same as I have said of gall stone, but calls for a different class of remedies, such as *Lyc.*, *Puls.*, *Sarsap.*, *Bry.*, *Fer. phos.* and *Nat. phos.*, are perhaps the leading remedies.

The remedies are given from the *Tincture* to the *sixth* potency. But I often commence a case with one dose of the c.m. potency, then follow up with the lower potency. This may not be "according to Hoyle," but it succeeds.

During the attacks in these latter diseases when the stone is passing the canal and the patient is crazed with pain, I

often use, or advise an *opiate*. If a dose of *Morphine* is ever a blessing it is then. After the attack is over, then commence the treatment for the cure.

I have been treating these diseases for forty years, and patients come from distant cities, and I treat many from long distances by mail; *four* as far as California, and *one* man in New York City. Time required for a cure varies from three months to a year.

The Homœopaths of forty or fifty years ago all cured these diseases. We were then taught the *Materia Medica* in our colleges; but not so now, the students are taught how to operate, and as a result the great body of our school is but little better than the dominant school. It is not only surgery, but they are taking up with the *serum* craze; all this is at the expense of the *Homœopathic Materia Medica*.

Had we good homœopathic physicians over the world, people would only die when old, barring accidents of all kinds, but this will never be. It is too much study for the average doctor. Besides of operations they say, "That's where the money is."

Now, doctor, what will be the outcome of all this? It will not only be no better but will grow worse and worse, for the world is going rapidly to the bad, and it will be but a few years until the end of this age, which will end in the earth passing through a baptism of fire. "But as the days of Noah were, so shall also the coming of the Son of Man be." Then the earth passed through a baptism of water.

To cover another group of diseases you mention, read the circular enclosed on *Influenza* and *Pneumonia*. I could write at length for the subject is large, but pressing duties will not permit now. I hope that this will reach you before the allotted date, February 1st.

The Chairman: If Doctor Ralph Reed is here we would like to hear from him in regard to some matters that his father has had in mind.

Dr. Ralph Reed: I see that there is a paper here on ap-

pendicitis by my father. As he couldn't be here your President has asked me to tell, somewhat briefly, his views on this subject and so I will be very glad to do so. My father has practiced medicine for about fifty years and he very rarely attends a medical society, and never reads or writes a medical paper, or very rarely does so, but he has had great success as a prescriber, and has stuck very closely to the homœopathic methods. Long ago, when appendicitis first became fashionable as a disease, he took the stand that he was not going to have any of his patients operated upon for appendicitis. This excited against him a great deal of criticism in the community, but his point was that some would die anyway, just as some would die after operations, but he felt that in the long run the medical treatment of appendicitis would have less of a death rate than would have happened with surgical treatment, and he therefore undertook to treat appendicitis in this way. At first it did injure his practice but as time went on a great many people in the community, not wishing to be operated upon, sent for him, and so he gained prestige, for he had great success. He has now been treating these cases of appendicitis for about 30 years or so and has lost very few. A few cases may have been operated on afterward but I think you could safely say that he has a death rate, in handling those cases in this manner, of practically—well, you might say, no per cent.

Of course, when such a statement is made in any society, the average surgeon will hold up his hands in holy horror and ask, "Suppose it goes on to abscess formation, and peritonitis, what then?" I myself have often asked my father that question, and I remember once, when I had just graduated from medical college, when he went away on his vacation and left me in charge of a man whom he had been treating for appendicitis. You may judge how worried I was—that was ten years ago, yes more than ten, I guess—but you may judge how worried I was when I saw that he was practically in the abscess formation stage, with an abscess clearly palpable through the abdomen, or rather the abdominal wall. But, as a matter of fact, he doesn't do anything when they do go to abscess formation.

"And, then," you say, "what happens?" They just go ahead and get well. Sometimes there is a distinct evacuation of pus through the bowels. Now, what is the treatment that has given him such success in that he has treated people from miles around? I venture to say that there will come a day, even in the dominant school of medicine, when it will be improper to open the abdominal wall for any purpose. I believe we have almost already accomplished that day, although there are a number of the old school surgeons who will open the abdomen on any pretext. In the first place, he gives nothing but just simply the ordinary every day homœopathic remedies you are all familiar with: Belladonna, Bryonia, and that group of remedies—I could go through them but it wouldn't be any different from what any of you, who might have occasion to treat a case of appendicitis, would do, and in addition to that, when there is a constipated condition—as sometimes happens after acute cases, there is a constipated condition and no evacuation of the bowels, he occasionally, though rarely, gives a dose of Castor oil, and then the practice of wringing out hot cloths and laying them on the abdomen, he lays them across the abdominal walls,——

Dr. Krichbaum: Beginning when?

Dr. Reed (resuming): Just as soon as the case is seen. He lays these flannels across the patient's abdominal walls just as hot as the patient can stand them, changing them every fifteen minutes. He has also achieved much the same reputation for his treatment of gall stones as with his cure for appendicitis, radical as it is. Almost all of his gall stone cases come to him after their regular physician has told them that they surely must have a gall stone operation, and many cases had been told that they could not live or that they could not be cured. He uses merely the remedies that you know of; he most always starts in with China 200, and then puts them on Bryonia, Sulphur and Nux vomica, and that group of remedies. Thank you. (Applause).

The Chairman: Is there any discussion?

Dr. Boger: I have, in quite a few cases, prescribed an

unusual remedy for gall stones. The remedy is common enough, but used in that connection it is unusual. I hardly ever use Mercurius except in curing gall stones—you may feel surprised at that, but it will cover the symptoms of quite a number of gall stone cases, and if you use it carefully you are sure to find success almost equal to that of *China*.

Dr. Nelson: Fluid extract of Hydrangea. Give a full dose of it, then wait three days and give it again and you will never have another attack.

Dr. Krichbaum: I would like, in the name of the Association, to thank Dr. Reed for his wonderful paper. We are very glad to know a man, I am sure, that will stand by his convictions, the same as I have stood by mine in regard to Antitoxins. I never gave Antitoxin to anyone for diphtheria in my life and never shall. Of course there are a few cases that I've lost, but the ones that I've saved by my stand are emblazoned up there on high! I don't think anyone will ever have anything to beat the original homœopathic remedies.

A CASE OF MALARIAL FEVER.

H. A. ROBERTS, M.D., DERBY, CONNECTICUT.

Malarial fever is often a very difficult disease stated to successfully prescribe for by the homœopathic method. So many symptoms and discrasiae enter into this condition as to render the selection of the exact similar very perplexing. Yet, when the remedy is carefully chosen, brilliant results are sure to follow. The following clinical case well illustrates the completeness of the cure.

Male, 52 years of age, dark complexion. The history is negative and especially no malarial infection has ever been manifest. He arose in the early morning as usual, except for a feeling of languor, but went about his business and, at 10.30 A.M., complained of intense, hard, throbbing pain in forehead temples and vertex. The pupils became widely dilated. There was severe muscular aching of the body, especially of the legs and back. There was thirst for large drafts of cold water. The patient was placed in bed and the temperature rose to

104°. Towards night the patient was considerably relieved and by 9 P.M. the temperature was 99 and the body covered with a free perspiration. *Ferrum phos.* 30 was administered during the acute stage of the fever. The sleep was rather restless.

The next morning at 10.30 A.M. another attack developed, exactly like the day before, only more severe, with the temperature rising to 105.5°. A blood culture was taken and the malarial parasites were present in great number. One dose of *Natr. mur.* 1m was administered, after the acute symptoms began to subside. No more attacks have appeared and the patient has remained perfectly well.

In our work it is essential that we have access to modern methods of diagnosis, in order that we may produce the evidence beyond question of the efficiency of the homœopathically selected remedy, as this case so positively demonstrates. Were it not for these methods employed in this case, many would claim that it was a case of mistaken diagnosis and cure, but here we have proof of the power of the similar, radio-active remedy affecting the micro-organisms of malaria, while inhabiting a living human body. Nothing can so hasten the acceptance of Homœopathy as to be able to prove the power of our remedies to destroy micro-organisms in the living body.

The Chairman: All of you have had to treat malaria.

Dr. Richberg: I wonder, Mr. Chairman, if we must have all of those statistics, so as to prove that it would have been or was malaria, or would have been or was typhoid fever. Really, is it necessary for us to prove, any longer, that we are curing cases which, in their opinion,—I refer to the old school skeptics—that we are curing cases which, in their opinion, are incurable. There is one thing that strikes me particularly in regard to this whole proposition and that is that we have wasted a whole lot of time and strength on this one matter in the last twenty years, trying to prove to skeptics what we are doing. Some cases, though, would indicate diphtheria by the time they get them cured up. In regard to the fever, I don't

know what the idea is here, but the rule with me in a case of fever is "no food for 24 hours after the temperature has returned to normal" and I think I gain time in that way.

Dr. Baker: We follow as we are led. We have got to talk to the people in their language to make them understand and tell them of the cases that we are curing, in order to get new patients. Of course it doesn't do a bit of good to the individual case, but it is well to show them things that they cannot go back on.

Dr. Nelson: I don't believe that it is worth fifty cents a dozen, this catering to the old school doctors, and trying to get them to believe what we do. It is a waste of time, and I would rather spend my time working with my patients and not with the old school doctors.

Dr. Hutchinson: It all depends upon whether the old school doctors are willing to be convinced or not.

Dr. Gore: I think to try to make converts of the old school doctors, if we do that we will have that many more men over on our side and there will be just that many more patients getting well, that have been getting worse instead of better, and if it will bring about this result I think it is worth while to do so.

The Chairman: Are there any further remarks on this paper. If not I will ask Dr. Roberts to close the discussion.

Dr. Roberts: There is very little more to say, as far as we ourselves go in very many cases. We know the action of a remedy, but, according to the old school physicians in malaria, there is only one remedy. I have been through the old school of medicine myself and I know what I am talking about, and there is nothing else to ever be considered and you know and so do I, that in talking with intelligent, educated men, as the old school physicians are and telling them that you have cured cases of malarial fever, etc. as we have, it is necessary to produce evidence of the fact and show that you really treated and cured the case, for that is going to bring you in another case before you know it.

I am glad the doctor spoke of the diphtheria cases, the

necessity of checking up on them. Each case of throat trouble of any kind, or diphtheria, or bronchitis should be checked up. I can confirm that from my own experience, for I got so that I was considered an expert in diagnosing diphtheria just because I have checked up my own work on it. I also know what my mortality in those cases is, and it gives me faith and ability to do things that are exacting.

Another thing is that it has another effect upon us in that exactness in one line creates exactness than can be applied in more than one line. If you are exact in following out your diagnosis you will be exact in following your diagnosed remedy for that case.

CHOLECYSTITIS.

PLUMB BROWN, M.D., SPRINGFIELD, MASS.

*"If I can let into some soul a little light,
If I some pathway dark and drear can render bright,
If I to one in gloom can show the sunny side,
Though no reward I find I shall be satisfied."*

I know of no malady, to which the flesh is heir, where the interdependence of mind and matter is more manifest, nor where the element of hope shining through the roof of faith is of greater value than in cholecystitis. This truth has been brought very forcibly to my mind in several cases, two of which will be sufficient for illustration.

A woman of middle life was accused, and I doubt not but with just cause, by her friends of being very eccentric, erratic and morose. If she was not easily angered, she was at least, as Dickens would say, very easily wounded in her spirits. Team work and Homœopathy or psychotherapy relieved her of an irritable gall bladder trouble and almost immediately her disposition changed for the better.

"Judge not that ye be not judged."

Miss R., sixty years of age, was having a severe attack of cholecystitis which very nearly baffled me. I was becoming quite alarmed about her condition, my remedies seemed powerless to

cope with the malady. One day when I called she poured her very soul out before me, telling me of domestic conditions over which she had no control but which caused her many times, to use her words, to feel that she must get out in the yard and scream.

Team work was effectual in relieving the extreme nerve tension and a few doses of *Bryonia alba* very promptly relieved the cholecystitis and, to this day, ten years after this experience, Miss R. frequently speaks of her "marvelous recovery from the serious liver trouble."

"Let us help each other as we pass life's way."

In presenting this subject for consideration I come in the spirit of humility, seeking inspiration and help rather than the thought of adding anything new or original to the minds of any of you here present.

If I am able to stimulate a healthful discussion which will be the means of taking comfort and relief to even one, I shall be satisfied, for few realize better than I the pangs, both mental and physical, of liver disorders.

The physician "is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health." Team work or genuine co-operation of physicians and patients, as well as the public at large, has done much and should do even more towards alleviating the tension of life, also improve man's ideas and ideals regarding diet, both as to quantity and quality and manner of eating; sanitation, dress and exercise; thus in this way would we remove one of the chief causal factors of cholecystitis.

Cholecystitis or inflammation of the gall bladder is caused, according to many able men, by the presence of bacteria in the biliary secretions, these bacteria in turn having gained entrance to the system through the tonsils. By some it is claimed to arise as a result of an extension of catarrhal duodenitis or the presence of calculi in the gall bladder. Chronic heart, or lung disease, or pneumonia may be an etiological factor causing an obstruction which prevents the free outflow of blood from the

liver and these distended blood vessels in turn pressing upon the bile ducts and preventing a free passage of bile.

In these trying times when our very souls are being tried, when every nerve is drawn nearly, if not quite, to the breaking point, I have had many cases of cholecystitis which have seemed to me to be a direct resultant of this high nerve tension.

In inflammation of the gall bladder, jaundice is not usually present but all of the signs of local and general infection, such as pain, tenderness, fever and leucocytosis, are present. In acute inflammation of the gall bladder the severe pain is many times located in the region of the appendix or in the epigastric region and it is frequently quite difficult to make a positive differentiation between cholecystitis and appendicitis. The X-ray is in some cases of material aid as a means of diagnosis.

The difficulty in differentiating between cholelithiasis and cholecystitis is so great that most surgeons advocate the immediate recourse to surgery as soon as a positive diagnosis of gall bladder disease is confirmed. Herein lies the opportunity of the homœopathic physician, with his varied, extended and verified armamentarium, I know whereof I affirm, that many cases of cholecystitis are brought to a favorable termination, not by the knife but by the homœopathic bullet. Many inoperable cases have been made comfortable for years and when the last summons came the veil was opened with a clear mind and in peace rather than under the influence of strong drugs.

"In peace I will lay me down."

In section three of the Organon we are told, "If we clearly perceive what is curative in medicine—if we know the obstacles to recovery in each case and know how to remove them, then we know how to treat judiciously and rationally."

I beg your indulgence for a little, while I report seven representative cases. Mr. I., sixty years of age, who has always held a very responsible clerical position and for twenty years has been a neurasthenic and great sufferer from intestinal indigestion. Twelve years ago he developed a typical cholecystitis with greatly distended gall bladder. This, the pre-operative diagnosis, was confirmed by the surgeon. The gall bladder

was found to be about four inches long and about one and a half inches in diameter, filled with black inspissated bile. The gall bladder was drained with wicking and the patient made a good surgical recovery, but he has required almost constant medical attention since.

Mr. W., forty-nine years of age, by profession a druggist but for the last ten years a treasurer of a large corporation carrying with his position great responsibilities. Eight years ago he developed a severe attack of cholecystitis and an operation was advised at once. The pre-operative diagnosis was cholecystitis probably caused by gall stones. The gall bladder was found very much distended with inspissated bile but no calculi. Free drainage was established and the operation with post-operative sequelae was declared most successful. However the patient has had a great deal of discomfort, distress and some pain in right hypochondrium ever since which has been only relieved by homœopathic medication. The surgeon advises another operation. The patient says never.

Mr. G., twenty-nine years of age, a draftsman of bilious temperament, excellent habits and negative history. His pre-operative diagnosis eleven years ago was cholecystitis caused by calculi. The operation revealed a slightly distended gall bladder with one small calculus in common duct and granular condition of biliary secretion. Free drainage was established, calculus removed and he too made a good surgical recovery. But in the patient's own words, he has had nearly as much trouble since the operation as before. He has been treated medically but as yet not cured.

Mrs. G., sixty years of age, has had a troublesome liver for years. A severe and accute attack of pain in right hypochondrium seemed to the consulting surgeon to demand an immediate operation for gall stones. The patient and friends submitted and she was operated upon six years ago. No calculi were present but a moderately distended gall bladder was drained, but septicemia developed and despite homœopathic medication and serums the patient died.

Mr. I., sixty-six years of age, a mute and mechanic by trade;

family history good save for scarlet fever which he had at five years of age, at which time he lost both his hearing and power of speech; habits excellent save for use of tobacco. He was taken suddenly with very acute pain in right hypochondrium which at first seemed to respond to medication and treatment. The sixth day he died very suddenly from a ruptured gangrenous gall bladder. My error, as I did not perceive clearly enough in this case the obstacles to recovery.

Mrs. M., seventy-nine years of age, consulted me for chronic cholecystitis and appendicitis. She brought to me her reports from physicians in Alabama, New York, Massachusetts, and California, including one report from a Roentgenologist in California. All confirmed each other's diagnosis and to which I feel no one could take exception. An operation was deemed most hazardous and not advised. She complained of severe pain in her right hypochondrium, distress in epigastric region, very weak feeling, loss of appetite with full feeling after eating even a small amount. Great despondency, vertigo, sleeplessness or unrefreshing sleep, pulse slow and weak; she was excitable and erratic.

Myrica cerifera 12x was given; in three days she reported pain in side very much relieved, better in every way excepting the appendix which was very troublesome and she was having a great deal of intestinal flatulence. One dose of *Lycopodium clavatum* CC was given and she reported in one week that she was entirely cured of her intestinal flatulence and her appendix was not troublesome, but she was having much pain in the right hypochondrium.

She again experienced great relief from *Myrica cerifera* and in three weeks time she reported that she was, in her words, cured. I have seen her since and she reports, "no pain and very well." An inoperable case made most happy and very comfortable by the homœopathic remedies.

Mrs. C., forty years of age, when consulting me said she had been under the care of an allopathic physician for weeks and was, despite of, or on account of Calomel, Verocolate, Epsom

salts, Sodium phosphates and various other cholagogues—growing worse.

I found her confined to her bed, suffering from great pain and tenderness in region of gall bladder,—palpation outlined a greatly distended gall bladder. She was unable to retain any food and but little water. There was great mental depression, restlessness, some frontal headache much jaundice, coated tongue, very constipated and felt that she was very near her end. I first gave her *Nux vomica* 12x which relieved many of her symptoms, but the pain in region of gall bladder was persistent. *Magnesia phosphorica* relieved this pain and started a free flow of bile. She has since enjoyed good health, now over ten months.

Mrs. B., fifty-two years of age, consulted me for menorrhagia and cholecystitis. She gave a clear, concise and very characteristic picture of gall bladder disease. Her trouble had been diagnosed and treated by many and various physicians covering a period of something over six months. The pain in the right hypochondrium was, at times, most severe, extending up into the right shoulder—burning and piercing in character. There was much distress and nausea after eating even a carefully regulated meal. *Magnesia phosphorica* relieved the pain very much. In about ten days' time she was taken with a severe attack of menorrhagia which required a few doses of *Millefolium*. After this the pain in side returned but was promptly relieved by *Myrica cerifera*. I saw her a few days ago and she reported feeling very well.

Mr. B., forty-five years of age, history negative save for ten years of misery, with intestinal indigestion caused by a farmer boy's appetite taken into the higher grade educational class room without the farmer boy's exercise. This attack was followed by bilious attacks so diagnosed. For a period of fifteen years he had been prescribed for at intervals by such men as Dr. H. C. Allen, Dr. W. J. Hawkes and others. When I was consulted he reported as follows: Periodical attacks of sharp, cutting, boring, burning pain directly over gall bladder. The gall bladder seemed distended about the size of, and feeling,

of an ordinary electric light bulb lighted. He was depressed, at times also generally morose, periodical headache, frontal and temporal, metallic taste in mouth, tongue coated. At times much burning pain in region of gall bladder.

An operation had been strongly advised. In the patient's own words, one dose of *Myrica cerifera* CC, gave greater relief than he had ever experienced from any medicine prescribed. A few doses of the same drug, in varying potencies from 12x to CC, were given at irregular intervals during the next four years. About ten or twelve hours after taking each dose of *Myrica cerifera* the patient reported passing of fully four ounces of inspissated bile.

I am profoundly grateful for the great relief from the attenuated, intangible homœopathic remedy *Myrica cerifera*.

"The physician's high and only mission is to restore the sick to health, to cure—in the shortest, most reliable and most harmless way."

No one more fully realizes than I do the weight of responsibility for the care of human life. The cases which I have reported from my personal experience are before you for your consideration and counsel. They have presented to me personally, lessons for deep thought and study and most solemn deliberation. "When we have to do with an art, the end of which is the saving of a human life, any neglect on our part to make ourselves masters of the situation, is a crime."

In treating cases of cholecystitis I thank God for the great comfort and tremendous help which we know we receive from the spirit-like power of medicines administered according to the laws of *similia, similibus curantur*.

The Chairman: This paper is now open for discussion. I would like Dr. Brown to say if there is any specific symptom whereby he gives these remedies. I would like to know if you are following out any of Burnett's work.

Dr. Loos: Talking about team-work. As he was reading over the paper and I sat listening, it occurred to me that if there was any opportunity for team-work it would be by

means of each member, all through the year, taking notes of the cases brought before him or her for treatment, and record the symptoms, record the treatment, and then present those notes next year before this Association. There are probably more people in this institute who are feeling that it is necessary for these cases to be treated surgically than there are in this room at present. Can't we take each case that comes to us this year and get notes of them together, all of us, that could be presented. They could be presented either by one person or they could be presented by several persons in the institute at this session. We want more clinical cases. I was told to give clinical cases that had some difficult surgical phase or medical phase about them and I think that we should follow that principle out. I think it would be helpful to all of us. It would not only be very interesting but, as I said, it would be very helpful, and I would make this suggestion, that each alternate case that you get, you put them on a specific eliminating diet. I know that there is a difference between those acid-producing fruits and vegetables, and potatoes cooked in their skins, green vegetables; give the patient no meat, no fat, and the least possible carbohydrate, except honey, and then keep them on that diet for a while, and watch results. But, you say, "What will this diet produce? What effect will it have?" Well, if you are a careful observer of these pathological conditions you will probably find that there has been some inflammatory condition, internally, some inflammatory disease which has dried out the parts affected, and has so caused an accumulation of dry material when it should be fluid, or semi-fluid. The acid diet, with very little of liquids, gives the opportunity to the system to restore that fluid condition and plenty of fruit juice and green vegetables—given so that they won't crave wheat bread, I think that will almost invariably have a fine effect.

The Chairman: I think that is a very fine idea, and if Dr. Loos will take the matter in her hands to take those notes and present them to the Institute. Team-work is the best kind of work we can do. We have very interesting and fine

papers presented, but with the use of a little team-work we can have better papers presented.

Dr. Baker: This is something that I am very much interested in—rather more interested in it than about five years ago in fact. I get a great many cases that at first went to an allopath, and then they decide to try a Homœopath when they find out what the allopaths do to them. My rule is that I always tell them frankly; I say, "Yes, you have stones; large stones and probably you will eventually have to be operated upon for the removal of them." Then I put them through a course of treatment simply to remove the inflammatory condition. I had a case like that of my own and they operated on me for stones, but they didn't find any; but I needed the operation badly enough, however. Then we operated on another man the other day and we never even suspected that he had any trouble with the gall bladder—operating for something else entirely—and we found the gall bladder full of stones. You would be surprised at the number of cases where there is no indication of gall stones in which you will find them present. I always advise an operation because I believe that a fairly good prescriber ought to get results with those cases after a reasonable length of time, and if he doesn't he ought to resort to operation so as to be sure and get the proper results.

Dr. ———: What is your opinion of X-ray prints, if properly oriented in Homœopathy?

Dr. Brown: Frankly, I don't think X-ray is any benefit in that.

Dr. ———: I was wondering about that. I know that a certain portion of the cases get along and get well anyway, but I was wondering, if you had an X-ray print showing photographs of gall stones then you would know what to do quicker. Some people get along better than others but we all get stuck once in a while.

Dr. Brown: In closing this discussion I would like to say that one of the cases which I reported was my own personal case, and I am therefore very much interested in these cases.

I was advised to go and have somebody operate on me, and in my desperation to avoid an operation and get relief, which no one else had given me, I decided that the indicated remedy was Myrica. I started in with the potentized form, and the first dose I took was 200, and I found that to be absolutely curative in my own particular case and the indications were a great change in the feeling of the region of the gall bladder, which was just about the size and temperature of an electric light bulb, and I felt that diminish, and it felt like something there was drawing it up tight, and when I took that medicine there was a relaxation and I got some rest, and the rest and diet did the rest of the work which was started with the Myrica.

Dr. Krichbaum: Was the pain referred to the back at all?

Dr. Brown: Just extended through a little—not very much.

Dr. Krichbaum: Have any vomiting with it?

Dr. Brown: Nausea, but not vomiting. That is, what I had in mind was simply to show the effect which these cases had. There are cases that can be cured by operation only and there are others that can be cured with medicine. That poor old deaf-mute—which I never shall forgive myself for—he seemed to be getting along all right, but I wasn't "cute" enough to distinguish between a surgical case and a more serious one, from a less serious one which would be cured by medicine. I recall another experience with a man who came to me suffering from some trouble which it was thought was gall stones. He died afterwards of heart disease and it was shown that about ten years previously there was a history of gall stone trouble, and he was treated by physicians who told the man that he had dissolved all the stones. An autopsy was performed after his death and the gall bladder was found to be full of gall stones of varying sizes from, well, about the half of an English walnut down to tiny granules, and he had never had any trouble with gall stones, which has been my experience with many of these cases as a result of my homœopathic treatment. They are never all eliminated, I don't believe.

TWO CASES OF ASTHMATIC BRONCHITIS.

GRACE STEVENS, M.D., NORTHAMPTON, MASS.

The word Asthma is derived from a Greek word which means "panting," and is applied to a condition of extreme dyspnea, in which, usually, the expiration is especially prolonged and difficult. There is a marked distention of the chest, called emphysema, and the breath sounds are associated with much wheezing and with sonorous râles. Usually, there is cough and a thin, clear expectoration, containing small balls of white mucus called Laennec's pearls.

The dyspnea is due, according to some authorities to a spasm of the muscles in the walls of the bronchioles; others claim that it is entirely the congestion of bronchial mucosa which causes the suffering. One writer, Dr. O. H. Browne, of St. Louis University, after nine years of study devoted to the subject, has published a book setting forth the theory that "non-passive expiration" is responsible for the congestion and attendant dyspnea, and explains this by the anatomy and physiology of the organs of the chest.

Within a comparatively short time it has been discovered that in many people paroxysms of asthma are produced by the presence of some foreign protein. This may be from the pollen of some plant, the epidermis of some animal, or from some food which has been ingested. This sensitivity, called anaphylaxis, may be demonstrated in the individual by applying to the skin, preparations of the different proteins. A tiny cut is made in the skin for each protein to be tested, and a positive reaction consists in the formation of an urticaria-like wheal at the site of the test.

Beside the asthma which is due to anaphylaxis and which generally follows a pretty definite course of sudden onset, increasing expiratory dyspnea, cough with characteristic sputum, followed by gradual subsidence of the dyspnea, leaving the patient practically normal, there is another type which appears in persons who are subject to colds and chronic bronchitis. They have attacks following severe fits of coughing, or any undue exercise, or a paroxysm comes on at some definite

time, especially during the night or in the early morning. This second type of asthma is due, according to many authorities, to some infection of nose, throat or lungs—even the much abused teeth and tonsils are suspected. It is also called a-typical asthma or asthematic bronchitis, to distinguish it from the typical or anaphylactic variety. The dyspnea is chiefly inspiratory and the sputum is usually thick and tenacious, requiring prolonged and violent coughing to dislodge. The expectoration gradually gives relief, but the patient is not free from symptoms even after the acute attack subsides. Signs of chronic bronchitis and emphysema still remain.

Two of my most disappointing cases belong to this variety and I am reporting them only because I hope to learn something from the discussion.

The first patient is Miss D., a graduate nurse, whose case I reported last year in my paper on "Headaches." She had always had headaches, usually through the right eye—a boring pain accompanied by nausea, < lying with the head low. She had also had for a long time asthmatic breathing, < inspiration, < exercise, especially < exercise after eating, < cold dry air, < lying with head low.

I took the case as carefully as I could and gave her Carbo. veg., with very little improvement. Another headache yielded to Sanguinaria, and this always helped the attacks.

Following a coryza, she had nightly attacks of asthmatic breathing which came pretty regularly about 3 A.M. Kali carb. relieved these, but had to be repeated rather frequently.

For a year she was kept very comfortable by taking Sanguinaria for headaches and Kali carb. when the asthmatic breathing developed, and meanwhile, I sought in vain for the simillimum.

Last October the patient had another coryza which was followed by an aggravation of the wheezing and nightly asthmatic attacks. These did not yield to Kali carb. for any length of time, and finally, during my absence from town she had so severe an attack that an old school physician was called in. He gave her a hypodermic of Morphine and later, prescribed

"Respirazone," which, I am told, is a mixture of Potassium iodide and Belladonna.

After this I sent the patient to Dr. Sanford Hooker at the Evans Memorial in Boston to be tested for anaphylaxis. He tested her with thirteen different proteins, including the things she had eaten before an attack, but with negative results.

This spring one grippy attack, with some wheezing, yielded to Phosphorus, but I never felt sure that a remedy was going to hold, and was really glad to have the patient leave town; I was so ashamed of my failure.

The next case, Miss F., is a college professor. She came to me last November with the following history:

For four years she has had each fall a "bronchial cold" followed by asthma on coming to the Connecticut Valley from a higher altitude. She has a "hypersensitive nasal mucous membrane" and develops a sort of hay fever from any dust, heavy odor, or in damp, foggy weather. Now her respiration is wheezing, and becomes dyspneic from exertion, ascending, < early morning on motion, < change of temperature. Cough in frightful paroxysms—loose, rattling, with easy expectoration of much lumpy mucus, which > the cough.

Several paroxysms during the day, and at about 2 A.M.,

Nausea and vomiting with cough < after eating,

Face red and hot with cough,

Micturition involuntary with cough,

Urine causes smarting,

For a long time, itching of anus from ascarides, < night,

Very nervous temperament, very sensitive to criticism.

She has had her tonsils removed, her turbinates clipped.

Examination of the chest shows prolonged expiration with higher pitch and increased vocal fermitus over the right chest in front. Examination of the sputum was negative.

November 5, \mathcal{R} Kali carb. 200 and November 11, \mathcal{R} Kali carb. M. The prescription seemed to cause some improvement at first, but it was not very marked, and the patient became so weak that on December 4th, after further study I gave her \mathcal{R} Stannum 200. This was followed by marked im-

provement so that the patient seemed almost normal for more than a month.

The last of January she complained of a slight return of cough and of the ascarides, and $\text{R } \text{Stannum}$ was repeated. This time there was no improvement, and as the patient insisted on meeting her classes she grew weaker and the asthmatic paroxysms were worse. Several remedies were given with only slight improvement, but $\text{R } \text{Ipecac } 200$ finally relieved the asthmatic paroxysms and the patient grew strong enough to be sent to a sanitarium where she had before been able to rest and gain strength. This time the damp atmosphere caused by melting snows renewed the paroxysms of asthma and her doctor sent her to the New Jersey pine lands.

Late in May she came back to one of the hill towns above Northampton, hardly more than a shadow of herself. She had been induced by a friend to try some inhaling apparatus which served to cut short the recurring asthmatic attacks, and she still coughed violently. She was sure that all she needed was rest, and I, certainly, had not been able to cure her with medicine.

The Chairman: This paper is now open for discussion.

Dr. Krichbaum: Mr. Chairman, I want to thank the doctor for coming out here and saying that she has made a mistake. We all of us make mistakes and failures, sometimes, at least, but we make them and then lie about them and try to call them successes.

Dr. Reed: This last case that she mentioned was particularly interesting to me, because it is typical of a certain kind of cases which come to the nose and throat specialist. I have been in that work for about 27 years and when a case—one of these neurasthenic cases, suffering from asthma comes to me the first thing I want to know is whether the turbinate has been removed or not, or partially removed, and if they have not, I hold out very hopeful prognosis and if they have been removed and that nose has been operated on once or twice, I am very guarded about the prognosis, and I tell the patient I

don't know what to say about her or him, because some of them will eventually recover and others will not, and I am going to protect myself by telling them just as soon as I know what course it is going to take. I have seen some of the worst aggravations from hay fever and nose colds—I have seen them aggravated beyond endurance by a simple operation of removing the anterior portion of the inferior turbinated or removing the middle turbinated. I remember one case that a patient of mine had, two or three or four years ago. Spring and fall she came to me. I didn't know anything about curing these things, but she always had an attack of hypertrophic rhinitis spring and fall. One or two prescriptions usually relieved her in the spring or in the fall and she would be very comfortable till the next attack was due. But, as all things go, she finally got married and married an old school physician, and this poor fellow knew just exactly what to do so he took her to a rhinologist who operated, and she has wondered ever since why she didn't die, and she said she never would go through it again, even if she knew she was going to die, she couldn't let anyone undertake such an operation again. They found that she was extremely sensitive to Cocaine but they Cocainized the turbinated and for two years that poor woman couldn't lie down at night—she told me so, herself; she couldn't go outside of her house; she couldn't go into any crowd; she couldn't go shopping; she couldn't go out on the street or anything of that sort; she couldn't go to the theatre or anywhere else. She suffered, as she told me, night and day, and after suffering along for about two years, she finally prevailed upon her husband to allow her to consult me. I said to her, "You know I used to help you very promptly and relieve you, but now I can't do it. It will take several months, and I will have to give you some kind of a palliative or homœopathic remedy." After about three months I got some relief for her and she has been living comfortably ever since, although she is not cured of the ailment but eventually I will get her back to normal or nearly normal again.

There was another case which came into my office—that

of a traveling man, and he was in perfect misery, and had been for a number of years. He had had three operations on his nose and I said about the same thing. I told him that it would take a considerable length of time, but he must have no operation while I was treating him. I cured him, completely, and afterwards he said to me, "I'm mighty glad I found you. I had spent \$200.00 on operations which I have had, and I was on my way, when I came into your office, I expected to go back to Columbus and have another operation." I am not sure whether I cured him completely or not, but he was all right the last time I saw him, and then he came over here to Washington and I haven't seen him since that. I hope that he is living and well.

Dr. Brown: In that case did you observe any sign of tuberculosis.

Dr. Reed: It was very strongly suggested but there was no lung complication. I didn't trust just to my own diagnosis. The young woman of whom I spoke was a friend of Dr. Richard Cabot.

Dr. Brown: But there was no lung lesion shown?

Dr. Reed: No, there was not. Nothing which would indicate tuberculosis.

Dr. Stevens: I don't make any bones of telling that I could have used Kali phos., or perhaps I should have given Arsenic. Now, then, I want to tell you of one remedy which has given me a great deal of pleasure in curing up cases of asthma, and that is Mephitis. That gives comparative relief at least.

Dr. Dienst: It seems to me, Mr. Chairman, that some of Dr. Stevens' cases have not been well taken. There seems to be something about those cases that is lacking, doctor. Doctor Stevens, I would like to go over those cases with you sometime.

Dr. Stevens: I wish you would.

The Chairman: Are there any suggestions? If not, I will ask Dr. Stevens to close.

Dr. Dienst: Mr. Chairman, this class of cases is one of the most interesting, in some ways, that we have, this asthmatic type of hay fever cases; that is one type and then there is the

true asthmatic type. If any of you have the set of books brought out by the Oxford Press you have one of the best books on this subject to be had. In many ways these diseases are similar. They are both considered antiphlogistic; they are both spasmodic, and it is considered by some that they are caused by bacteria. A great many old school doctors are doing a great deal with vaccine, but they haven't anything on us along that line. If you study the symptoms which are characteristic of them you can produce as good results as the old school physicians. I think it was Dr. Rushmore who spoke of a case of horse asthma in which he gave a potency of Horse-dander. There was one case in my experience where a young girl suffered from this affection where the 30 potency relieved her, and she only had to have one dose.

The Chairman: Dr. Stevens, please close.

Dr. Stevens: I would have Dr. Krichbaum know that I did give Kali phos. to the sick patient, not for asthma so especially, but for the nervous symptoms, and it comforted her wonderfully.

Dr. Krichbaum: Keep on giving it; it is useful.

Dr. Stevens: I didn't give Arsenicum because Ipecac was first.

THE VALUE OF CLINICAL RECORDS TO THE PRESCRIBER, TO MEDICAL AND GENERAL SCIENCE.

JULIA M. GREEN, M.D., WASHINGTON, D. C.

I am prompted to express a few thoughts concerning records because recently several widely differing things have emphasized their importance. No pure Homœopath can practice without records. We have our own ways of keeping them. If their value were only to the compiler, each one would work out this method unchallenged. But the daily clinical records of the pure Homœopath can be useful to many besides the one who makes them; therefore I think the subject should be discussed. I know of no medical school which trains its students

carefully in record making and I think this matter should receive more thought than has been given it hitherto.

Many details of the record do not matter and may be left to the individual worker, but there are certain broad requirements which, to my mind, make uniformity necessary. What, then, are the essentials?

First, schematic form: By this I mean indentation writing so that each symptom reported will have a line of its own and all the modifications, aggravations, concomitants of that symptom will be recorded under it on lines further indented, so that in glancing down the page the reader may see co-ordinate statements under each other with the same indentation and be able to read the whole at a glance.

I have seen many clinical records which were a confusing mass of symptoms written all over the page, often on lines so close together that it would take a distinct effort and an appreciable time to find one particular symptom wanted.

Those who have practiced for many years and never had training in note taking in schematic form would find it hard to make records in that form, but let us train our students to take notes of this sort in class and then require them to make all clinical records the same way. It becomes easy with practice.

I find I have acquired a reputation for a phenomenal memory for the symptoms of my patients. It is because I have them before me in such form that one look at the record under the last date or two will give me all the information desired on which to base questions. One day recently a physician in a law suit case came to question me about the nervous condition of the plaintiff whom I treated in 1910 to 1912. In response I took out her record and read him the nervous symptoms from it. He was amazed, asked me if I could do that for any patient and said, "Isn't that fine?" It did not seem fine to me at all; it was just an essential of the day's work. Later an attorney on the defendant's side came to say I would probably be summoned and he wanted me to bring that record to court. When I told him my conclusions from the record would be for

the other side and not his, he went off and I was not summoned.

These things tend to make clinical medicine more nearly an exact science, and they are important. First, then, the schematic or tabulated form.

Second: an entry for each date, giving changes in old symptoms and new ones in fullest detail.

Third: a separate column for dates and prescriptions so that one may see easily the remedies given and the intervals between them. These things are too often incorporated into the body of a record so they must be hunted out if wanted.

Fourth: a separate column for diagnosis and laboratory reports so that a summary of these may be seen opposite the symptom lists relating to them and the whole case made more comprehensible to the allopaths and general scientists.

With so much attention paid to the making of good records, the next requisite is their preservation in such a way that they are easily accessible at any time. Filing alphabetically in groups of one to five years would seem a good plan.

The records of a lifetime practice can be made most useful to generations to come if they are in good form and properly preserved. One serious objection to such use is the feeling that the dealings of a physician with his patient are strictly confidential and no one should be allowed to see the record of such dealings. It seems a tragedy that valuable work should be lost and continuity of treatment broken. There are ways to make clinical records anonymous. The patients who would object to medical and other scientific use of records if name and address were destroyed, are few. I have instituted manilla paper covers for records, bearing the name and address of the patient and also a serial number. This number alone appears on the first page of the record itself. It will be easy to destroy these covers and leave the record unidentified. I have an index which is an identifying key to be kept in case it becomes important and quite ethical to restore the name.

The importance of clinical records is much greater perhaps, than hitherto contemplated. A summary of uses to the prescriber might include the following advantages:

The list of symptoms in a case, reported at any one time, is ready for instant reference.

A comprehensive view of a case is easy in spite of all the detail recorded.

Prescriptions are read at a glance with the intervals of time between them.

The relation of the clinical picture to diagnosis, laboratory examinations and prognosis, as used by the allopaths, is ready for reference, making easy a real comparison of the two methods with convincing merit on the side of the Homœopath who is able to prove his points by his records.

Cases may be grouped according to their diagnosis so that the prescriber can gather quickly all the cases of a certain disorder he has treated and compare them for the benefit of himself, his colleagues and his allopathic friends. This would be a powerful weapon of defense and a mighty proof of the superiority of our method of treatment.

Prognosis as gathered from the symptom lists and as stated in the books of the other school may be compared and cases watched to learn the wonderful things done under Homœopathy in doubtful and desperate cases.

In a retrospection, after five, ten, twenty, thirty years of practice, the records furnish much food for thought. For instance, statistics might be gathered to show the far greater number of patients required to make up a good practice for a Homœopath, because, in chronic conditions each one is seen so seldom and in acute conditions so very few visits are necessary. It would be interesting to compare the number of different patients treated by a Homœopath and an Allopath after ten years, both starting practice at the same time in the same place and under relatively the same conditions.

Then there are the patients who leave after one interview or two or three. Why? Was he cured with the first prescription? Did he expect too much at first and so need more education in the ways of Homœopathy along with his medicine? Were there too many persuasions in other directions? Did he spoil the action of his remedy by taking other drugs and so

decide Homœopathy, or at least this particular prescriber of it, to be a failure? Or was the work done poorly and was the prescription a failure? So many of them are with all of us. Such analysis of results with the aid of good records would help much in avoiding these blunders and errors.

Later reports from patients who fled after one or two prescriptions and the return of some of them after fruitless quests for health with other methods of treatment, make new comparisons and conclusions necessary to help us do more careful and better work as the years go by.

Adequate filing of records would show quickly for reference the number of deaths and the proportion of these under pure Homeopathy from the start compared with those coming from other methods of treatment with diseases too far advanced for cure or vitality too much depleted. Causes of such depletion could be shown by concrete cases and the people taught to avoid them.

Illustrations of quick cures would convince the doubting that Homœopathy is not slow.

The work of curing chronic patients could be brought out clearly by comparison of apparently widely differing cases to evidence the scope of Homœopathic treatment in chronic conditions.

In short, constructive work could be done toward proving Homœopathy to the world and thus helping the prescriber as well as his patients.

The value of all this to medical science in general would be seen in the direct comparison which could then be made between the clinical methods of the Homœopath and those of the Allopaths and the drugless cults. Diagnosis and prognosis based on the experience gained from questioning patients and recording symptoms could be lined up with the diagnosis and prognosis based on laboratory tests and the use of crude drugs. The relation of chronic work in Homœopathy to the health of the community in one generation and then through many generations, to epidemics, to contagious disorders, to industrial medicine could be determined by the study of records properly

kept and filed. Lastly, medical students of the future might have ready to hand, a vast store of valuable information and experience. The work of the good prescriber need not die with him and each new one need not begin entirely at the beginning. He could be turned loose in such a file of records and learn untold amounts of valuable things, even without systematic teaching.

To general science such records would provide the means of investigating the only truly scientific method of healing the sick. The Pasteur Institute, in its proposed study of Homœopathy, ought to have access to a large file of such clinical material. It would afford comparison with discoveries in physics, chemistry, progress in psychology, in social development, eugenics, etc. It might well be found to supply missing links in lines unthought of up to the present time.

I would make an earnest plea for better records, for their proper filing in a suitable clearing house by paid workers, for really constructive work in clinical medicine based upon them, which would put Homœopathy where it belongs, in the lead of present day scientific work.

The Chairman: This paper is now open for discussion. What are you going to do, accept or reject it? We all know the importance of records; not only useful for the physician, but also useful to those to whom they are left.

Dr. McLaren: What becomes of that nice little problem of the patient who comes to you once, and gets your time and attention and a careful prescription and then you never hear from him again, and then in perhaps a few years again he will turn up sick, and then you go back and look up his record and ask him why he never came back and you will get such answers as "I was better" or "didn't need to come back" or "Out of town" or a variety of reasons. I just had an interesting case recently, that is, I just heard from the case a few days before I came down here. On March 2 a woman came to me, with a lupus on the side of her nose. Now, this woman had already had treatment from two or three Allopaths, and one of

them thought it looked so bad that it was up to him to send her to a cancer specialist, and he couldn't seem to do anything and then she came to the city where I live to see a specialist and he wanted to put her in a hospital and treat her after his own method, take care of her according to his own ideas, and she wouldn't do that, and so she came to me under the advice of her neighbors and friends. Well, this was a pretty bad looking face. Well, I set that down in my record, it was all in about three lines. First line: Ugly ulcerated sore at side of nose—looks like lupus. Then the questions began, or I put down the results of my questions: Greatly troubled with "clinkers" inside of her nose; and when she removes clinkers there is mucus. She got one dose in CM, everyone knows what the remedy for ulceration is, in that locality, and especially in connection with those abominable "clinkers." She got one dose of the CM and went home, and I think that her husband or a child, or some one, came from the house where I live to get some more for her, but that was the last I heard of it until just before I came down here when I found out how completely and absolutely she was cured, and she has been feeling fine ever since, and she has been walking down the streets and up ever since and I have seen her often since I found out the fact that she was cured.

Dr. Boger: I am in favor of keeping records, but without wishing to hurt Dr. Green's feelings, I am a little bit "wary" about turning other people loose in papers, because, you know, while "Figures don't lie" some awful liars will get to figuring. They tell you of some of the wonderful things they have accomplished by keeping figures and all that sort of thing and how this and that has been cured, etc. That is a case of liars getting mixed up with figures. Now this keeping of records is a matter involving very great discretion. Personally, I have always followed the rule of Hahnemann, that when a patient dies or removes very far away, so far that there is no chance of hearing from him again, that record is destroyed. That is the way Hahnemann did with his records, and there is a strictly

good moral basis for it, if you don't want to get other people "down on you."

Dr. Dienst: I heartily approve of Dr. Green's paper, and I have no discussion but an addition. It is this, that the keeping of records, this matter, I claim that it is a defense to the physician for many times a patient will come to you and tell you that he or she is no better, and then when you follow over your previous record of the symptoms, etc. you find this symptom gone, and that symptom gone, and some other symptom gone, and you can confront the patient with evidence that he or she *is better*. It is also well to keep a careful record of what the patient tells you on examination, the examination which you make of the patient often revealing important information, for if you don't often times you will make a mistake and then when charges are brought against you for using or not using such and such a remedy you can refer to the remedy given, the day it was given, and the symptom on which it was based.

Dr. Boger (Mass.): Mr. Chairman, I don't question the value of the records at all, but I would miss the fun of going all through that case and analyzing it over again. That the symptom was so and so and I gave so and so, and it didn't do any good, and if it didn't I don't have to give it over again. I have a constant stream of patients coming in and going out of my office and each of them are in there about seven minutes, and it takes about six minutes to find out the symptoms and one minute to write out a prescription and I give them the prescription and most of them never come back. Maybe they die; some of them. Others get well and don't need to come back.

Dr. Austin: I hardly know of one pretext, Mr. Chairman, for not keeping records. As was mentioned just a few minutes ago, a patient will come in and he will say he isn't any better and you take out your record and there, right before your view, you see the symptoms which he had last time, and you trace up each individual symptom and find one after another gone and cured. How would you know the truth if you didn't

have your record to show you? I could not practice at all without it. I wouldn't be any more account than the captain of a ship on a foggy day, or a foggy, stormy night. How could he navigate the vessel if he didn't have a compass or if he had no chart, or if he couldn't look into the heavens and get his bearings? You have got to "get your bearings" somewhere, in this business. The architect sees in his mind the view of the house which he is to build; then he puts his ideas on paper; then he draws his plans and hands them to the workmen to execute in the building which is being erected. How would he do it; how would the navigator do the managing of his ship, if he didn't keep records? Hahnemann tells you how careful you must be to keep a record and how necessary it is.

Dr. Reed: I want to emphasize one point especially in speaking of this matter of records, in adding my words to the discussion. There seems to be a peculiar psychology about most kinds of patients which causes them to refuse to admit that they are better until they are absolutely well. I think about the real scientific sign of the cure of any symptom or condition is that it disappears so gradually and quietly that the patient is hardly aware of it and then there is a natural psychic tendency about all of us to forget the unpleasant and enjoy that which is pleasant, as the psycho-analysts put it, and that causes the patient to forget how terribly he was suffering before, possibly just a week or so previously, but it only takes a minute or two of pointing out to show them just wherein they really are better.

Dr. Richberg: Mr. Chairman, this gentleman has taken the words that I was going to say myself. I didn't think for a moment that Dr. Green was advising us to keep records, for all agree that we cannot practice without keeping records. I understood that she was explaining to us, in what she wrote, they way that she thought we should keep records. Oftentimes I think that is one cause when I make a failure, that I haven't developed my plans fully enough, and I feel quite

cheap, but I wouldn't suppose for a minute that there was any question but what we ought to keep records.

The Chairman: I will ask Dr. Green to close.

Dr. Green: I have nothing further to say, Mr. Chairman, except this, that I might add to the discussion that the value of keeping a record is that if you don't have any record you don't know anything about the real progress of your patients. You can't tell, without a record of some kind, whether a patient is going ahead, going backward, or standing still.

THE ONE-EYED MAN.

E. WALLACE MAC ADAM, M.D., NEW YORK CITY.

There is a saying among pedagogues that the best teacher of the elements of a difficult subject is one who does not know very much about it. I am therefore well qualified to give you an idea of certain obscure eye conditions which, if followed up, will add very materially to your ability to unravel many otherwise baffling cases. Although the subject may seem to be more in the domain of the eye specialist than the internist, the conditions I speak of are so common and the oculists have been so neglectful that the faults are often unrecognized and uncured. It is particularly appropriate that the matter be drawn to the attention of the members of this society, because the main burden of the curative work along this line has been taken up in this country by members of our own school.

There is an old adage to this effect: "In a country of blind men, the one-eyed man is king." On the other hand, in a country of two-eyed men, the one-eyed man is far from king. He may not be slave, but he is under a distinct handicap; and I can tell you of a woman who, being taught to see with both eyes, was changed from slave to queen. Any man who does not use both eyes, which is binocular vision, is, in so far as he fails to use both eyes, a one-eyed man.

I will ask you to perform a very simple physiological experiment: close one eye, and then slowly reach out a finger in a horizontal direction toward some object. Stop when you are

just about to touch it. You were unable to judge the distance correctly; using both eyes you estimate it accurately.

Artillery engineers figure the distance of an object to be shelled by taking observations at two ends of a known base line, and noting the angle made by the object with the base. This is called triangulation. In the same way part of our estimation of distance is by triangulation, the delicate muscles of the eye giving our brain the impressions which the engineer obtains from his instruments. All our waking moments are filled with activities of the two eyes, activities having to do with judgments of depth, of shape, of distance—judgments of perspective. We reach for a pencil, we draw up a chair, we gauge the distance of our friend's hand, we estimate the speed of an oncoming automobile. We do these things constantly, naturally, easily. The one-eyed man is seriously handicapped at every turn in the simplest matters of his daily life.

Many people have two perfect eyes yet fail to use both. The eyes do not react in unison and the brain receives impressions of two images; holding up a pencil, they see two pencils; this is called diplopia. Now any normal man (unless he is drunk) resents seeing two images of one object and he makes one of two efforts: either by great exertion he fuses these two images into the one he knows should be there, or else, failing to do that, he makes his brain disregard, or blot out, one of the images. Both these efforts constitute a large nervous drain, and especially in this the case where the image is obliterated: because, unless there is a high degree of squint, there is always an effort, more or less baffled, to fuse, and get the perspective. And so we find these patients suffering from headache, nervous and mental and physical fatigue, in varying grades up to extreme weariness and prostration.

The one-eyed men group themselves roughly in my mind in four classes.

(a) "*The glass-eyed man*"—the man who has actually lost an eye. This man is subject to all the handicaps in judging distance, depth and form that I have indicated. He sees every-

thing flat, just as you see a photograph. The two-eyed man sees form just as you do when you look through a stereoscope.

(b) "*The cross-eyed man*"—the man with a degree of squint so high that fusion is impossible and obliteration of the second image compulsory. He suffers in about the same way as the "glass-eyed" man.

(c) *The man with slow or difficult fusion.* In so far as he uses only one eye, he has the handicap of the one-eyed. But the constant effort to fuse causes a nervous drain which is reflected in headache and fatigue.

(d) *The man with low fusion and partial obliteration of the image.* Here the slightest use of the eyes in his ordinary life involves labor. When he eats his breakfast, when he walks along the street—just as long as his eyes are open—he is under a nervous strain. For sometimes he is able to fuse the two images, and sometimes he cannot, but he is constantly making the effort to do so, and the effort uses up a large amount of nerve force. In the competition of life this man has all the disadvantages of the one-eyed, but in addition he has to struggle with severe headache, profound nervous exhaustion and (because nervous fatigue is physiologically similar to muscular fatigue) to general weakness, sometimes of great severity.

The symptoms of an individual suffering from any of these faults often point to some other organ but usually some friend—his landlady or his barber—has suggested that he have his eyes examined. He goes to an oculist, is tested and fitted with glasses and yet his sufferings are not relieved. He goes to another oculist, his glasses are changed but his symptoms are not. Finally he may happen upon a better trained oculist or upon an internist alert to these conditions, a few simple tests are performed and the diagnosis is made. With a diagnosis tag on him, most oculists can help him.

These one-eyed folk are very common. In the rough and tumble of general diagnostic work in New York, there seem to be more of them than people suffering from diseased tonsils for instance. It is easy to pick them out. Cover one eye, have

the patient look at an object sidewise, uncover the eye. The covered eye should look accurately toward the object. If it does not, when you uncover it you will see it turn quickly toward the object. This means fusion is not easy and natural. Another simple test is to use the stereoscope with specially prepared pictures, such as one with a parrot on one side of the card and a cage on the other. If the parrot is in the centre of the cage, all is well, there is fusion. But if the parrot is not in the centre of the cage or if there is not seen any cage, or any parrot, then there is lack of fusion or obliteration of the image.

The apparatus is cheap. The tests are easily made, any one of us can make them. Given the diagnosis, almost any oculist, I suppose, can find out how to treat the patient. But just now the difficulty seems to be in getting the condition recognized by either the general practitioner or the oculist.

A girl was referred some years ago, who had broken down in her high school studies, and had been compelled to abandon her ambition of being a teacher and she became a servant in the family of a patient. She had sought vainly for relief from headaches. Oculists told her there was no fault with her eyes, her vision was perfect: yet if she read a few minutes, she had a headache so painful she must desist. A diagnosis of lack of fusion was made. She was given appropriate exercises and in a few months' time the young lady gave up her menial work and resumed her studies. From slave of the kitchen she became queen of the classroom.

A man, irritable, pale, nervous, complained of profound weakness. He had suffered a slight attack of the epidemic influenza and his heart appeared to have been weakened, there was some elevation of the pulse, but otherwise he seemed normal. Some months later he appeared again, with the same complaint. Careful search failed to reveal any cause for his trouble until he mentioned his frequent headaches. He had been to many doctors who prescribed various medicines. Somebody (not a doctor) suggested the trouble lay in his eyes, and he consulted in all six different oculists, with some improve-

ment of his vision, but none of his headaches. On the card test, one eye was seen to shift into position inward (exophoria) and he failed to fuse some of the stereoscopic cards.

Armed with this information he was referred to one of our men with a really astonishing result. His headaches disappeared almost immediately and his wife tells me he is a changed man in disposition.

Given the diagnosis can such patients be cured? I am told the text books state that if fusion is not obtained by the child at the age of six years, it can never be gained. And for this reason the oculists have failed to trouble themselves about these cases. They are considered hopeless. Yet they are far from hopeless. Homœopathic remedies help, but unaided they will not cure because the cause will remain. The patient must be taught the necessity for fusion and by means of prisms and stereoscopic cards he can be so educated that the fault is speedily overcome, and the patient relieved of what is always a great handicap and at times a serious menace to his usefulness.

The Chairman: Is there any discussion on this paper.

Dr. Richberg: I know we haven't any great amount of time to spare but I do wish to mention the fact that I agree with him, that we should have doctors of our own school for the work when we do send a patient to a specialist. I have had a very unfortunate experience, which I am not going to go through again, as the result of my husband acting on the advice of one of these incompetents, by which he nearly lost the sight of his eyes—both eyes became involved, while he was being treated by a specialist of the old school who was very highly recommended to us.

Dr. MacAdam: I have nothing further to say, Mr. Chairman, in regard to this paper.

USING CUPRUM IN "FLU," ETC.

ROYAL E. S. HAYES, M.D., WATERBURY, CONN.

I sometimes think that the romantic descriptions of Kent may be responsible for rather one-sided views of some remedies. His way of making certain features stand out clearly is perhaps unapproachable and the purpose admirable. Nevertheless, medicines have much more in them than is practicable to include in this kind of description. Probably they contain much more than is included in even thorough provings. Therefore the prescriber may expect to occasionally find a workable entity in the patient's symptomatology that does not include the striking features that were so well polished up by Kent. This is especially notable in the symptomatology of epidemics. Probably many Cuprum cases were overlooked in the great epidemic. The writer himself is not without heartfelt regrets.

Waterbury was one of the hardest hit towns in the country. "Black" cases and swift ensuing deaths raged in certain neighborhoods as if struck by overwhelming fate. Cuprum was the genius of the "Spanish" strain of influenza here and often turned the vitality streaming back where the apparently indicated Bryonia had not availed.

Cuprum was adapted to all kinds of cases. It was the most similar in its occult relation, the most like the epidemic from beginning to end. It caused reaction in nearly all the ordinary condition within twenty-four hours, overcoming the infection quickly and completely without prolonged convalescence or complications. Most patients who had Cuprum felt better after the attack than for a long time before. Cuprum cured most of those anomalies of mental or nerve function observed, the obscure or localized conditions. It cured the cases which presented shifting sets of symptoms perhaps like Bryonia one day, Lyc. the next, Sul. the next, Hyos. the next and so on. It cured practically all of the malignant or fulminating pulmonary oedemata if used before the serous bubbling became extensive. It cured a substantial proportion of the cases which had advanced so far that the bubbling was audible at a distance, if the patient could be watched closely and the remedy

manipulated closely. It smoothed out the pains and mental agony of moribund cases and I believe, prevented or modified the terminal convulsion which may occur in these sudden and shocking cases.

Those cases which after a day or two develop the rhoncus, sink and rattle their way out of the world in two or three days, or those who go along the usual course a few days, then suddenly develop thoracic oedema and call the attendant to a halt if he is conscientious, to do some personal and individual thinking. You might as well leave your "personality" at home when you go to such a case. The wonderful powers of suggestion which the regulars suppose we possess will have a rather cloudy background of success if we do not have the courage to apply the principles of selection and repetition to these cases, and stick to it. The patient must have the correct remedy in suitable potency and it must be manipulated accurately besides.

A word about potency in these cases. The 1m was futile in my hands, the 10m not dependable; the 40m and cm in single doses, used on demand, did wonderful work.

The writer lost two malignant cases right at the start of the epidemic and had a third going, which necessitated a halt in the rush to find out why men in the prime of vitality should go down almost as if struck by lightning without response to his efforts. The first case was known to be a Cuprum case—after the patient was dead. The second case got Cuprum in time to palliate the wild delirium, causing sleep after each rather frequent dose, but not in time to cure. The first case was so typical and inclusive not only of the entirety of the genus epidemicus but also of Cuprum that its course and symptomatology deserves description.

October 10. Mr. D., æt. 50, short, fleshy, dark skinned and dark eyed, the old-styled lymphatic temperament. This is the type which succumbs quickest to malignant influenza. Had been ill two days when first seen. Besides extensive areas of pulmonary consolidation he presented the usual symptoms of the epidemic. Frontal headache, muscular pains, prostration, mental dulness, painful cough, dizziness when rising, chilliness,

sweat. All these symptoms were so aggravated by motion that he refused to move except when urged. Bryonia was, of course, given and on October 12th he was bright with pulse and temperature about normal. The physical signs were much improved. Contrary to advice he arose and went about the house. By afternoon his fever was up and tubular breathing had returned with extensive mucous rattling in the left. From then on he sank rapidly and died on the 15th. His symptoms were significant but because of the rush and delays the remedy was apparent too late. This will look familiar to those who have studied the provings of Cuprum and its salts:

Sudden effusion of fluid into the air spaces of the lungs, coarse rattling, intense dyspnoea, jerky respiration, shooting pains through sides of the chest but soon disappearing because of exhaustion, respiratory motions of the alae nasi, intense thirst for cold drinks, drenched with sweat; at first refused to move, later throwing himself about the bed partly to find a cool place. Cold sweat on hands, feet and forehead, would not remain covered, intense mental anguish, premonition of death, constant groaning, cried out repeatedly "Wait a minute," thought he was going to be stabbed, shrinking to a corner of the bed in terror, could not be appeased, staring as at some object in terror. Stabbing pain in epigastrium, drenched with cold perspiration, cold breath, running tongue out quickly to lick lips like a snake, eyes brilliant, complexion ashy and dark, lips white, later bluish, frequently escaping from bed in spite of attendants. Convulsion began suddenly with cramps in feet then legs then all over, the face last, muscles rigid but quivering, thumbs turned in at first then snapped out; cyanosis, then sudden agitation of face and neck muscles and death. Cuprum was not given because of my absence in the rush. These later symptoms were obtained from the nurse.

Another case that died: Mrs. C., 27, same type. Had been ill five days when first seen. T. 105.6, P. 130, R. 40. Hunger during fever; craving cold drink, copious sweat, expected to die; thought her mother had died out in the yard. Consolidated areas in the lungs, mucous rales in the lungs; the true

remedy was not recognized. Phos. was given. A few hours later, sudden delirium, supernatural strength, restrained with difficulty, tried to "go home," constant chattering and screaming, eyes brilliant, countenance sunken, dark, ashy countenance, lips purplish. Dr. D. was sent for in my absence and injected one-half grain Morphine with no effect whatever. Cupr. met. cm in water every half hour, gradually lengthening the doses until twelve hours had elapsed. Became quiet before the second dose was given, remained quiet and rational all night and slept considerably. Next morning P. 120, T. 101. The Cuprum was discontinued. I was delayed in seeing patient, all symptoms became aggravated and death occurred a day later. The palliative effect of Cuprum was striking. Had it been used differently the patient might have survived.

Some pleasanter experiences: Mr. T., æt. 34, same type. Sore throat, headache which cough aggravated, moves about the bed, thirstless (fever), dizziness on rising, some ordinary remedy was given, P. 80, T. 102. October 15th, no change. Next day, coarse rattling in tubes, areas not recorded but extensive, tracheal rhoncus audible in the adjoining room, restless tossing, eyes brilliant, staring as if at something frightful, escaping from bed, fear of death, dark, ashy, sunken countenance, copious sweat, sleepless. P. 112, T. 104, jerky, distressing. Cuprum cm 1 dose. Next day, no delirium, small area of moist rales at base of right only, uninterrupted convalescence, no other medicine used.

A striking cure: Edw. W., 39, same type except fair skin, light fine hair and blue eyes. Influenza began October 17th; lung involvement suspected but not detected until the 20th, then consolidation and many moist rales. No response from Phos. or previous remedies. October 21st, prostration had rapidly increased, strange quivering sensation all over, trembling with anxiety like delirium tremens, spells of thirst, cough hurt the head, headache aggravated by motion, dizziness when moving, sweating spells, lying on the back only, rattling in trachea, countenance darkened, ashy; abject sunken expression. skin doughy and relaxed. Dreams of crashing accidents, of the

house being pushed over, of someone about to be hurt. Cupr. met. cm 1 dose. Next day improved and the day after much improved. Then sudden but mild delirium. He arose at 1 A.M. and went downstairs, refused to return to bed saying it was wet, wanted to "go home," speech indistinct, confused and interrupted. Staring blankly at whoever entered the room, lies long with motionless staring, rising in bed looking intently and moving arms slowly as if seeing something that appeared queer. Pulse and temperature low. Hyos. 1m 1 dose was given. Four days later was found much worse. Had been out and around house and outdoors all night, there being no one to restrain him, bluish countenance, lips and nails, pulse too feeble and quick to be counted. Cupr. cm 1 dose. Next day unconscious, incontinence of urine but pulse full, 80, T. 99. Ten hours later P. 100, T. 104, mind clear, resting, no further medication was needed.

We met scores like this: Influenzal fever with or without sweat; with or without sweat or spells of thirst, with or without perceptible lung involvement. Frontal headache aggravated by motion, hurting with cough. Cough, tearing or scraping or causing sharp pains. Muscular pains aggravated by motion. Dizziness, nausea or faintness when rising or moving. Aggravated entirely by moving and desire to keep perfectly still. Is this Bryonia? No. Bryonia would act but would seldom act well. It usually had to be repeated, perhaps several times, the patient making a slow, prostrated recovery with slow pulse, later rapid, and slow return of strength. *Searching further*, especially for slight but peculiar mental, nerve or dream symptoms, Cuprum is then found to be the remedy; the patient is found to be much improved next day with pulse and temperature nearly normal and strength is recovered rapidly as in other acute diseases.

To illustrate with a real case: Mrs. M., 43, tired out caring for others. Chilliness aggravated by cold drinks (the opposite in large type in Kent's Repertory, not found elsewhere in *Materia Medica* or toxicology). General soreness, head heavy and dull, nausea, hard cough, tightness in chest, all

symptoms relieved by quiet and lying down. P. 112, T. 101. Cuprum 10m, 1 dose. Fourteen hours later, felt better than in several days, P. 78, T. 99.

Son of same, æt. 11. Headache ameliorated by cold applications. Thirst for cold one day, thirstless the next; chilliness when moving; dizziness when rising; cough that hurts; strained pain in the back; wanted to be quiet—all like Bryonia—*but also*, pain in epigastrium; respiratory dilating of alae nasi (verified with Cupr. many times). Fidgety; delirium, went out of bed, said a man was in his room. Cupr. 10m, 1 dose. Improved that same evening and almost normal next day.

A striking cure. Boy æt. 6 years. October 25th. Projectile vomiting, bloody. Sweaty and flushed all over. Beating frontal headache ameliorated by holding it with the cold hand. Averse to touch or motion. Delirium about his play; appears wild. Dozing and starting, escaping from bed. P. 144, T. 103. Bellad 1m, 1 dose (was not then familiar with Cupr.) That evening: active delirium, great muscular strength, could hardly be held down by two strong women, constant attempts to escape, constant stream of talking and screaming, tears running down face, drenched with sweat; insatiable thirst but taking only small drinks, pain in epigastrium, rapid running of tongue out and in, gnashing teeth, right lung involved. T. 106, P. about 160. Cupr. cm, 1 dose at noon. Next day his temperature was 100 and he was sitting at the table eating soup notwithstanding which he made a rapid recovery. His mother said that she could see him improve each hour until at night he fell asleep.

Cuprum made the most brilliant and sensational cures of severe or prolonged cases besides curing the mild ones at every turn. It is difficult to resist the temptation to report them but we will close by reporting one or two actions of the remedy in sequelae or imperfect recoveries.

Mr. K. went through a combination of influenza and coal gas poisoning and after getting Nx. v. then Lach., was about the premises nicely in six days. Then a rapid weakness of the lower extremities developed, especially in the calves. The

muscles suddenly became flaccid and emaciated; sleepiness day and night. Dreams of working and being very busy, dreamed the bed skidded every time he turned in it. Stupid, mental prostration on waking, "big head," could determine objects only with difficulty, everything appeared strange. He appeared wild when getting awake, staring with congested eyes harder and harder with astonished expression. Oppressed in house, wanted more room, craving fresh air. Too sensitive to odors, they having an "overwhelming" effect. Taste was gone. Partial motor paralysis of legs, almost falling when attempting to walk, had to be supported, arms strong as usual. Had to pitch forward to get up slight grade, had to shift feet on floor to turn around, like a feeble old person. Legs cold and the hairs stood out stiffly causing such an amusing appearance that it partially compensated for his disability. Cupr. 10m, 1 dose, cured right away.

Mr. S., after getting through three weeks of influenza with another Homœopath, was brought with soreness and tenderness of the right calf and the leg fixed at right angle to the thigh. This contraction had appeared gradually as he was convalescing from the acute attack. Cupr. 10m, 1 dose, was given. In five days he was walking.

There were many cases of debility persisting weeks or months after allopathic treatment presenting more or less clear symptoms for Cuprum and the remedy acted quite satisfactorily.

Since the epidemic of 1918 up to the present time occasional grippe and pneumonia cases occur, either mild or severe, which need Cuprum.

A CASE OF SLEEPING SICKNESS CURED WITH BAPTISIA.

VOLNEY A. HOARD, M.D., ROCHESTER, N. Y.

The patient, a robust man forty years of age, who never had been sick, by occupation city salesman for a large wholesale grocery house. There was no apparent exciting cause, unless it may have been overhauling his automobile which was done

evenings, he working until eleven or twelve o'clock after a strenuous day's work, and perhaps dampness of the garage was a factor. He came to my office March 23rd, 1921, saying there was nothing wrong with him. His wife who came with him, saying he did not seem right, was inclined to be drowsy, had no interest in things, and a general negative condition. His temperature, pulse, and bowels were normal. At this time gave him Bryonia.

Three days later was called to the house to find temperature was $99 \frac{4}{5}$, slight confusion of mind, slow at answering questions, would forget to finish a sentence, face slightly flushed, sleeping all the time; gave Opium. The following two days the symptoms were more pronounced; continued the Opium. On the 28th the face was more flushed and his forgetting to finish a sentence more pronounced; gave Arnica. On the 29th in consultation with a nerve specialist of our own school, because of motions of arms, picking at bed clothes, a chewing motion of the mouth, etc., we gave Hellebore.

The following day there being no improvement, and continued muttering about his business, returned to Bryonia. From this time until April 3rd, the twelfth day of the disease there was little change of symptoms, the muttering, tossing of arms and lethargy continued to increase, with little if any rise of temperature. On this day some of the relatives thought they would like to have an old school nerve man see him, which I was very glad to do, and he confirming the diagnosis of lethargic encephalitis recommended Sodium salicilate. During this visit his wife told me that for a day or two he kept talking about his bones getting separated, and he was trying to get them in place, and that he had just put back into place his kidneys which he said were displaced.

These symptoms suggested Baptisia and I felt that this keynote was indeed a key that opened wide the possibilities of a cure in this case. With Baptisia in mind, I found that it also had in marked degree the drowsiness, besotted expression of face, falling asleep when answering questions, the muttering delirium, etc., so notwithstanding the prescription of the con-

sultant, I told the wife of my opinion, and she, being a strong believer in Homœopathy, told me to try it, which I did, giving Baptisia thirtieth. From that day, April 3rd, there began a gradual amelioration of symptoms, he became more quiet, less muttering, and had a more natural expression, and until April 23rd had no other remedy.

On the 23rd, for some lack of muscular co-ordination, I gave Gels. and on May 19th gave Ruta for some symptoms of eye-strain which finished the case, and in six weeks from the onset of the disease, he returned to his work well.

The blood counts and urinary analysis were normal all through.

It was an interesting case in many ways, it was the first of the kind I had ever seen. Some of the family and the members of his firm were unbelievers in Homœopathy.

It demonstrated what a chance observation will help in the selection of a remedy, for had not the wife noticed the symptom of feeling scattered about the bed, I probably would never have known of it.

It shows the value of key-note prescriptions at times, for afterward in looking it up in Kent's Repertory did not find Baptisia mentioned in a degree that would lead me to prescribe it.

After recovery the patient said that during his sickness he had continually the sensation that he was behind a high wall and although he recognized my voice and that of his wife, he could not get from behind this barrier, and that as he improved this wall gradually disappeared.

The Chairman: Is there any discussion?

Dr. Reed: Mr. Chairman, I think this is a very interesting case and described in a very interesting paper. I have been doing neurological work almost exclusively out there and I have therefore had a chance to observe some of them but most of them have generally run a long, tedious course, sometimes three or four months and about fifty per cent of them died. However, I don't think that some of these cases were really

cases of lethargic encephalitis. I am of the opinion that much of it is a sequel of influenza. I know that is disputed by many, but if you follow up the history of most of these cases you will find that most of them have had influenza, although I do understand that some cases of lethargic encephalitis have been recognized. From observing that so many of these cases have had influenza, though, I have come to the conclusion that it is a sort of a sequel to influenza. In almost every case there was a disagreeable odor which would disappear oftentimes, after a week or so. Observance of the symptom of drowsiness led me to the belief that Balsamia would be a good thing; but I also considered that Baptisia might be a good cure. I had one case that was quite marked but the patient never went to bed during all that time. She would sit around and wake up and take a little food and then drop off to sleep and her brother thought it was a case of *dementia praecox*. Then there was another case I had where delirium was very marked, and the other doctor who was taking care of the case could only be induced to give Belladonna c.m. to his patient, but it worked beautifully in this case.

Dr. Krichbaum: I would like to ask Dr. Hoard if there was any offensive odor about this Baptisia patient.

Dr. Hoard: I think not.

The Chairman: If there is no further discussion I will ask Dr. Hoard to close.

Dr. Hoard: I have nothing to add, Mr. Chairman.

CLINICAL CONFIRMATIONS OF MEDORRHINUM.

HARVEY FARRINGTON, M.D., CHICAGO, ILL.

Medorrhinum covers a wide range in therapeutics, as is shown by its provings and the clinical data recorded in our literature. It has its own distinctive individuality and may be prescribed unerringly on the "totality of the symptoms." In other words it can be given just as any other remedy in the Materia Medica. And yet it is more frequently abused than any other remedy, with perhaps, the possible exception of Psorinum.

The following cases are presented especially because they are good illustrations of clean-cut cures by this nosode alone, and confirm some of its well known indications and add a few new clinical features. Confirmations of recorded symptoms are italicized.

Case I. Mrs. A. Z., æt. 33. Married twice. Had five children by her first husband, four now living—and one miscarriage, induced by a fall. She was apparently well up to the time of her second marital venture some time in 1917. She suffered very little from the usual inconveniences of gestation and had her babies in from three to three and a half hours. But soon after her second marriage she began to have profuse, greenish leucorrhœa and burning on urination. This was promptly relieved by local treatments.

About five months previous to her first visit, April 4th, 1918, her second husband died of some form of "bad disease," which she could not name, leaving her with an infant in arms. She now has:

Vertigo at 9 A.M. and 2 or 3 P.M.

Bachache, *lumbar region*, < lying on the back.

Ravenous appetite; much thirst.

Tongue dry and burning as if scalded, especially on waking in the morning.

Soreness of the teeth; gums dark red and spongy.

Much *belching* of tasteless wind. Constipated.

Violent burning in pit of stomach; in regions of both *ovaries*, especially left, which at times, *feels full as if it would burst.*

Breath feels hot as it passes outward through the nasal passages.

Weak and prostrated in warm weather yet cannot stand cold.

Menses have returned though she is still nursing her last baby.

Medorrhinum 200th (B. & T.)

June 1. She reports burning all through the pelvis; the leucorrhœa returned soon after the first dose of medicine and is now *intensely acrid* causing much *irritation and itching*. She was better in a general way until a few days ago.

Medorrhinum 50m.

There was no word from this patient until July 7th, 1919. She had become pregnant. A physician in her immediate neighborhood was consulted, and, in spite of six rapid and easy labors, insisted that the child could not be born naturally and performed Caesarian section. The result was a blue baby that lived only a few hours and a recrudescence of her old symptoms. In addition she now has:

Oedematous swelling of lower limbs, varicose veins about the calves and ankles, *soreness of the balls of the feet*.

The *Medorrhinum* 50m was repeated.

August 6th. General improvement. *Coldness of the ankles* and popliteal spaces, both sides. Her third husband has confessed that he strayed from the marital fold and is suffering from an acute attack of gonorrhœa—certainly no doubt of infection in this case! The husband was taken in hand.

Placebo.

September 13. Burning in the epigastrium.

Medorrhinum 50m.

Improvement was uninterrupted but the coldness and burning continued to alternate and shift about. October 9th, the feet were hot and the legs cold from ankles to knees.

Medorrhinum had to be given October 21st, November 24th, January 7th, 1920 and February 13th of the same year.

On March 20th she came and told me that she was pregnant again.

Space precludes a full account of her gestation. Elaps cor. relieved cold feeling in the stomach after drinking and acid vomiting; *Veratrum alb.*, cramps in the lower limbs, icy coldness of the ankles and cold sweat on the forehead; *Bellis perennis*, bruised soreness of the abdominal walls. *Medorrhinum* was given May 21st and September 17th.

She was delivered of a normal male child October 24th. Labor was painful and tedious, lasting about eight hours. The cause for this was evident after delivery. The placenta refused to budge and had to be removed manually, when it was found that it was superimposed upon and firmly adherent to a

fibroid tumor the size of an egg in the fundus of the uterus. Careful examination revealed the fact that the lower third of the anterior uterine wall was firmly fixed in the scar left by the Caesarian operation, causing flexion of the cervix so that the os pointed up towards the pubis.

The child, in spite of the instillation of Nitrate of silver, (required by law in Illinois) developed ophthalmia and the copious, yellow discharge was found to be teeming with gonococci. A few doses of Pulsatilla cleared it up, but, owing to carelessness on the part of the nurse, reinfection occurred, this time non-specific, however. In order to save money, the mother took the child to a free dispensary and contracted double pneumonia with pleurisy, finally complicated with milk leg of the right side. Some local doctor had the case, but as soon as she could get about again she returned to me. Lycopodium cured the phlebitis and *Medorrhinum*, this time the 3cm removed the last vestiges of sycotic infection. She was at my office on June 10th and looked a different woman. Her face was rosy, complexion clear and she had gained fifteen pounds.

Case II. Mrs. C. S., a stout woman of 45. Had rheumatism off and on ever since twelve years of age; diphtheria three times; scarlet fever with abscess of the left ear; chorea at the age of thirteen. She is now a widow. Twenty years ago she was infected with gonorrhœa by her disolute husband, resulting in pus-tubes. After seventeen years of suffering, the uterus, ovaries and a chronic appendix were removed, followed by flushes and the usual symptoms of an enforced menopause.

Present symptoms:

Spells of *sadness almost to suicide*; *difficulty in concentration*; attacks of hysteria with *numbness* in different parts of the body and great *flatulence* in stomach and bowels.

Headaches, vertex and occiput < *before a thunder storm*.

Sudden, very sensitive *swelling of joints*, especially *knees* and joints of the *fingers* of the right hand < *using them*.

Lameness and stiffness of the larger joints < change of weather from warm to cold, and from continued motion (pos-

sibly by a modality carried over from previous non-specific attacks).

Numbness of the hands while sewing or grasping anything; numbness of the right leg.

Calluses and great sensitiveness of the balls of the feet.

Cracks between the toes, at times bleeding—also cracks and soreness in the corners of the mouth.

Puffy swelling of the feet. No albumin in the urine.

This patient received six doses of Swan's *Medorrhinum chronic* dmm at long intervals over a period of a year and a half. Latest reports show that the cure is complete, even the sore corners of the mouth having been greatly benefited.

Case III. Mrs. C. F. A., æt. 32. Married ten years; one child three years old; one miscarriage.

Irritable and nervous; hurried, restless, especially after lying in bed or sitting for a long time—feels as if she would scream if she could not move; queer “nervous feeling in the abdomen.” *Fear of the dark*, (as a child would go anywhere in the dark).

Memory failing; leaves work unfinished and starts on something else.

Although thin and scrawny, her *appetite is unusual; craves salads, salt things, fruit*; very little thirst; constipated since early childhood; absolute inactivity of the rectum, but bowels are normal during menses. Going too long without action of the bowels results in an attack of tonsilitis; has had many attacks during the past few years.

Heavy, full feeling in the stomach after eating; much *belching*, especially after fats and rich foods.

Menses every twenty-six days, lasting four or five days; uterus falls so low as to protrude from the vagina, worse during, better after stool.

Rheumatic pains here and there, < *damp weather*.

Varicose veins.

Excruciating pains in the *cervical and dorsal spine*, extending to the shoulders, for many years; *soreness of the coccyx*

since the birth of her child, < lying on the back, at night, while sitting and especially when rising from a seat.

Excessive *desire to yawn*.

The treatment was carried on entirely by mail so that the record may not be complete, especially as to the possibility of infection. A dose of *Medorrhinum chronic* dmm was sent April 22nd, 1919.

On May 10th she reported improvement in all symptoms, even the bowels showing some signs of renewed activity. A repetition was required, August 27th. On October 2st she wrote that her neighbors and friends had remarked about the wonderful change that had taken place in her general health and especially in her face, which had rounded out and lost its pale, sickly look. The "dreadful pain" in the spine had almost entirely disappeared. The remedy was repeated January 26th, 1920, April 21st, June 15th, October 28th and February 28th, 1921, with constant benefit. She gained in weight and what was especially gratifying to her, her former good memory and clearness of intellect were reinstated.

Case IV. Mrs. M. C., æt. 59, a widow who is obliged to keep boarders for a living and works beyond her strength. For a number of years she has suffered from a neuritis of the right arm and shoulder, extending to the occiput and neck, and which one or two good Homœopaths have failed to cure. It is worse from cold and dampness. But her most annoying symptom is *throbbing in the lumbar spine*, brought on by any emotional excitement or over exertion and becomes so severe that it "takes her breath."

Weeping on the slightest provocation or for no cause at all tears flow *while she is telling her symptoms*; is relieved by *weeping*.

Numbness of the hands at night, even if not lain on.

Burning of the sole of the left foot; flushes of heat in the feet at night, *wants to put them out from under the covers*.

A single dose of *Medorrhinum* almost put her to bed for three days, then improvement began. There was no trace of symptoms at her last visit, June 12th, two months after begin-

ning treatment. There was no evidence whatever, of gonorrheal infection or inheritance.

Case V. Mrs. J. W. C., 27 years of age, usually of robust health. Married eight years, has two children, like herself, red faced and sturdy. She suddenly conceived the idea that she had committed the "*unpardonable sin*" and was doomed to eternal perdition. She could neither eat nor sleep and she could not cry. She nursed this obsession for over a week before it occurred to her that medicine might help. One dose of *Medorrhinum* cured in five days.

Case VI. Marshall S., 24 years of age, the son of wealthy parents, somewhat spoiled and pampered. Though always nervous, he seemed in fairly good health until he returned from over seas. During the greater part of his stay in France he was stretcher bearer and assistant in one of the base hospitals. He was never at the firing line, although he witnessed many horrible sights among the wounded. On arriving home he seemed utterly unnerved. He was *restless, fidgetty, hurried* in all his actions and speech, stuttered and showed the peculiar, wild-eyed look of some of the men who served in the trenches, but to a marked degree. The most persistent symptom he now exhibits is *fear in the dark and feeling as though someone were behind him*. In the text we find this symptom in the case of a woman who thought that someone was behind her, heard whisperings and voices and imagined that faces peered at her from behind various objects. Apparently it has never been elicited in a male prover or clinical case. But the case was clearly one for the nosode, which acted like magic showing that, as with Sepia and other remedies, we are quite safe in prescribing regardless of sex, provided the other symptoms agree. Mr. S. never had any venereal disease.

The Chairman: Is there any discussion?

Dr. Nelson: There are some points in that first report—that first case, that need explanation. We find in a work on the "Philosophy of Homœopathy" the author says that the miasms are never infected with the chronic miasms of psora,

sycosis or syphilis but once, and that first case which was reported was a case of infection several different times. There is either one of three things true: Medorrhinum will cure symptoms that are not due to sycosis, or the woman was infected, or if she was infected with sycotic gonorrhea that just proves what Dr. Kent says about infection with chronic miasms, and I would like to have a little explanation.

Dr. Webster: I would like to speak about a case of varicose veins which was aggravated at the time of menstruation. The menstrual period would always commence with intense suffering and the veins would swell very badly during those days of the menstrual period, which sometimes lasted about three or four days. I applied Medorrhinum and she commenced to be very much better and has had no more trouble since that time with varicose veins.

Dr. Baker: In Kent's Repertory, where a child creeps on its hands and knees, that is one of the most reliable symptoms knows for Medorrhinum. I have never failed to get results from Medorrhinum if I have that symptom.

The Chairman: Is there any further discussion? If not, I will ask Dr. Farrington to close.

Dr. Farrington: Answering the question of reinfection, I will state that I have never talked this matter over with any of my friends, but in my own experience I have certainly confirmed it in my own mind by my experience which I have had in past cases. It is to my mind a possible thing for reinfection to take place. I don't know why Dr. Kent made that statement. It was one of those dictums which can never be borne out in actual experience. It is merely theoretical. I had a man come to me, a president of one of our large companies, one of the medium-sized corporations anyway, who had been sent out to Oklahoma, to look over some holdings of the corporation; he got in with some light-headed fellows and got to drinking and doing other things, and when he came back home he found that he had a urethral discharge. He was a man who stood very highly in the community and had a very nice wife and a daughter. He said, "I am sure that nothing happened

there which I could be ashamed of." He said he hadn't had gonorrhea for over thirty years. He said, "I got to drinking a little too much, but there was absolutely no reason for my having caught anything." I said, "That is all right." I made an examination and found gonococci and I don't believe gonococci would be alive,—as these were—after thirty years, and just simply come back with the discharge. I don't believe the original germs would assert themselves, which were in the veins originally, at the time of the original attack. But he wouldn't own up to the fact that he had been reinfected. I furnished these cases partly because of the fact that one or two of them have a history of infection and it was just a confirmation of the fact that this remedy was, too, just like any other. These people all had gonorrheic symptoms whether they had been infected before or not.

CLINICAL MEDICINE.

THOS. G. SLOAN, M.D., SO. MANCHESTER, CT.

Case 1. A woman of 65 has had eczema of the palms and palmar surfaces of the fingers and thumbs for six months, deep cracks extending in every direction, scabs and extreme dryness. No itching or burning. Condition worse from putting hands in water. Finger joints enlarged. Constipation without any desire for many years, always takes laxative pills. Emptiness in abdomen in the middle of the forenoon and afternoon. Gnawing pain in stomach relieved by eating. Rises twice every night to urinate. Yellow or white offensive discharge from left ear off and on for years. General aggravation from warmth, coffee disagrees. Sulphur 30, a dose at bedtime for a week.

Two weeks later her hands had greatly improved, her bowels were moving daily, her discharging ear had cleared up, her appetite was good and she felt better in every way. She went out of town on a visit for the first time in six years and while away her hands became worse and she used Sulphur ointment. Otherwise she remained well. On her return I stopped the ointment and gave her Sulphur 30, one dose a day for a week.

Eleven weeks after she was first seen, her hands were well

except for one superficial crack, her bowels were regular, she felt better than for years and went south for the winter. Incidentally she had been treated by several other physicians without any relief.

Case 2. A stout healthy looking woman of 29 has had eczema on the palmar surface of her right hand and anterior side of the fingers and thumb for eight years, there being deep cracks, very painful but not bleeding, no discharge, and much scaling. The scales appear first, then the scales and the skin underneath peels and the crack appears. Her fingers feel very stiff. Heat causes itching, water causes burning. She had diphtheria at 15, with antitoxin, intercostal neuralgia at 26, two healthy children. Is fat, good-natured, black hair, and dislikes corned beef. She has been to many doctors, and was treated with the X-ray for a year with no improvement.

September 4. Sulph. 30, one dose a day for five days. She continued to improve until January 5, when she was given Sulph. 30, one dose a day for eight days. February 4 she received Suph. 500, eight doses. April 22, no more cracks except a very slight one. There are still small areas of scaling and roughening. Has discontinued treatment.

Case 3. A man of 48 has had a persistent cough since the "flu" six months ago. Several physicians have seen him and he was told he had tuberculosis and should go to a sanitarium. He goes to bed at nine o'clock, gets up to urinate at eleven, coughs for an hour, and wakes again at three and has a long coughing spell. His expectoration is usually bluish, sweetish and thick. Occasionally he raises bright blood when he begins to cough. Cough worse in wet weather, better sitting up, tickling in the throat pit. Appetite poor, has lost ten pounds; constipated and chilly.

Physical examination did not show anything definite, his sputum did not show any T. B. C. Kali carb. 200 every two hours for six doses. Five weeks later he reported that he had had no cough for four weeks, his bowels were regular and he had gained three pounds.

Case 4. A woman of 27 complains of fainting spells two or

three times a week, which always occur when she is working in her warm kitchen. The faints are preceded by hazy vision or blindness and followed by occipital headache. Menses every two or three weeks, dark and fairly free. Irritable, cries easily, noise aggravates, general aggravation from warmth. She has a rough murmur at the apex, blood pressure 120.40. Hæmaglobin 75%.

Pulsatilla 30 one dose a day for a week. Five weeks later reports being free from fainting spells, but has had two blind spells. Menstruation came in four weeks.

Later Graphites was given as she became constipated, and as this remedy cured her of a very obstinate constipation several years ago.

A VARICOSE ULCER—A CLEAR CASE.

ELOISE O. RICHBERG, M.D., CHICAGO, ILLINOIS.

At the time I mentioned my subject as "A Varicose Ulcer," I rather counted upon reporting something approaching a cure as the result of treatment, homœopathically; but, like other well-laid plans——?

Mrs. B. has suffered with varices for about 24 years. She was born in Yorkshire, England in December, 1857. To those interested in planetary influences, I will suggest that usually all thus born in the solar fluid Sagittarius are exceptionally strong in muscle; but being also inclined to much activity—(overactivity) are very likely to overtax their muscles and thus become cripples or invalids in later life. Mrs. B. is not an exception to this rule.

The last of her several children, born in 1893, left this mother, who, as usual, resumed her arduous home duties too soon, in a generally aggravated condition.

Two or three times since then has she been hurried to a hospital with a varicose ulcer on the inner side of the left leg. The object of all the hospital treatment, as nearly as I could discover, has been solely directed to healing the sore, which was encased in plaster while the patient was confined to the bed for from three to six weeks. Local medication was applied

twice a week, and laxatives used—till the healing was sufficiently advanced to permit her being cared for at home.

At the time I was called, Mrs. B. was greatly discouraged at the breaking out again of the sore, and decided, on advice of a friendly neighbor, to try homœopathic treatment. She had previously known something of our methods through her parents' inclinations. This was December 3, 1920. At that time the leg, from ankle to knee, was greatly swollen, discolored and extremely painful.

Sometimes it felt dead and was cold as flesh can be, before death; again the terrible pain would shoot up to and down from her heart.

The open ulcer was about two inches across; a deep, angry looking jagged thing with a gnawed-out appearance, flesh eaten nearly if not quite to the bone, the base and edge violently red, constantly discharging corrosive, watery material which the patient frequently cleansed with somebody's soap, the same somebody's liniment and powder being bound on to allay the itching which was unbearable, drove her to distraction, not to mention gin which she occasionally took to correct or help the effect of a periodic dose of Castor oil, "to clear her out!" she said, *not for constipation*; painful indigestion, headaches and many other minor ills accompanied this condition.

To enable her to continue her housework, she kept it bound in a strip of semi-elastic webbing from instep to knee.

The marginal discoloration, averaging $1\frac{1}{2}$ inches across, was a bluish black at the edge gradually fading out into the bloodless tissue beyond.

When I was called, she was bemoaning the difficulty in drying the family washing, four adults, on the roof of the three-storied house.

Cold air aggravated; so all bad days were laid to the weather whatever it happened to be.

I discouraged the soap and salve and attempted to secure more rest for Mrs. B.; but have not been able to do much in the latter direction.

Dec. 3. Lachesis 10M.

Dec. 8. Itching seemed rather relieved.

Dec. 10. Little change, though patient imagines she notices improvement as to pain.

Dec. 14. Reports more pain in hips, leg and ankle.

Dec. 20. Field of open ulcer very painful, appears more raw and much aggravated by exercise.

Dec. 21. Four powders of Calendula 200 to be daily alternated with Sil.

Dec. 27. Patient thinks "Last powders are helping it very much" (I had my doubts as to the wisdom of any change, have rather regretted making any so soon). Suggested using a tea from Lobelia seed for an antiseptic bath, effect relieved the itching from the corroding discharge.

Dec. 28. One powder of Calend. 10M.

Jan. 4. Received report of very severe pain for several days—almost unbearable, and impressed by this, I gave at my call that afternoon (Jan. 4) Lachesis 10M again; again I regretted my haste to change as on careful examination, visually and verbally, I realized that there had been definite improvement. As I had blurred my outlook, I decided to pay less attention afterward to the patient's attitude, especially as she was, it seemed overworking and hampering the treatment through disobedience to my expressed advice.

Jan. 7. Much improvement as to swelling, pain, appearance and discharge which had gradually become more pus-like and slightly sanguineous.

Jan. 11. No pain while resting with the foot elevated, except just before special discharge of pus, blood and watery fluid from sore, which is beginning to fill in from the bottom and to narrow at the edges. More flesh-like in color around the ulcer and also within the sore itself.

Jan. 14. Decided reduction noticed in the size of both legs (right had begun to threaten to duplicate the condition of the left at the time I was called, first). Patient has no troubles now except those of the leg. Is gaining flesh and courage; but unfortunately is working harder than ever. During this period I learned that all her troubles had always been worse

after sleep, so had no lingering doubts as to the homœopathy of Lachesis.

Jan. 28. Continued improvement. Leg and ankle normal size and color, except for the field immediately adjoining the centre of disturbance. The tissues have filled up to the level required and there is an inclination to form new skin of the kind not bought at the drug store. Two or three small spots still discharge at times with no distress. The annular discoloration is becoming a (dark) flesh color and narrowing.

March 18. Continued improvement under the powder given January 4th; but she reports distressful pain in the right eye—I learned that it began last week in the left eye, but she had hoped it was temporary and delayed reporting till the eye was affected. The pain was deep in the eye and severe—something she had not had at all since her early youth!

Intense photophobia and much congestion of ball; the lid was not involved at all.

As all other symptoms were being vanquished I repeated the Lach. 10M (was that repetition advisable?) Next day, March 19th, eye was worse—the pain extending down into the cheek and demanding darkness; but in two days there was general relief of all this phase of trouble.

She has had nothing more of medication except Sil. and quiets her conscience with the belief that even if her over-activity does delay the healing process, it must be better for her general health to keep it “a runnin’” till all the sickness is carried out of her! The family and all relatives and friends regard the improvement as almost miraculous, so there is small chance of her being *obliged* to rest long enough to get the best possible effect from nature’s effort to rebuild.

THE HOMŒOPATHIC TREATMENT OF TUBERCULOUS PEOPLE.

DR. WINANS, COLORADO SPRINGS, COLORADO.

I was not able to sufficiently correct the tuberculosis bent to cure tuberculous patients until I obtained and used Burnett’s

"Bacillinum." They died as did all the patients of the doctors around about me.

I remember well Mr. D., the first patient that ever received this remedy from my hands. I had obtained the remedy from Dr. Steinrauf of St. Charles, Mo. He obtained it directly from Dr. Burnett. I was afraid to use it at first, but when I saw that my patient was going the way of all the others, I said to him that I was going to do one of two things, give up the case or use a high potency of the virus of the disease, and I would leave it to him which I would do. I told him a little of its use by Dr. Burnett. He turned his face to the wall and for some time neither of us spoke. Then he turned and said, "Go head." I never saw a patient get well faster than he did. I followed Burnett's instructions.

Bacillinum has caused aggravations in many cases, the patients later fully recovering. I use the word *recover* instead of the Colorado word *arrest*. When once recovered I impress it upon my patients that they must never again risk any other treatment for even an ordinary cold, or influenza, or pneumonia, or typhoid fever, or any other disease for that matter, as many diseases lead right into tuberculosis under wrong treatment, especially the vaccine and serum treatments.

All who have heeded my advice in this matter never again have had a serious case of tuberculosis. Some who have not heeded are in the other world.

One who recovered after his father and four sisters had died of the disease, said to me that he never had it, because if it had been tuberculosis he would never have recovered. Nothing stayed its ravages in the other five members of the family, not even change of climate to the mountains that was tried with some of them, therefore, Homœopathy could not.

Five years later I met this patient in Colorado Springs. He had arrived the night before. I said, "What are you doing here?" He said, "T. B." I told him I would have an office opened the first of the next week and to come and see me. He said he would but first wanted an X-ray examination made to know just what condition he was in. A week passed. I had

given up his coming, when he came and told me he had been to Doctors W. and G., men of national and international reputation, Colorado Springs' best authorities on tuberculosis. They told him that he had had tuberculosis before, pointing out to him where it showed in the X-ray picture, showing a spot as large as a silver dollar, where it had healed. They told him that it was very unusual to find so large a place cured. He knew it was in the place I had said it was five years before, and he knew then that he had had tuberculosis and that I had cured him; and yet so great was the reputation of these men that he stayed in a hospital in their hands for a week with high fever every day. Then he told them that he was going to get out of there, and he was told that if he did not do exactly as the doctor said that no responsibility would be taken in his case. The nurse told him he was a fool, and that he would never get back alive if he left the hospital. But there he was in my office with high fever, July 26, 1919. It was in the right lung this time. The X-ray showed a number of bean-sized places where the T.B. was active. The left lung, where the trouble had been five years before, was all right, except the scar.

He received Bacillinum c.c. which caused an aggravation of his symptoms soon followed by an amelioration. August 9, Bacil. was repeated without aggravation. August 18, I found him broken out with hives and gave him a remedy which soon ended the hives. He was in a Nob Hill sanatorium while on the waiting list of Glockner. August 22, he was keeping up his usual daily expectoration of about half a paper cupful of sputa, a part of it thick and yellow, and fever every afternoon. I gave him that day Bacil. c.c. without an aggravation and with little or no amelioration. August 27, slight rales in posterior lobe of right lung and an eruption about the mouth. I gave him Nat. mur. c.c. September 3, I gave Bacil. 10m without an aggravation. September 10, Bacil. 10m with an aggravation followed by an amelioration. September 25, for loss of appetite and some symptoms of indigestion I gave him Nux vomica c.c. October 1, I repeated Bacil. 10m. He had

been in Glockner for some time then and was nearly well. October 13, I found him constipated—stools hard and dry—sputa thick and yellow. I gave him Sil. c.c.. About the middle of November he left Glockner. He had a little fever, coated tongue, and expectoration of yellow sputa. November 17, I gave Bacil. c.c. December 4, constipated again and I gave a remedy which corrected that nicely—my best remedy to regulate the bowels of a T.B. and, as Dr. H. C. Allen used to say, to fatten the T.B. patients after they are cured. This was the last prescription until January 19, 1920, when I gave Bacil. c.c. February 1, I was sent for in a hurry and found patient with a bad attack of influenza bordering on pneumonia. I did not report the case to the city authorities that day thinking I might have to turn it in by next day as a case of pneumonia. I gave a remedy—usually my best for colds or “flu.” The next day showed that a miracle had been performed. I got more credit for that prescription than for any I had made for that particular patient for his tuberculosis.

One time, years ago, in the 1889-90 “flu” epidemic, I was after Bry. in my pocket case but got the bottle next to it. When I reached my office I went to fill up the Bry. bottle and found it full, but this was empty and I then knew what I had done. I thought over the remedy and concluded it was a good prescription. The remedy would be a good one to catch the collapse that often follows the onslaught of that disease. Next day I found a miracle had been wrought, and that remedy has been one of my best for “flu” cases ever since and the principal remedy that enabled me to treat over 400 cases in 1918-19 without a death. Other remedies had to be used when I came later into the case, (Ars. for instance, saved one life for me) but this remedy was my first and usually the only prescription needed. You will never find a better remedy for an ordinary sneezing cold if you get the case within the first two or three days.

If our remedies are as nothing, then our allopathic friends are having from 18 to 30 per cent of killings to their credit. The credit this particular patient gave me for curing his “flu”

and saving him from pneumonia and perhaps death, partially compensated for the lack of credit he gave me for curing his tuberculosis. He seemed determined to give the greater share of his credit to his rest treatment in a sleeping porch and the Colorado climate. Yet he knows that the trick had been done five years before in the State of Missouri. He told Mrs. Winans, when she asked how it happened that he had recovered when so many others here had died during the time he had been under my treatment. He said, "Mine was an exceptional case." She replied that it was Homœopathy that made it exceptional. He received Bacil c.c. February 5, and a prescription for constipation February 12. Bacil. again February 17, which was his last prescription. He has been well ever since, but according to the traditions of Colorado he remains in Colorado not daring to go back to Missouri. Yet, while treating him and since, I have been curing tuberculosis in Missouri by mail.

Mrs. R., who had sent me a number of cases from Missouri, has written me as follows: "It sure is a great delight to me to watch these cases. It is the most fascinating thing in the world, and how it does perplex these doctors! They are actually afraid to call any case here now tuberculosis for fear you will get hold of it and cure it." Certainly it is not climate in these cases.

Mr. C. died of tuberculosis in Missouri. Then it became active in his son and Mrs. C. brought him here and the disease was "arrested." Not daring to go back to Missouri she sold her farm there and bought a ranch here, just east of Colorado Springs, where her son worked for two years and came down with tuberculosis again and died. Then two of her daughters developed the trouble, showing that this climate does not prevent its developing or becoming active, even when the children who have inherited the family bent are reared here. I have cured the youngest member of this family, a young lady, since I came here. I told her mother that I had cured her daughter of tuberculosis. She said, "We know it. We kept an X-ray tab on you while you were treating her and saw the improve-

ment in the pictures until she was cured." When she brought her daughter to me she said, "Now doctor, if you fail us I shall know that there is no cure for the trouble, for we have tried everything else with the others."

There is such a mania here as elsewhere for operations that a person who is a T.B. seemingly seldom escapes an operation for appendicitis some time before death claims him. Mrs. C.'s husband, her son, and one daughter, were each operated for appendicitis during the course of the disease. The daughter was a school teacher and had a fellow teacher stand by the operating table to see everything that was found. This teacher said that they operated in the sunlight that streamed through big windows into the operating table. When they had made the incision and lifted the intestines up into the sunlight they told her to look. She said it looked like one broken out with measles. She asked, "What is it?" They said, "Tuberculosis." They found nothing wrong with the appendix except the tuberculosis which was general throughout the bowels. The stitches did not hold. A second operation was followed by death.

Even the Mayo brothers make the mistake of operating for appendicitis—only to find it tuberculosis. I have cured two of their patients after such operations. They continued having attacks of "appendicitis" just the same as ever, and so came to me one year after operation. There it was, the T.B. bent right down the preceding generations. They might as well cut out one part of the intestines as another, so far as a cure is concerned. I have seen and heard so much of this work done and of the results that follow, that it seems criminal to me to operate on a T.B. for appendicitis. More knowledge of what there is in heredity would cause a cessation of these operations.

Mr. R., here from Wales, has four sisters there and in London, Eng., who are trained nurses. He said he can give me one hundred cases where operation for appendicitis in T.B.'s proved disastrous. His sisters knew of no exceptions. Stitches would not hold, and no end of trouble followed until death came.

To correct, in part at least, this inherited bent, the virus of the disease in high potency seems necessary. In the crude form it but hastens the death. This was true of "Koch's lymph." It killed those that had tuberculosis and gave the disease to many who did not have it. Then it was dropped like a hot coal that was burning the doctors' fingers, and was used no more to cure, but is still used to test cattle to see if they have tuberculosis. My farmer son-in-law said that his farm journal had it recorded that five tests would give a cow tuberculosis. And why continue these tests since it is known now that we cannot get tuberculosis by drinking milk or eating beef from tubercular cattle?

Other serums and vaccines, typhoid serum especially, are as harmful as Koch's lymph. They gave tuberculosis to thousands of our soldiers or made it active. Today the government is sending in great numbers here T.B. soldiers into the mountains for treatment. They would better be sending them to homœopathic physicians. The death rate in tuberculosis ought to be no greater than the death rate in typhoid fever, and it is not, if taken in time, under good homœopathic treatment.

The treatment of our T.B.'s does not, under the law of cure, differ from the treatment of patients suffering from the ravages of any other disease.

When a patient with the tuberculosis bent cannot get his intermitten fever cured with Quinine, nor apparently with any other remedy, a course of Tuberculinum will sometimes cure or make the patient curable. Tuberculinum bovinum has served well in many such cases.

Pneumonia has been called a miniature tuberculosis. I want to say the same thing of typhoid fever. I have said that only people with the tuberculosis bent can have typhoid fever, pneumonia, or tuberculosis. Typhoid fever is a miniature tuberculosis. This is why its virus caused tuberculosis in thousands of our soldiers. England overthrew compulsory vaccination and serumizing in her army when 70,000 of her soldiers came back from the Gallipoli campaign with tuberculosis from this same cause.

When your typhoid fever patient shows no indications for any remedy in particular, give Bacillinum and keep patient under close observation and you will soon see a change for the better or indications for another remedy.

We can easily understand why so many T.B.'s are operated for appendicitis before they have a chance to die in peace from this disease or be cured by homœopathic treatment. No other treatment can cure them. A little tenderness found in the region of the appendix seems all that is necessary to make the diagnosis of appendicitis. I have known this diagnosis to be made in a number of typhoid cases, in tuberculosis many times and in small-pox twice.

I will digress here enough to tell about one of these small-pox cases because it is the same logic—pardon the use of the word logic here—that leads to operations in tuberculosis.

My next door neighbor, while in the State of Nebraska last winter, was taken sick with a terrible backache, headache, and high fever, and a doctor was called who was at first puzzled, but when his fingers got over the appendix, all was clear! It was appendicitis! He must go to the hospital at once and have ice packs applied, and if this was not successful in driving it away he must be operated. The ice pack failed to relieve and he was operated on for appendicitis and the ice pack continued for three days longer. Then a rash began to break out all over him but it was not named for three more days, and then a name could no longer be kept back. It was small-pox! The ice pack was removed and the patient was soon covered with the scabs of small-pox and feeling a great deal better. In fact, as is generally the case, he had such a clearing up or cleaning up of his system that his health has been better ever since than it was before he had the small-pox. So much so, that he told me that he would choose small-pox every time rather than the "regulars" vaccination to prevent it.

I have cured four cases of fistula of the rectum with Bacillinum the principal remedy. Each one of the four was told that nothing but an operation could avail anything. Each one had brothers or sisters or parents that had died of tuberculosis.

One of the four did not know any better than to allow an operation for appendicitis a little later. Her case is the school teacher reported above. Homœopathy would soon have completed the cure, for she was well on the way to a cure when this wrong diagnosis was made.

Soon after I obtained Bacillinum I was called to see my then next door neighbor in Mexico, Mo. and found him with one of his attacks of appendicitis. His mother had died of tuberculosis. Lac. vac. def. relieved and under Bacillinum he soon recovered from that attack. I kept him under treatment after that, his attacks becoming lighter until he had no more and my last account of him, a few years ago, he was a well man.

Today, while writing this, a nurse came in who told me of a young man operated for tonsillitis not long ago and for appendicitis within the past month, from which operation he is just recovering. His mother died of tuberculosis. His is but a typical case. First comes the slaughter of the tonsils which scatters the trouble through the system only to locate later in some more serious part of the anatomy. Many go at once into tuberculosis after tonsils have been removed. Many have enlarged lymphatic glands, something has to follow suppression of disease whether by knife or by medicine. This young man thinks he has done the right thing. The fact is he does not think at all. He lets the doctors do his thinking, who in turn let some so-called "authority" do *their* thinking. They know nothing from their own investigations and their authorities know less, if that were possible. The reason why they know nothing about either disease or remedies for disease is because they study neither. They study results only. They seem to love to boast of their ignorance. They say that they have no remedy for tuberculosis except change of climate. They boast of knowing nothing about cancer, tumors, eczema, herpes, erysipelas, boils, carbuncles, influenza, enlarged tonsils, pneumonia, typhoid fever, small-pox, chicken-pox, etc., etc. These different expressions of disease, they call so many different dis-

eases. This is why the knife plays such a leading part in their treatment of suffering humanity.

When will these blind leaders of the blind come to a knowledge of the truth about medicine and disease, drawing right conclusions from their investigations and research?

A perfectly silly conclusion that illustrates the value of their researches was recently published in our metropolitan papers and passed upon, probably, by the majority of readers as a wonderful proof of the scientific work our students of medicine are doing. This is a copy of it: "Baltimore, Mar. 3, 1921. In studying germs in mouth and throat diseases physicians of the bacteriological department of Johns Hopkins hospital, have personally submitted to repeated tests the last year, according to a report by Dr. A. B. Bloomingfield. As a result, Dr. Bloomingfield concludes that germs are all the time coming and that the normal surfaces of the air passages afford an unfavorable environment for foreign organisms to colonize. Those who figured in the tests were at all times exposed to infectious diseases." Why did he not draw the conclusion that stands out so plain that it could be knocked off with a stick, that bacteria are not causes but results of disease? What if they should colonize? If a few of them cannot cause disease, neither can a colony. Why do not the doctors draw the logical conclusion that any logical mind can draw and set free our so-called carriers of disease that are now *prisoners* in the land of the free.

Until we change the theory of causes of disease from "germs," to the true cause or causes we cannot be free from these tyrannical imprisonments and other compulsions.

The people should use their own reason, if they have any, and not leave any matters with the *proof* to so-called "authorities." They must do this or continue to suffer the consequences of their folly.

ARALIA RACEMOSA.

JOHN HUTCHINSON, M.D., NEW YORK, N. Y.

Doctor Samuel A. Jones made the first proving of this

remedy, a proving of unique excellence. He reasoned that a medicine used so extensively for coughs as a domestic remedy (Spikenard, often called "Spignet") must have real value. Accordingly, he gave it to himself and forgot it. He had reason to recall the incident, however, as that same night he suffered a most distressing attack of asthma. But he was subject to asthma, and the significance of this attack was, that it was wholly unlike those to which he had become accustomed.

Dr. Hale, in the year 1867, records the Jones proving in the several volumes of his "New Remedies"; Dr. Clarke gives a summary of it in his Dictionary of Materia Medica; Dr. Farrington refers to *Aralia racemosa* in harmony with the same proving; in the supplement of Allen's Encyclopaedia of Pure Materia Medica (p. 323) the Jones proving is quoted from Hale, and other authorities have welcomed the accurate symptomatology for which we are indebted. Again, there are indications cited here and there for the remedy, but it must be admitted that not all our repertories have utilized its characteristics. Perhaps Lilienthal has given most in the successive editions of Homœopathic Therapeutics. There is a curious lapse in editing, however, as the current edition omits an important wording, which I will refer to later, since it illustrates so well what is fundamental.

Without doubt the pathological groups in which *Aralia* has place will be increased in number as we become better acquainted with the range of power of this remedy, particularly in its effects on mucous membrane. We may be quite prepared to accept a very much larger and more profound record of this power than has yet been published, remarkable as are the attributes already discovered.

In order to present the material I have gathered concerning *Aralia racemosa* it will perhaps be best to describe a case in which several similar remedies were selected, which, by their similarity of the case, and it may be said their *close* similarity, accomplished much, seeming in fact often to be, one after another, the very simillimum. It was a case of sub-acute laryngitis, persistent, painless, with occasional hoarseness,

slight, gelatinous expectoration, sometimes absent for days. The patient said the local sensations would sometimes extend down the trachea, as if a fibrinous exudate clung and tickled, causing a momentary cough. This began in midsummer. The man was of apparently good health, aged fifty-nine. He was irritated in mind by consciousness of illness and by the persistence of symptoms. These were not troublesome except by the fact of their existence and the mental impress they made as belonging to the abnormal.

Conditions progressed without much change till the colder days of fall and early winter. As prescribed for at different times they were improved or so seemed to be. During the winter, however, there were exacerbations. The cough came oftener, mucus of a salty taste increased, the irritation extended more persistently downward. Later, there was an attack of asthma. It yielded to Arsenicum. A second attack was controlled by Ipecac. Again, after a time there were more attacks. They increased in severity until a very severe one kept the patient in bed several days. At last, when there had been moderate quiescence, the condition settled into a night cough. Prominently associated with the cough were these symptoms: On lying down, patient complained that the walls of the throat seemed to relax and rub together, causing an incessant tickling at some point. The larynx felt loose. Respiration was loud and whistling. On inspiration there was distress from sense of impending suffocation. There was a feeling that air could not be got quickly enough. While air hunger was great, cold air or draft could not be tolerated.

Finally, at about two o'clock one night, the patient declared he could get no relief from coughing constantly to detach the tickling mucus from his trachea. Much of it seemed to come from down low, though there was not the slightest soreness or constriction of chest. At no time was there absence of whistling, rattling, squeaking, or a combination of really musical sounds *on expiration*. It will be noted that in the proving it is stated these sounds were prominent on inspiration, which in this particular case was not so. While I will

not take the time here to enlarge upon it, I should like to say that this variation in itself gives me confidence that, in the light of what occurred later, the remedy *Aralia* possesses a range of great extent in its symptomatology. All our great remedies cover many opposed conditions in different cases, and the selection of any one of them is not governed by this material factor, but by something finer, something more closely reaching the conscious discomfort of the patient, in this case at least. In other words, it would probably have been quite an indifferent matter to him whether the wheezing sounds came on inspiration or on expiration as far as any choice of his might go. The leading note was altogether a different one.

It was this: The patient would cough and cough. There would be no relief because the mucus would not detach for a long time. When it did loosen it would reach the mouth without the slightest delay. After a little the cough would resume, and the same cycle repeat.

Lee and Clark's Repertory of Cough and Expectoration was within reach. The physician took it up, began at the first page and studied it carefully for two hours, reading it nearly through, or until reaching this symptom, "*Expectoration: difficult to detach, but comes up easily, Aralia racemosa.*"

There was no *Aralia* to be had at the moment, nor until the next day. That was not far off, and during the following day the patient got the 200th potency of *Aralia* four times. That evening saw him in bed early and sleeping well. Not until four o'clock the next morning did he waken, having coughed not once before, and then not coughing at all, but only, as he said afterwards, truly wondering that after what had happened, that after months of nights of cough discomfort he should feel assured that it was all finished. And so it was. He has received a few powders of *Aralia* in the 1000th potency, and he has had no intimation whatever of a return of any kind of asthma. Also it may be mentioned that his health in its totality has never been as good as it is now and has been ever since the *Aralia* was so fortunately exhibited.

It is in the face of such experiences that we feel the worth

of available *Materia Medica*. The availability is precious and should never be curtailed, never disesteemed. The details of a faithful proving are most important, and so-called standardization belongs elsewhere, since we know that the single symptom of rare appearance is of first importance, not only as comprising the full individuality of the remedy, but also serving as the most direct guide to it.

It is a pleasure to concur with the suggestion of our President, Doctor Milton Powel, that the size and extent of *Materia Medica Pura* is nothing to complain of. The more of it we have the better off we ought to be. And it is a heavy responsibility to assume to eliminate what may have been voted useless in any recorded proving. I regret to say that the text as veritably recorded in the Lee and Clark repertory has not been given the same just prominence in all other works. That word, "EASILY" exactly as it is placed in the text was the high-light that illumined the remedy. There is something of the phenomenon in a symptom that is highly characteristic, and so it was here—intense inability to detach the mucus, involuntary raising of it. But the language of the prover and the same language of the patient led straight to the cure.

We approach our problems of pathology, if we approach them at all, through the knowledge of the power of remedies to construct, not through their power to destroy. Massive doses of drugs or even small doses of them administered on the antipathic or the heteropathic principle bear no resemblance whatever in their mission to the homœopathic *simillimum*. The statistics of mortality from heart disease, pneumonia, cancer, and tuberculosis leave no doubt in the mind as to the futility of a false approach or of the systems of scientific control, whatever that may mean in the majority of cases. On the other hand, it may be safely understood that if our *Materia Medica* does not now contain them, it should certainly incorporate in good time the proven remedies it now lacks for meeting these widespread problems of disease now so surely increasing.

Aralia racemosa is a remedy of wide sphere, if not, indeed, of many spheres. It is to be thought of in disorders affecting

nose, throat, larynx, trachea, bronchi, and lungs, complaints of many phases throughout the respiratory tract. Investigation already promises that *Aralia* is to be profitably studied and used in hyperchloridia, hay fever, sinusitis, cardiac disturbances, leucorrhœa, cystitis, to mention a few names, which certainly evidences its place as of high importance. There is no doubt whatever of its value in some cases of pulmonary tuberculosis.

Homœopathy is mercifully prepared to control the inroads of disease from earliest inception. Provings illustrate the precise needs of the patient from the very beginnings of his disturbed health, when vitality gives delicate warnings of what is taking place. This is most reassuring to the clinician, who is able to recognize the true correspondence between the symptoms belonging to the patient and those belonging to the remedy; for *this correspondence is the most wonderful thing in all medicine*. It is the one thing we are permitted to recognize and profit by without the self-imposed task,—if, indeed, it were not arrogance—to solve its mystery and so give our mistaken exegesis primary place. Rather, we are permitted to watch that wonderful reaction of the organism back to health by an immutable law.

Sometimes a difficult case sums up its essentials in the latest symptom. It was so in the instance here given. Then it becomes a matter far more delicate than any generalization, pathological or other. It is a problem of keen and particular estimate of very few items, one or all pointing the way to cure. Properly regarded, as with a clear knowledge of the guiding symptom, we shall be able to make sure that not one patient dies of anything but old age.

TWO CASES.

MAURICE WORCESTER TURNER, M.D., BROOKLINE, MASS.

Early in January of this year there came a telephone from a brother physician asking, "What do you know about hiccough"? Just before that I had seen three cases of hiccough

and therefore I told him what I could of my experience with them.

Later in the month the doctor came to my office and we went over his case together. He explained that the patient had been hiccougging, more or less constantly, since the beginning of December; that it followed an abdominal operation, and that Hyoscyamus was first given, followed by a number of other remedies, including Magnesia phosphorica, with only temporary improvement from any one of them. From symptoms obtained then I suggested that he study *Cicuta*.

On February fifteenth I was asked to see the case. The patient, Miss M. S., a teacher of physical culture, was twenty-three years old, slender and somewhat emaciated. She had light auburn hair, and a fair skin.

About two years before (1919) she had appendicitis with an operation and later another operation for adhesions. On account of some abdominal pain persisting there had been an exploratory abdominal incision in April 1920. The pain was in the right groin and cæcal region and came at first when she was tired, from an unusually hard day's work. An unpleasant business experience, with mental worry, and two attacks of unconsciousness, probably hysterical, completed the history. Whether the loss of consciousness was associated with the abdominal pain I did not learn.

Hiccough began in December 1920 and had been, together with the abdominal pain, quite constant since then. The pain was sometimes worse before the hiccough came on.

Since December she had lost twenty-five pounds, doubtless partly because vomiting of food had been common. As a rule her breakfast was retained though it often returned undigested. There were also sour eructations.

The succession of symptoms each day was as follows: she was worse after eating when there occurred nausea, then vomiting, and then hiccougging. The hiccoughs were very rapid—uncountable. Sometimes the symptoms varied and the cæcal pain came first, was severe, when she bent double for relief, then nausea, vomiting and hiccough following.

Remedies had only helped temporarily, though latterly Colocynth had given some relief.

She took pills to move the bowels, and as the general time of aggravation had settled down to about five o'clock in the afternoon—when the hiccoughing would be most marked, and continue through the night, preventing any sleep—she had, for several weeks, received Morphine, hypodermically, with gradually increasing doses till now a grain was given each night.

Such was the unpromising story I obtained, this was all and it seemed a puzzle, but such as it was it was the totality and must be relied upon and a remedy found which corresponded.

The only repertory at hand was Bœnninghausen (Allen's) and I turned to that for help.

At first glance there appeared to be two groups of symptoms in the case—those relating to the hiccough and those associated with the abdominal pain—but on closer scrutiny I saw that this was not so, that the case was one, and that it was a comparatively simple matter—not a major surgical operation—to untangle it.

Setting aside till later the symptom of "hiccoughs" which was the special condition I was called to cure, and which in itself furnished nothing guiding, I felt that there were two things which must be taken into account, first the abdominal pain with its modality, and second the Morphine—that is, that the remedy selected must be an antidote to Opium.

Consequently there were just three rubrics to be consulted. First, "Groins, Cæcum," etc., page 80; second, "Amelioration lying bent up," page 316; and third, "Antidotes for Opium," page 434.

As in my copy of Bœnninghausen the rubrics have been added to I will give these rubrics in detail, without the different type, but with figures indicating remedy values.

Groins, Cæcum, etc.: Agar. 2, Amm-c. 2, Ars. 4, Bap. 4, Berb. 3, Bry. 3, Carb-s. 2, Chel. 3, Corn. 2, Dios. 2, Gins. 2, Lach. 4, Merc-c. 2, Osm. 2, Phos. 2, Pb. 2, Sul. 3, Thuj. 2.

Amelioration lying bent up: Chin. 3, Cimi. 3, Colch. 3,

Coloc. 4, Lach. 3, Mag-m. 3, Nux-v. 3, Pb. 1, Puls. 2, Rheum. 3, Rhus. 1, Sul. 3.

Antidotes to Opium: Camph. 1, Coff. 1, Con. 1, Ip. 2, Merc. 1, Pb. 1, Vinum 2, Vanilla arom. 1.

Plumbum is the only remedy occurring in all three rubrics. Further confirmation, that it was the simillimum for this case, may be found by consulting these additional rubrics, which are really concomitants, converging the rest of the symptoms: 4, Nausea, page 73; 5, Hiccoughs, page 73; 6, Vomiting of Food, page 76; 7, Aggravation after Eating, page 279; and also by looking over Plumbum in Hering's Guiding Symptoms.

Plumbum was given in a moderately low potency, as far as I know, at first (6x-12x—), repeatedly, and in ten days or two weeks there was so much improvement that when an opportunity offered for her to resume teaching, at a school in a distant city, she at once undertook the journey. Then her physician gave her a bottle of pills of Plumbum 30th to take a few doses if needed.

The only moral in this case is one which probably is self-evident, namely, that neither in the telephone about the patient, nor in the discussion at my office was the totality of the symptoms brought out, for without the whole of the case to study the appropriate remedy could not have been found.

CASE TWO.

This is not a long story; on the contrary it is only a short confirmation of a remedy, with a new clinical symptom.

The patient is one who has been under my observation for some years principally because of symptoms which repeatedly recur in spite of help from remedies. The said symptoms being primarily due to Mercurial medication—allopathic—and cauterization with Nitrate of silver, years ago.

Recently she developed, without any apparent cause, symptoms of Ménière's Disease. The vertigo was extreme, from motion, turning, stooping, looking up, etc.

The eyes, that is, the glasses which she wore, were found not to be at fault, and the external auditory canals were free, with normal hearing. There was some tinnitus, but no nausea nor

vomiting and no disturbance of vision. While lying in bed the vertigo was brought on by turning over from right to left and also there was aggravation when looking upward—raising the eyes—or down, or when stooping; with relief from closing the eyes.

Several remedies failed to help—notably Conium, Chininum sulphuricum, Phosphorus; finally I gave Granati cortex radices (Jenichen) 200th, two doses dry, on March 1st, 1921. It had to be repeated on March 8th and on March 17th—repetitions in same potency and dosage. Since then absolutely free from vertigo and tinnitus.

The peculiar symptom—aggravation turning over in bed, from right to left—I have failed to find under any remedy. I trust it will be of interest.

CLINICAL CONFIRMATIONS.

BENJAMIN C. WOODBURY, M.D., BOSTON, MASS.

The following cases are not reported with the idea of their being in any degree significant as examples of accurate homœopathic prescribing, yet it is sometimes from simple details that the basis for more complete data may be obtained.

CALCAREA FLUORICA.

H. N. C. A man of 74 years, first seen Sept. 11th, 1920, a week before had suffered from an ulcerated tooth, with some involvement of the antrum right side. Has since had an aggravation of old bronchial symptoms. Has had asthma for a period of twenty-five years for which he has used "Green Mountain Asthma Cure."

How has a severe cough with expectoration which is profuse and yellowish. Loss of taste; takes Nujol for his bowels. Prolapsus recti after stool, which is aggravated after coughing; cold feet; asthmatic breathing, with dyspnea; sleeps with two pillows; complains also of bladder irritation; urine thick, and is expelled with a sudden gush, slow in starting. Numbness of legs, cramps in the calves. Abdominal distress from gas and after stool, relieved by rubbing. Varicose veins. Likes to drink but water distresses him. Dark brownish coated tongue.

Physical examination: Fairly well nourished; fauces red; sensitiveness over right antrum; ears negative. Heart slightly enlarged. Lungs: diffuse rales heard over chest; hyper-resonance from emphysema. *Abdomen:* double inguinal hernia extending into scrotum on right side. (Wears an imperfectly fitting truss). There is also a moderate sized epigastric hernia. Reflexes normal. Ganglion on left wrist. He received Cal. fluor. 200, 2 p. Sept. 11th and Sept. 16th. He was seen by Dr. H. E. Maynard the following week in my absence, and was sent to the hospital, where a subsequent report confirmed the physical findings above given. After a stay of five weeks in the hospital, where the treatment so far as medicines were concerned was practically nil, he was removed to a home for aged men. From Nov. 8th to March 4th he received from time to time Sac. lac., Bry. 30 and 200 (for acute colds), and Cal. fluor. 30, 200 and 90M. The interesting point in this case is that he has, so far as I know, never since had recourse to the asthma powder to which he had been so long inured. He has not yet been able to obtain a satisfactorily fitting truss, and the condition of his health does not admit of operation for radical cure of the hernias.

HEPAR SULPHUR—LACHESIS.

Mr. C. F. C. Son of case just cited, was first seen on the afternoon of August 22. He was found to be suffering with a sore throat which had begun a week previously, on return from his summer vacation.

Physical examination: Showed marked swelling of the left side of throat, salivation, sticking pains, some relief from cold applications locally but likes to be well covered. Soreness of right side, mapped tongue. Tongue feels hot and burning; hurts him to talk. Generally worse in the late afternoon; gets nervous and discouraged. He received at this time Hepar sulph. 1000, one power. The developments during the next three days included rapidly increasing swelling of the throat, and enormous edema of the uvula. There was general aggravation after sleep and marked difficulty in swallowing, and even on taking a deep breath. Apis 200 was given without

relief. The edema was now so great that the patient was not able to drink water even, and no food was swallowed for four full days. Careful repertorizing using the following rubrics: *suppuration of tonsils; swelling of the uvula, edematous; (Apis., Kali bi., Lach.) suppuration of tonsil left, and mapped tongue* are all covered by Lachesis together with the difficulty in drinking and suffocation on going to sleep. The regurgitation of fluids through the nose also suggested this remedy, which was given in the 200th potency. On Wednesday, Aug. 25th, abscess spontaneously ruptured with immediate relief of all symptoms. The temperature which at its highest reached 102, came down to normal within 48 hours. Two doses of Hepar were given when there was a slight return of swelling and temperature, and the patient was completely restored and has since taken on flesh and felt better than for a long time.

LACHESIS.

May 25th, 1920, I was consulted by Miss A. a patient of the late Dr. Samuel A. Kimball, who presented a well-defined membrane beginning in the left tonsil with pain and swelling, dark red face, thirst for cold drinks, but unless taken warm, fluids cause nausea. Worse empty swallowing; or swallowing saliva. Heat in flashes with slight chills and sense of nausea. Temperature 101.6, pulse 100. She was somewhat improved the following day, but membrane had extended to right side. There was hoarseness and pain on speaking, and dyspnea on waking from sleep. Yellowish color of membrane, bad odor from mouth and badly coated tongue. Culture report taken the previous day was positive. Lachesis 1m.

May 27th, membrane more marked on right side; membrane swelling diminishing; feels better. Sac. lac.

May 28th, but one small spot remaining on right side; two small ones on left. Sac. lac.

May 30th, throat clean, tongue clearing. Sac. lac.

June 2 and June 3rd, two negative cultures were reported by the City Board of Health, the first but eight days from the date of reporting the case, so speedy was this result obtained that the visiting nurse remarked that the Board of Health

could not understand how it could have been an actual case of the disease.

LYCOPODIUM.

B. P. N., aged 9 years, a nephew of the above patient, was convalescing from diphtheria when his aunt became ill, and had just gotten release cultures from the Board of Health. On June 14th, he had a sharp chill followed by fever. Temperature 100.2, pulse 120. Very tired. Beginning deposit on tonsils especially right, less marked on the left side; desire to pass water, without result; yellowish discharge from nose; desires hot or cold drinks; dilated nostrils when breathing through nose which is very nearly stopped up. He was given Lyc. 1000 B. & T., 1 pd.

In talking with Dr. Kimball I found that he had had this same remedy at the beginning of his illness, and later the 50m (Kent). He was accordingly given the 50m two days later and made a good recovery, but no positive Klebs Loeffler bacilli were found. Both of the cases received only fruit juices until the throat and tongue began to clear, and the temperature reached normal.

NATRUM SULPHURICUM.

A patient at the out-patient department of the Massachusetts Homœopathic Hospital, who had been undergoing intensive treatment at the genito-urinary clinic for syphilis, presented the following symptoms: a peculiar cough with constant irritation day and night for which Phos., Spongia and other remedies had been given without relief. So persistent was this irritation that possible involvement of the peribronchial glands was considered. Saliva was profuse, tongue heavily coated especially at the base, and there was diarrhœa with griping pains in the abdomen. The stools were more profuse in the early morning, coming on shortly after rising, and there was a very prominent aggravation of the cough and asthmatic breathing in damp weather or in damp surroundings. Natrum sulph. was given, two doses of the 30th. This was repeated about one week later; and finally two powders of the 200th were given, with complete relief of the diarrhœa and cough, and

gradual betterment of the dyspnea. At this time the patient left Boston for another locality, but came to let us see her before taking leave.

In addition to Arsaphenamin this patient had been receiving the routine intramuscular injections of Salicylate of Mercury. Kent gives as the principle remedies for abuse of Mercury: Aur., Carb. v., Hep., Kali. i., Lach., Nat. s., Nit. ac., Staph., and Sulph. The general and particular symptoms seeming to correspond it was apparently called for and the results seemed to justify its selection.

ARSENICUM.

Mr. R. H. B., aged 73. I was called to this patient at 10.30 P.M. on Feb. 12, 1921, who had been given up by his physician. His history was as follows: he had had an acute illness beginning Dec. 23rd, and lasting about three weeks, from which he had recovered sufficiently to get out of doors, and had been about as usual since that time, although he had had increasing difficulty of sight for some time, so as to prevent reading or more than partial vision for distant objects.

P. H. Always fairly well until December last, although has been addicted to alcohol more or less for many years.

P. I. Began one week ago with nausea and vomiting followed by constipation. Has had great distress in breathing and has had to sit up to breathe; urine very scanty; retained during the past 24 hours, was catheterized this A.M. and has been given hypodermics over the heart to relieve his distress.

P. E. Shows fair development but undernourished condition of the body. Skin sallow, moderate cyanosis of lips and finger tips. Heart's action slow (depressed); rate 48, suggestive of heart block, size and position apparently normal. No rales heard in the chest. This was not an encouraging situation but the only assurance I could give was that the patient would at least not die that night. There was great distress about the waist and dyspnea on slight exertion, nausea; worse motion; thirst for small amounts. Perspiration after straining at stool or on attempting to urinate. R Opium 200, ts. every two hours.

February 14, a more comfortable night. Obtained a specimen of urine by catheter which showed a trace of albumin, no sugar, or acetone, or diacetic acid; indican slightly increased, glycuronic acid present. The sediment contained blood, very much pus, bladder and kidney epithelium, and hyaline, granular and epithelial casts. The amount was insufficient for specific gravity.

February 15th, a fair night, but a good deal of restlessness and nausea, dyspnea very marked on exertion. He was given Dig. 200 in water and a specimen of blood was obtained from which an Auto-hemic potency was made according to Dr. Rogers' technique.

At 2.30 P.M. I was called by telephone as the patient was in extreme distress. As I could not get to him for at least an hour, owing to the distance, I advised their calling another physician who had seen him two days before (Dr. Piper of Lexington) who left him some medicine, which had not been given when I arrived as he had been relieved by heat, rubbing, etc.; I saw him finally at 6.30. At this time he was given a small high enema of olive oil and warm water and the 6th potency of Auto-hemic was begun. This was given in dessert-spoonfuls every three hours for the three following days, until Friday P. M., the tongue becoming somewhat clearer, meantime the bowels and urine poured off their contents, and there was more general comfort, and some sleep at intervals.

February 16th, showed a rapidly rising respiratory rate from 14 or 16 when first seen to 30-32; with a pulse rise from 44-48 to 90. The blood pressure was 130/90.

The Auto-hemic was continued in increasing potencies to the 9x, until February 23rd, when the pulse was 82, respiration 26. There then began to be noted more dyspnea, so that it was impossible to lie down again, and edema began to appear in the feet, worse on left side, and a reddened angry looking excoriation on the right thigh (decubitus) surrounded by a very scaly appearance of the skin. At this time the indications for a remedy now becoming clear, Arsen. 200 was given, a powder dry on the tongue.

February 25th. The patient had a very bad night with a marked aggravation between 1 and 2 A.M. There was great pressure of gas and more edema of the feet and hands; accordingly Arsenicum was continued but in the 30th potency.

February 26th. A much better night and better day. Respiration 22, pulse 84, heart's action irregular, but stronger. Skin on hands looks wrinkled, edema of feet worse.

February 27th. More comfortable, but very weak.

February 28th. Feels much better, especially on waking from sleep, swelling less. Ars. 30th continued.

March 2nd. Much more comfortable. The diet has been chiefly orange juice, a little buttermilk and mush. Beef broth now added. Pulse 72, respiration 22. Has been able to sleep in bed on two pillows, edema improved, is becoming hungry.

March 4th. Great improvement. Pulse 80, respiration 18. Swelling of feet practically gone, is able to walk a little about the room. R̄ Arsen. 30, when needed.

March 6th. Complains of ringing in the ears, and examination showed an enlargement of the impacted cerumen which, when removed, readily brought relief. Decubitus much improved. Urinalysis March 27th, showed specific gravity 1.017. Pronounced trace of albumin, no free blood, much less pus, and hyaline and fine granular casts.

March 13th. Pulse and respiration normal, edema entirely gone. Has gained some flesh.

March 20th. Pulse 62, respiration 16. Clothes on, and out of doors for a few minutes, does not distress him to ascend a long flight of stairs.

April 12th. Urinalysis showed trace of albumin, leucocytes and pus, bladder epithelia but no casts.

May 3rd. Urine still showed a trace of albumin and some pus cells, but there were no casts, and at last report patient was doing well.

PSORINUM.

Frances M., æt. 10 years, October 31st, 1920.

Has two brothers aged 9 and 5 who have been similarly afflicted just prior to the beginning of her illness. Became ill

two weeks ago, sudden onset, woke in the morning saying her leg hurt her, and was "asleep." Temperature following day 102; diarrhœa for two days. Woke the following morning with a start and found she could not lift herself from the bed, complained also of pain in left temple extending to back of head to cervical region, head heavy; delirious at night, wakes with a start. Thinks she is alone and on waking pounds the bed or scratches with her fingers; quiet during the day. There has been no sore throat or rash. Difficulty in motion of left arm and in moving of left side of the chest. The treatment up to present date has been Gels. 30 and Lach. 30, prescribed by Dr. Richard S. True.

P. E. Well developed child, skin clear, light complexion, red cheeks, light hair, tongue fairly clean. Heart and lungs negative. No loss of sensation. Motor paralysis left lower extremity, grip nearly equal, slightly diminished left side. Pupillary reflex normal, left K. J. absent. Temperature 98.4, pulse 104. Moderate edema of left leg, no pain but marked sensitiveness on touch or pressure. Cannot raise leg from bed, or raise herself in bed without help. Is able to sit up for short periods. Lach. 50m.

November 11th, improved. There is no restlessness at night; can stand alone for a short period. Less swelling and cyanosis of affected leg. Reflex has returned in right side, moderate degree of foot drop is present. A Cabot wire splint was applied at this time to be removed when leg became tired or much swollen.

I am indebted to Dr. J. W. Enos of Chicago for the suggestion of using Psorinum in infantile paralysis. This remedy, he informs me, he discovered some years ago to be *the* remedy for this disease. The recommendation of it however, had for the time slipped my mind, and I was led to it by the appearance of a peculiar eruption which now appeared about the mouth and chin, not only on this patient but upon both of her brothers, to whom Psorinum was also given, on one of whom it appeared after the remedy was administered.

It is true that there was not much else in this case to sug-

gest the remedy except perhaps a thickened, dark brown and very disgusting looking callous which soon covered the entire soles of the feet, particularly the affected side. There was, to be sure, a good deal of restlessness of the feet which is noted in the guiding symptoms somewhat similar to *Rhus*. (in fact a dose or two of *Rhus*. was given before the *Psorinum*). Accordingly this remedy was given on November 28th and to avoid reiteration and superabundance of details, I may note that of December 14th, after being on her feet a little too long, there was a good deal of swelling and protrusion of the left hip due to the relaxation of ligaments and atrophy of muscles in the neighborhood of the hip joint. She was given *Rhus. tox. 1m* and kept in bed for a few days.

January 6th. She contracted an acute catarrhal cold for which she was sent *Euphrasia 200*.

January 23rd. Much improved: can walk with a cane and even alone. Pulse somewhat irritable (104) after every great exertion. Muscle tests show weakness of muscles of the back: can raise herself with difficulty when lying on a table. Extensor muscles of leg and calf much involved. Was given *Psorinum C.M.*, one powder, and at this time was put upon a course of exercises such as outlined by Wilhelmine G. Wright, in her excellent brochure on: "Muscle Training in the Treatment of Infantile Paralysis." (Miss Wright is a graduate of the Boston Normal School of Gymnastics 1905, and assistant to Dr. Robert W. Lovett of Boston).

The special exercises were for the flexion of the thighs on the trunk; of lower leg on the thigh; extensors of the thigh on the trunk; adductors of the thigh; inward and outward rotation of the thigh; plantar flexion of the foot of the lower leg; dorsal flexion of the foot on the lower leg, supinators of the foot and flexors of the toes.

April 15th, 1921, the last time I examined her, this patient was found to be so greatly improved that she easily walks to the distance of nearly half a mile; uses her cane for safety, but can walk a crack or line on the floor, and easily overcomes the tendency to abduction of the foot by "toeing in." She has

gained flesh and has a rosy healthy color. Has eaten no meat and no sweets, with the exception of a small amount of honey.

Dr. Enos has a special potency of Psorinum, the 11 DMM, a powder of which was given at this time.

Her mother writes me on June 1st, that she has made wonderful improvement during the last few weeks, and can now walk upstairs, with her paralyzed leg leading, which would show that the toe-drop is fast improving. The knee reflex had not returned in the paralyzed side when last examined.

CLINICAL CASES.

MARY SENSEMAN-HARRIS, M.D., MONTICELLO, ILL.

MALANDRINUM—APPENDICITIS.

Henrietta B., age 15 years. July 7, 1921, temperature 100.4, pulse 76. Tender over entire abdomen. Very tender over appendiceal region. Restless, but feels best if she can be very quiet. Pain relieved by lying on right side. Thirst for cold drinks. No nausea. Bowels moving normally.

Bryonia 200. All food prohibited.

July 8. No pain. Very little tenderness. Temperature normal. A few hours after the *Bryonia* the patient began to perspire freely, and improvement was rapid.

Sac. lac. x. Remain in bed. Broth or fruit juice.

July 10. Felt well until 5 P.M. on this date. Temperature 102, pulse 100. Extreme tenderness over appendix. No bowel movement. No nausea. Restless, felt bruised all over.

I feared operation was inevitable, but it was late in the evening and patient would have to be taken considerable distance to a hospital. Besides, drugs are so much wiser than physicians or surgeons, and it is not fair to the patient to put her on the operating table because the doctor is attacked with hysteria.

I gave *Pyrogen* 200, expectantly rather than on clear-cut symptoms, for we lacked that disproportion between pulse and temperature characteristic of this remedy.

July 11. Temperature 100.6, pulse 80. Very tender over

abdomen. Had been vaccinated February 13, 1921. Wound suppurated for three months. *Maland.* 200.

July 12. Temperature and pulse normal. Wholly free of pain and tenderness.

September 7. Has remained well.

PHOSPHORUS—CHOLERA INFANTUM.

Helen T., age 11 years. July 10, 1921. Parents asked me for medicine. Said child vomited yellow fluid, was cold, wanted to be covered, even when perspiring. *Nux v.* 6x.

July 12. Child still sick, but had vomited no more. Thirsty for cold drinks. Seemed to have fever. Stools loose. *Bryonia* 6x. *Bryonia* has been the epidemic remedy in this locality for affections due to the intense heat.

July 13. Called to see patient. She looked as though she would die within twenty-four hours. Skin dirty lemon-yellow color. Dark rings around eyes. She had started to vomit again. Vomitus dark green, thick, odorless, looked like soft stool. *Unquenchable thirst for cold water.* Complained of feeling hot all over. Excruciating pain in stomach and bowels, relieved by vomiting. Bowels moving frequently, thin, offensive. *Last bowel movement was involuntary and child was unconscious of it,* though not delirious at the time. Some delirium the night before. Pain in region of sigmoid during stool. Tympanites. Temperature 102.6, pulse 128. *Phos.* 200.

July 14. Stools still thin, but not frequent. Voluntary. No pain in region of sigmoid. No vomiting. Child rested well. Moderate thirst. Temperature 100.6, pulse 100. *Sac. lac.*

July 15. Temperature 100.6, pulse 96. Patient had made no improvement since previous day, but was apparently no worse. *Thirstless, even during the fever. Copious perspiration during heat. Nosebleed, from left nostril.* Tympanites. Stools soft, brown, offensive. *Sulph.* 200.

July 23. Called at office. "Does not feel as if she had been sick. Wants more food than she had wanted for a long time."

August 14. Stools loose during forenoons, last few days.
Sulph. 1m.

September 7. No further trouble.

IMPETIGO CONTAGIOSA.

Mrs. S. and son. June 16, 1921. Both patients had ulcers on faces that looked like burned areas. Thin crust in middle. Ulcers spread at circumference. *Intense burning*. Very slight itching. Poisoning by some plant was suspected. Learned that the boy went swimming in river daily. *Rhus tox.* 6x.

June 17. No change. *Burning* continued. *Ran. bulb.* 6x.

June 18. Ulcers healing. Recovery was soon complete, Mrs. S. later reported.

Irma M., age 11 months. July 28, 1921. Left side of neck, from ramus of jaw to clavicle, was red and denuded as if burned. Ulcers were oval or circular, having at one side a distinct crescent or water-like crust. Thin, white exudate on denuded surfaces. Similar areas in axillary line of left chest. Crusted crescents more marked on chest. Each raw area had started as a blister. Evidently there was no itching. History was that the child's uncle had had an eruption of same character on his face, and had played affectionately with the baby. Eruption was of only a week's duration on child. A salve had been applied, but seemed to aggravate. Child's general health was excellent. The crescents were so striking that I gave *Syph.* 200.

July 30. Grandmother stated that, July 29, baby's neck was so raw, inflamed and moist with exudate that the little one could not turn her head without turning her body. Today no inflammation, no exudate, crusts falling off, baby feeling fine.
Sac. lac.

STROPHANTHUS.

C. M. BOGER, M.D., PARKERSBURG, W. VA.

Here is a recent experience, illuminative as well as instructive.

An old patient, aged 71, had for months been troubled by awaking about 2 A.M. in great distress from the great accu-

mulation of gas which she belched up with a loud penetrating sound, heard all over the house and accompanied by violent palpitation of the heart alternating with a hard thumping within the head.

Taking it for a case of nervous indigestion I gave several of the ordinary remedies without the least appreciable effect, when all of sudden I was called, at night, to find her in the agonies of true angina pectoris. The danger was, of course, extreme but *Aconite* saved the day, while a short examination disclosed the presence of a strong mitral regurgitation as well as an extreme degree of left ventricular dilation.

So much for snapshot prescribing; however, as events turned out the diagnosis would not have led, even remotely, to the really indicated remedy. With a proper correction of the diet and absolute rest in bed we got along well enough for twelve days when she suddenly developed nausea, retching and vomiting accompanied by the inevitable eructations and a suspicious pain extending from the region of the duodenum up into the chest, all worse at 2 A.M. The diagnosis and the remedy were now both plain enough, I thought, and to confirm this view *Kali bichromicum* helped immediately, only leaving her very weak and prostrated, from such a gastro-duodenal crisis, which looked so much like duodenal ulcer.

After this the heart lesions seemed stationery with, however, almost nightly paroxysms, at 2 A.M., of violent throbbing of the heart alternating with hard beating or thumping, as she called it, in the head, accompanied with great alarm and stitches in the heart. A remedy covering the whole symptom picture was not apparent, hence I gave *Glonoïn* on the head and heart symptom, expecting little and getting no result whatever. In the meantime I had ransacked about all of the literature at hand for this symptom where I might, perchance, find it so combined as to simulate the symptom picture at hand.

At last I was rewarded by finding in the Homœopathic Recorder, Vol. 12, No. II, pp. 502, these symptoms: "Felt a pulsation in the head and in the heart, passing soon into a lively perception of the action of the heart. Slight stitches and

twitches in the region of the apex. Eructation and hiccough. An undulating sensation in the head and in the whole body." A single dose of *Strophanthus* 12 centesimal, turned the trick and she was entirely relieved for several days. Another dose relieved for about a week, while still later the intervals became two weeks. She has been kept in bed against many protests, until lately; while now and then there are times when no mitral regurgitation can be detected at all and the dilatation is decreasing. How much further the case will go I can't tell but this case has been one of the surprises of my practice, from several points of view.

In passing several distinctive features of *Strophanthus* may be worth pointing out.

The pulse is alternately rapid and slow.

Very mobile pupils; dilating and contracting alternately (Am-c., Arn.)

Blood surges alternately to the head and heart (Glonoin).
Throbbings and undulations.

Nervous excitement.

Loquacity.

Stitches.

Twitchings.

Acts primarily on the heart, stomach and intestines.

ACUTE RHEUMATIC FEVER.

P. E. KRICHBAUM, M.D., MONTCLAIR, N. J.

One of the diseases, which for countless periods of time, has afflicted man, is Rheumatism. The term covers a broad field of many forms, and tortures man from the cradle to the grave. To go into a differential analysis of the many types of the disease, in its chronic manifestations, would occupy too much time. Such data is available on your own bookshelves. I propose here to briefly marshal a few of the remedies, which may serve you when you are confronted with a patient suffering from an attack of the acute phase of this painful malady.

The cardinal symptoms of rheumatic fever are the sudden onset of a polyarthritis, flitting from joint to joint, with fever,

and sweats, and the rapid occurrence of anæmia. In children, the arthritic symptoms may be so slight, the endocarditis, which is much more common than in adults, may, in consequence of this lightness, be entirely overlooked. In fact the most common sequela of acute rheumatism in endocarditis, occurring in 25 to 40 per cent of all cases. The valve most frequently affected is the mitral.

Many theories have been put forth to account for these rheumatic attacks, one of the latest being infected tonsils. We grant that people with enlarged tonsils are most prone to this form of rheumatism. It is further identified with the period of life when the tonsils should disappear. It is just as reasonable to assume, however, that the cause which prevents the tonsils from atrophying, is the same factor which causes the rheumatism. The removal of the tonsils does not eradicate the cause. Still another exciting causative agent lies in a faulty diet; the excessive consumption of sweets and meat. Given a so-called acid constitution and multiply dietetic errors, such as a large indulgence in candy, villainously concoted hyper-syrupy drinks between meals, and the end product, rheumatism is not hard to predict.

In the acute and febrile stage of an attack, liquid nourishment is indicated. Milk of course, if it can be taken. Where milk does not agree, soups or broths flavored with vegetable extracts. Milk toast, barley or oatmeal gruel, clam broth, malted milk, or Mellin's food, all may be prescribed. During convalescence, farinaceous but not saccharine food should be given. Return to a diet of solid food very gradually, and interdict all indulgence in meats, pastries, and sweets. When convalescence is established, eggs, fish, oysters, and white meat of chicken, may be added. Climate does not seem to exercise much influence, as a predisposing element in acute rheumatism. The arctic and tropical regions, according to some authorities appear to offer some immunity. Elevation is not a modifier to any extent. In children, the disease is apt to be septic or syphilitic. No infective micro-organism has been discovered, but of course the tendency is inherited. You will find the

victims naturally among the scrofulous and gouty, and you will perceive that almost invariably, they are great sweaters. Dampness and fluctuating temperature are arch enemies, also sudden refrigeration, and exposure. Traumatism has been known to excite an attack, also some sudden depressing influence in the predisposed. The disease involves the whole tissue of the affected joint. The sheaths of the muscles and tendons are reddened and injected and filled with serous liquid, and sometimes pus cells. Contrary to popular lay belief, neither the urine or the blood of these patients shows marked acidity. The lesions of the synovial capsule of the joint disappear more quickly than those of cartilagenous structures of articulations, consequently the subsidence of swelling, and disappearance of external signs of inflammation, should not be regarded as significant of complete recovery in cartilagenous and osseous tissue. The parts should be protected from all unnecessary use for considerable time after the subsidence of acute symptoms.

Before touching upon the remedies likely to be called for in acute rheumatism, I want to re-emphasize the fact of its intermittent, or remittent features. This being the case, it naturally falls into place beside malaria, tuberculosis, etc. To continue, if profuse sweating and anæmia characterize the disease, deep acting medicines are in order.

With this fact in mind, Aconite, which heads Dr. Kent's list of remedies as likely to be called for in this trouble, need not detain us long, for the exciting causes of acute rheumatism do not fit Aconite. However, where you have a case of this kind in a hitherto robust, healthy, but neurotic subject, with hot, pale or red swollen joints, shifting about, with the characteristic fear, restlessness, thirst, and aggravation from a warm room, with the rapid wiry pulse, high temperature, and never to be mistaken agitation of this remedy, Aconite should receive your attention, even if you do not administer it.

Acute rheumatism, with gouty trimmings, often points a finger to *Ant. crud.* and may lead you to a recognition of this remedy, through its classical gastric symptoms, markedly the

nausea, vomiting, and white tongue. When Ant. crud. is the medicine, and the subject is young, you will often see an individual inclined to grow fat. Again, queerly combined, this well covered patient, instead of showing the proverbial propensity to accept even pain, good humoredly, is given to fits of tempestuous anger, is cross if touched or even looked at. A patient with acute rheumatism, where Ant. crud. is indicated, is a heavy trial to any nurse. There is generally a history of great over-eating prior to the attack, with a weak stomach and stories of canker sores, and an easily disturbed digestion. The thick *milky white coating on the tongue*, of course, is guiding, and so distinctive, it will lead your attention away from the focal point of the inflamed joint, where you have placed your diagnostic stamp of the name of the disease. Minor corroborative evidence will reward your search, for Ant. crud. has many individual and characteristic symptoms. But a few of them may show up in a case of acute rheumatism, but the modalities are sure to do so; prominently the fact that such a patient cannot bear the heat of the sun; is worse from any exertion *in* the sun, like Glon., Lach and Nat. carb. Ant. crud. is worse after eating and cold bathing, after taking acids or sour wines, or extremes of temperature. When this remedy is indicated, your patient pleads for the open air, accepts gratefully all the rest you prescribe, and will raise no objection to warm water bathing. There seems to be a sort of stasis in the economy of the Ant. crud. individual. Look for slow growing finger nails, unbeautifully horny and sore. The flesh also seems oddly intolerant of pressure, soles of the feet get red and sore, also the heels, if pressed against anything. A shiny red elbow despite its ample covering, runs in the same chain. Graft a real man-size acute inflammatory process on any joint belonging to such a person, and you will have a picture of pain, not easily forgotten by patient or doctor.

A very different scene is shown where that great remedy, Ars. alb. comes into action. The diagnosis may be the same, also the pathology, but there similarity ceases. We all know the cardinal symptoms of Ars., in whatever disease it may be

indicated, but I propose to re-affirm these striking characteristics, where a case of acute rheumatism calls for this medicine. Naturally we look first at our patient and his disturbed area, where this is visible. The swelling of the offending joint or joints, we note, is oddly pale, also the affected part has to be moved constantly almost, in spite of the distress such an action causes. This is Ars. which wants to move, or be moved so long as the human will operates. As we observe further, we detect the profuse general perspiration, and then have explained to us that this same sweating, while exhausting, still relieves the pain. When an Ars. subject starts in to tell of his pain, he will certainly run short of adjectives, if he doesn't first run short of breath, and faint away, as sometimes happens. Burning and stinging sensations then, invariably figure in these recitals, but the Ars. subject seeks to fight fire with fire, and craves heat, external and internal in every amelioration offered him. The well known hours of Arsenic's aggravation, 12 midnight to 3 A.M., plays its customary part in rendering the nights hideous for your rheumatic patient, where this remedy will be of service.

The call for Bell. in acute rheumatism has all the spectacular earmarks of such a call in any disease. Everyone is up and doing when Bell. steps into the limelight. All swellings under this remedy are apt to be very red, very shining, and very painful. The pains are pressing, tearing, cutting, and frequently run from the affected joint along the limb like lightning, coming and going quickly, a true Bell. trick. No one ever makes a second attempt, without apology, to move an inflamed member, where Bell. is indicated. Motion of any sort or touch is intolerable. The well known Bell. loquacity is often subdued in the joint affections under this remedy, because, even talking is to be avoided. Such pronounced aggravation from motion, suggests Bry. but a very superficial observation of your patient, sharpens the differentiation. The typical Bry. pain or pains may indeed become so intense, that the rheumatic patient helped by this great polychrest, may from sheer agony, be forced to move the painful member.

This, as a misleading factor, disappears, if you recognize the immeasurable *relief* with which such a patient settles into immobility after the effort. He will not want you to even straighten out the bed clothes. The dark haired, dark complexioned, slender, nervous individual with an unruly liver, fits best into Bry.'s schema. There never seems to be any excess of moisture about these people. Their mucous membranes are dry, their skin is dry, tongue and lips are dry, cough is dry, even the stool is dry as if burnt. But if there is lack of moisture within, they seek a-plenty without. The Bry. thirst for large quantities of water is classical. In inflammatory rheumatism under Bry. the swollen joints often present a peculiar faint redness which streaks out in various directions.

Your nervous excitable woman patient, with the swollen finger joints, suggests Caul. which remedy often comes in, and does good work in cases of deep and acute joint inflammations. The pains are apt to be cutting, erratic and severe, prohibiting all motion; are often of a spasmodic nature and shift from the small joints to the back of the neck, causing rigidity. The fever may run very high and delirium be present.

The true Cham. victim always makes an impression upon his doctor and nurse. (The Cham. infant is a notorious disturber of the family peace). Thus in inflammatory rheumatism if you feel that this medicine is indicated, you are inclined to prescribe with some haste and decided emphasis. A Cham. subject does not await your remedial measure with any degree of calm. Your patient is snappish, if not very sick, moans, groans, and contradicts himself. Pains are shooting, cramp-like, jerking, intolerable and always followed by numbness. This afflicted being swears he cannot lie in bed, and is equally vehement over his inability to get up. He hates cold damp weather, and appears to be ameliorated by having everyone in his vicinity engaged in ministering to him.

When you find a case with marked œdema, heat, tenderness and stiffness, in inflammatory rheumatism, think of Chel. This remedy is complimentary to Lyc. and often cures when Lyc. seems indicated, but does not relieve. The indications for its

use in rheumatism are, when the whole flesh is sore to the touch, with a sensation as though the part were paralyzed. Afflicted areas may be hips, thigh, knees, or elbow, worse on the right side. Pressure relieves some symptoms, and aggravates others. The urine is dark yellow or brown. Skin of face and tongue a dirty yellow. This remedy acts especially on the spleen and kidneys as well as the liver.

The symptomatology of China off., and inflammatory rheumatism, run strikingly in accord. The outstanding points, *anaemia*, *sweating*, *exacerbations*, pain, and swelling, both exhibit to a striking degree. In fact, I have not seen a case of inflammatory rheumatism in the last twenty years, which has not required China sometime during the attack. If I was confined to one remedy, I would select China as being the one upon which I could rely in the greatest number of cases. The pathological picture lines up thus—arthritic and rheumatic hard red swellings—all parts are very sensitive to touch, but relieved by gentle hard pressure. Weakness from loss of animal fluids. Faintings after loss of blood or other animal fluid, with ringing in the ears, cold skin, loss of pulse, cold perspiration. Feels satiated all the time, eructations which do not relieve. Pains in various parts of the body, joints, bones, and periosteum, sometimes worse in the spine and small of the back, momentarily relieved by lying down, then experiences distress more violent than ever. Aversion to all mental and physical effort. The slightest draft of air brings on trouble. General aggravation at night. This is China.

Chin. sulph. may occur to you in inflammatory rheumatism when you detect the Quinine cachexia in your patient, betrayed by the complexion, emaciation, ringing in the ears, enlarged spleen, and marked debility. Graft an acute malady upon an individual thus chemically deranged, and you have a bad combination. But if you are able to look back of the rheumatism in such a patient, and observe these characteristic markings, you will decide upon Chin. sul. as the remedy.

Every case of inflammatory or acute rheumatism is not equally clear cut as to diagnosis, of course, occasionally we

happen on cases with many puzzling omissions of expected landmarks. Colch. may fit in in a case where you find *pain* in evidence, jerking, tearing, burning pain, but no characteristic swelling or redness of the parts. Colch., moreover, is a medicine that is adapted to the rheumatic gouty diathesis, in persons of robust vigorous constitutions, especially when the acute form merges into the chronic, or when during chronic rheumatism, acute attacks set in also. Metastasis to the heart. Under Colch., pains go from left to right like Lach. The sense of smell in the Colch. patient is painfully acute. Nausea and faintness from even the smell of cooking food, especially fish, eggs, or fat. This symptom has received ample verification.

In rheumatic gout, Bry. and Col. get twisted in our minds at times perhaps, but they may be separated by careful analysis.

Glon. may help you out in a case of acute rheumatism if the characteristic Glon. throbbing throughout the body, with the sensation of fulness and congestion be present. This key-note will often open up, or lead you to observe many other Glon. peculiarities. The Glon. patient complains of this *beating* and *throbbing* in all complaints. When rheumatism settles in the lower limbs, the knees give way. The pain is deep, twinging, pricking, worse from motion, and relieved by straightening out the limb.

Of course Kalmia will occur to you when you think of acute rheumatism, and the indications for the employment of this medicine are generally easily seen. It has a special affinity for cases of acute neuralgiac rheumatism on a gouty base, particularly where, as a sequela, the heart is involved. This heart complication will of itself, doubtless attract your attention to Kalmia, for the more pain there is about the heart, the more you think of this remedy. The Kalmia pulse is slow, often scarcely perceptible. The rheumatic pains go from joint to joint, which last are red, hot, and swollen. Kalmia also seems to have an affinity for the deltoid muscle, especially the right.

In wandering rheumatic pains, that shift from side to side,

think of Lac. can. A case of rheumatism beginning in the soles of the feet, and then flying from joint to joint, and side to side, worse every evening, and from the slightest touch, may call for Lac. can. This aggravation from *touch* is a marked feature. Lac. can. cannot bear to have one part of the body touch another, will sit and hold her very fingers apart, so irritating is this sensation of contact (like Lach.). All inflamed surfaces partake of that *glistening* attribute, clearly seen in the throat affections under this remedy. Also in the delirium of fever, queer hallucinations affect your Lac. can. patient. He will bewail the fact, perhaps, that he is wearing some one else's nose, or that snakes are on her back. Also the periods of aggravation may shift, as do the pains of Lac. can. and occur one time in the morning, then again rise to the zenith in the evening. The sweat with rheumatism helped by Lac. can. has a very rank smell.

Of course under Lach. you might expect to find, and you *do* find, rheumatic swellings of a bluish redness. This is a slight point of differentiation perhaps, but the Lach. patient generally exhibits other very characteristic symptoms, whatever be the disease under consideration. In inflammatory rheumatism, the pain is worse after sleep, nor do they improve after profuse sweat. The left side is, as a rule, the affected one, though, like Lac. can. the pain may pass over to the right. Lach. has rheumatic pains in the knees and wrist, and fingers; stinging, and tearing with a sense of swelling. Contractions of the limbs after abuse of Mercury and Quinine, with irregular heart action, and valvular affections. In fact, any rheumatic symptom which calls for Lach. must receive your very careful attention. Profound systemic disorganization lies behind these acute manifestations.

The tearing pains of Mercury, not relieved by the profuse musty smelling perspiration, the night aggravation, and the intolerance of the warmth of the bed, are all but slightly idiosyncratic perhaps, but in severe acute diseases, where rapid decisions must be made, these red strands are very valuable, and should be painstakingly sought. Enmeshed maybe, in the

gross pathology of the case, hidden by the name of the disease, and thus forced into obscurity, yet their detection, and the subsequent study to which they may lead you, many times marks the difference between *curing your patient or palliating his symptoms*, a performance no one here needs to have emphasized.

When Pul. is indicated in acute rheumatism, you will probably never entertain any question as to the correctness of your prescription. The Pul. make-up is fairly recognizable. You can look with complacency upon the painful swollen joint, when you *do* see Pul. A Pul. subject never leaves you long in doubt as to the *character* of her pains. She may err in overvaluability, and her descriptions may be variable, Pul. *is* variable, but you can get the case, if words and tears, and protestations can convey it to you.

Rhus. tox. by some, is regarded almost as a specific in many forms of rheumatism. In the acute variety, you may take into consideration certain causative factors in an attack, i.e., the inflammation develops after exposure to wet damp weather. Sensations emphasized are stiffness, bruised burning pains in affected area. Aggravation on beginning motion, and from prolonged rest. Craves to have position changed, wants heat, and if parts are not too inflamed, is relieved by rubbing. Rhus. tox. is a great remedy with a wilderness of ramifications. It should be thought of, and studied, in acute rheumatism for it may help you, after other medicines have failed.

Meniere's disease, gastric disturbance and delirium have been produced by over-dosing with Salicylicum acidum. It is the only remedy, or almost the only one used by the old school, and the sheet anchor of many Homœopaths in rheumatism. But the massive doses employed have evoked so many unpleasant symptoms, that the chemists have been trying to produce an innocent substitute, Aspirin, Salophen, or Acetylpara-amidophenal Salicylate and Salol are supposed to fulfill these conditions more or less completely. When indicated, however, Sal. acid. is certainly to be used in cases of acute rheumatism. The clinical exhibition is not especially distinc-

tive. The elbows or knees are favorite places for an inflammatory outbreak under Sal. acid. There is great swelling and redness, high fever, and excessive sensitiveness to the least jar or motion. It has a specific action upon serous membranes, all of which is true of a dozen other remedies. Perhaps, here, as so often happens, the patient himself will, unconsciously assist in the differentiation of medicines for his attack. When Sal. acid. comes in, you will find a melancholy individual who looks the part. He wants to lie quiet, complains of feeling faint, is mentally restless, yet very mild and yielding, does not want to talk, answers your questions in monosyllables. When his joints swell, they swell enormously, and the accompanying sweat is profuse and sour smelling.

Sang. can. is another remedy to suggest in inflammatory rheumatism. If the trouble attacks an arm, it is apt, under Sang. to be the right, and may swell, so that the member cannot be raised, but must be moved laterally. There is a sensation of great coldness, which no amount of clothing can remove. The make-up of your typical Sang. patient is arresting; the irritable florid bilious looking individual, whose ailments are all liable to increase and decrease with the sun.

Veratrum vir. runs its characteristic high temperature in acute rheumatism, as in other troubles when it is indicated. In fact this one peculiarity may first call it to your mind. The tongue here, is also typical. The tongue with the *red streak* through the center, and the coating on either side. The pulse as you might expect, is very rapid or it may alternate and become slow. The sweat is cold and clammy. Such are the leaders for Veratrum vir.

The foregoing, thus briefly touched upon, remedies which are often called for in inflammatory rheumatism, I may liken to suggesting a few letters in a word, presented, for you to guess the *missing parts*. It is an old game, with many of us, but one whose interest does not decrease with time. I have never found all the missing letters in some of my own puzzles, and doubtless never will.

The Chairman: That is a good practical talk, doctor.

Dr. Nelson: Mr. Chairman, I want to ask him why he forgot about Bryonia in rheumatism.

Dr. Krichbaum: I didn't forget it. I just didn't mention it.

Dr. Nelson: The 500 of Bryonia used in that case of rheumatism would have cleared the thing up.

Dr. Patch: Mr. President, I would like to emphasize what Dr. Krichbaum said about the necessity of getting the right medicine for the right patient. I don't know whether I have been unusually unfortunate in getting these cases or not but I find that the ordinary recognized list of remedies, unless given in big potencies, are of very little avail. I have found many patients, when they stop realizing that the medicine is for rheumatism and keep on taking it as though it were for something else, then it commences to have some effect. The last case of any importance that I treated of which I remember, was a case of a young woman who had trouble with the heart—the heart was involved and she suffered a great deal, and nothing seemed to have much effect, until I noticed that there was an aggravation, and when that aggravation came the girl was seriously frightened by suicidal thoughts that came into her mind. She felt that she *must* get up and go out and destroy herself, and so I started in and studied the case over again and prescribed Arsenicum, which cured the symptoms quickly. Otherwise I am sure that I should have made a great failure of that case.

Dr. Hayes: I have always found the action of Phosphorous to be very effective in these cases.

Bureau of Surgery

HARRY B. BAKER, M.D., RICHMOND, VA., CHAIRMAN.

SURGERY.

FRED L. JUETT, M.D., LEXINGTON, KY.

The Chairman of this Bureau asked me if I had some remedy in which I believed it had saved life after an operation, and I have one in which I believe with all my heart that it saved the life of a patient after surgery. On this particular occasion I was requested to obtain a room at hospital for patient who was coming from a neighboring city, which I did and she came lying on cot, history of about three weeks' illness, very much emaciated and weak; pulse 110, temperature ranging from 100 to 103°, frequent chilliness and considerable sweating, color very pale and anaemic in appearance, lips colorless, voice very low and trembling from exhaustion.

After history my physical examination showed heart and lungs negative, and on examination of abdomen found large mass in right hypochondriac region extending upwards to about level of umbilicus; finally concluding that I had an appendicial abscess and, after a positive white blood count, was pretty sure of pus, I called in a surgeon and we proceeded promptly to open and drain and relieved patient of quite a large quantity of pus; after being relieved one, two and three days patient seemed to make very rapid progress toward recovery but on the fourth

day my patient had changed and was in what seemed to the surgeon, nurse and myself a very critical condition, in fact the surgeon advised me to call her husband and tell him to come at once, and said he believed she would live only a short while and at this point I went in and sat beside my patient for a while and studied her symptoms to see if I could find a remedy that would help her in her great need, and as I sat there and summed up her symptoms, restless and thirsty for small quantity; vomiting; burning in stomach; brownish dry tongue; could hardly hear voice, so weak; slipping toward foot of bed; color pale, sallow; some symptoms of fear and such a septic condition as this describes. I concluded I could not find a better picture of Arsenicum alb. so began administering the remedy in 3x dil. and in twenty-four hours my patient began to improve, and under same remedy continued on to an uneventful recovery.

This success of my remedy was spoken of to me by my associate in the case, saying this case was making quite rapid change for the better and that she would recover now, and then I told him of my prescribing and he asked at once, "What did you give?" and I said, "Arsenicum alb." which of course he did not understand and I explained to him as best I could what the remedy was and after I was through he said to me, "I have a boy in the next room who was accidentally shot on same day this first patient was operated and that he was not doing well," and had concluded, if not improved in next few hours he would be forced to amputate leg to save his life, and on finishing telling me of the case he abruptly asked me what remedy we had for such a case or what would I do, and my answer, that any of several remedies might be indicated and without more definite symptoms and knowing more of case I would hardly be in a position to select, so was invited in to see the case and chart; showed fifth day of gunshot wound of right knee, badly lacerated and large amount of bloody fluid discharge. Temperature had risen each day for last three days, one degree, until then it was 103° and pulse 120 per minute and boy seemed to be going bad rapidly. No pus was in wound

but temperature rising showing intoxication, so selected for the case Iod. ars. 3x dil., 10 drops to one-half glass of water and directions to nurse was to give two teaspoonfuls every two hours and report on following day and the report was: temperature lower by one degree, pulse 108 and patient's general condition seemed improved. Continued remedy and report came following day: continuing to improve, temperature 101°, pulse 100, patient brighter and took interest and on third day surgeon concluded crisis was passed and operation would not be necessary. I cannot help but feel that the Iod. ars. saved that boy from losing his leg for there was definite improvement from day of beginning remedy.

The Chairman: Is there any discussion on this paper?

Dr. Woodbury: Mr. Chairman, I would suggest that while we hear a case reported as an Arsenicum case, and it is always very interesting to us, if nothing more is said, it would be interesting and valuable to have pointed out also the type of patient on which this was used, and as to what type of symptom, etc. When those conditions present themselves, many of them, in fact, most of them, have been troubled with other ailments of the body and it is very interesting to have those surgical conditions brought right before us, where we can really understand it and if it isn't brought right out before us I think it is interesting to have the facts brought out in a clear way. It is interesting to get your viewpoint on the matter, so that we may understand the case and profit by your experience, in regard to Arsenicum conditions. We have all seen cases where it indicated something like that, but here we are dealing with a condition which indicated it directly.

A MASTOID OPERATION AVERTED.

R. G. REED, M.D., CINCINNATI, OHIO.

Mastoiditis is usually the sequel to otitis media suppurativa and is always interesting to the aurist because of its anatomical location. When pus forms in the mastoid cells the swollen outlet from these cells to the cavity of the middle ear refuses

to allow the pus free drainage to the outer part of the ear. Hence it is liable to cause necrosis of the bone. If this necrosis attacks the outer plate of the mastoid, the pus either finds its way to the skin or under the deep fascia of the neck. If this necrosis occurs in the inner plate, the pus finds its way to the various structures within the brain cavity. Many lives have been lost because this latter condition has been unrecognized until too late. This fact has led to such a state of fear among our orthodox brethren that they generally consign a patient to the operating room at the first indication of involvement of the mastoid acute or chronic. There are many who contend that the only cure for a chronic otitis is a radical mastoid operation probably because they know of no other means of cure. The writer has been surprised many times at the lack of distinction made between some of the simplest of pathologic conditions. For instance between the carious bone and the necrotic bone. The former being the sick bone and the latter dead bone and each is removed as though sick bone could not be restored to health.

The proper way to cure a mastoiditis is to cure the patient before the mastoid is attacked. It is a well known fact that careful homœopathic prescribers very seldom have this condition to deal with even though they may practice medicine for many years. But no man is perfect and occasionally the proper remedy is not found and an unpleasant sequel will result.

Such was the case referred to me some time since. A little boy seven years of age had tonsillitis four weeks before coming to me. One week after this attack his right ear began to discharge a thick yellow matter which had continued for three weeks.

My examination showed a heavy greenish-yellow discharge, quite profuse, with no pain or tenderness about the ear or mastoid. The external canal was slightly swollen at its inner end and the drumhead red and very much thickened. Being unable to elicit any special subjective symptoms from either the boy or his mother, he was given Merc. sol. 3x three times a day. Within three days the ear ceased to discharge and he

returned to school, but in a few days the mastoid commenced to swell but without much tenderness and no discharge. The drumhead seemed to be slightly bulging or thickened. I could not tell which. A puncture was made in the drumhead to favor any possible drainage and he was given Capsicum 30 one dose.

Two days later the swelling over the mastoid had increased and extended above and to the front of ear but no discharge. He was now worse at night, restless and moaning in sleep. He did not want anything warm placed to his head or ear. He was given one dose of Merc. viv. 200 and within three days was dismissed, and has been well to the present time.

The Chairman: This excellent paper is now open for discussion. Is there any discussion on Dr. Reed's paper?

Dr. Nelson: This calls to mind a case that I treated a number of years ago where the patient had considerable trouble with the ear in connection with a case of scarlet fever. When I was called in to examine the case I didn't know whether it was middle ear trouble or not. The boy had had his tonsils removed. The patient was a boy about nine years old and had had some trouble with his left ear previously, but I don't know what it was, because I hadn't seen him at that time, but he commenced complaining of his ear and he got so that he couldn't hear with a watch held against his ear; he couldn't even hear the watch tick. However, I put my watch between his teeth and he could hear all right in his left ear. He was very sore back of his ears in the mastoid region, but I finally put him under homœopathic treatment and this swelling broke and ran and came right out of his good ear, and without any trouble whatever. I gave him some Silica 200 and also one treatment of Selinum.

Dr. Stearns: One case of mastoid trouble following scarlet fever was cured by Staphysagria.

Dr. Reed: I want to say that I consider myself an artist in Homœopathy, and I haven't said anything about this matter under discussion until now because I thought sure that somebody would mention the 3x potency of Mercurius; I have

observed a sudden stoppage of the seeping discharge and it never returned after that.

The Capsicum—I tried that—did no good and I had to give it up on account of the sudden extension of the inflammation, but the Mercurius was certainly well indicated, acted quickly and gave a very nice result, and I think it will do that every time. Wednesday, a week ago, when I was preparing to get away from the office to come here, a young lady came into my office with a swollen mastoid. The left ear was swollen and standing out at right angles and very tender and red. I didn't know just what would be best for her, but I commenced to think about to whom I could send that case, and then I thought of Mercury and those symptoms which she had—they were certainly all Mercuric symptoms. I gave her one dose of the 200 and asked her to come in on Thursday and she reported that she was better and then she came in again on Friday still better, and on Saturday I told her to come in again and she was all right.

Dr. Krichbaum: I would like to assure you, doctor, that 3x is permissible in this Association. This is not an Association of the high potency theorists. This is an Association of the single dose and the low potency.

THE MENACE OF MODERN SURGERY.

EUGENE UNDERHILL, M.D., PHILADELPHIA, PA.

Ninety-nine per cent of all surgical operations are worse than useless. Only two legitimate reasons can be brought forward for surgical measures of any kind. One, is the repair of injury. The other, is the removal of growths that are interfering with the circulation or impinging upon some vital organ to such an extent as to threaten the life of the patient before the similar remedy is discovered or has time to act.

Even these two reasons should be given guarded and limited interpretation, lest circumstances and conditions being erroneously classified under these heads, unnecessary and harmful surgical measures are resorted to.

Among the illegitimate reasons for surgical interference are:

First, catering to the surgeon's vanity (itching for a name). Second, blackmail (he needs the money). A noted surgeon in Philadelphia, said to a class of medical students, "Young gentlemen, if you wish to make money from your profession, go into surgery. Why, I can cut fifteen-hundred dollars from a man's belly in five minutes." The footpad and modern hold-up man are pikers in comparison. Look at the trail of blood and death in the wake of the operator while getting ready to make that five-minute fifteen hundred dollar cut! The same man, while tanked with "home brew," said at a banquet of medical students, "If you want to be a good surgeon, boys, you must make up your minds to fill two or three graveyards before it can be said you have arrived."

At best, the surgeon deals with the results of disease and not with the disease itself. He comes upon the scene like an executioner and takes away what little chance the patient has for restoration to health. In the majority of major operations, it would be entirely appropriate to place over the operating room door "Abandon all hope, ye who enter here." It would be also equally appropriate in many of the so-called "minor" operations.

If in some cases the legend should not mean the abandonment of all hope of life, yet in the majority of cases it would mean, abandon all hope of the old-time exuberance, all hope of the real joys of living, the zest of existence, and all hope of complete restoration to health. The "Bird with the broken pinion can never soar so high again" and the man with the carved-up or dismembered body can never reach the former heights.

Surgery, save in the two classifications mentioned or excepted, is a world-wide calamity which has fallen upon the human race. It is more widespread and baneful in its operations, and more disastrous in its results, than any pestilence or plague that has ever visited the earth.

Both from the standpoint of the conscientious surgeon (for many of them are conscientious and believe in what they are doing) and from the standpoint of the patient, the situation is

pathetic. The surgeon does not, or will not, know a better way, which of course, is the use of the similar remedy. While the patient all unmindful of the existence of such a humane and efficient remedial measure, looks to the surgeon as the last hope in a desperate situation, and pays the price of this two-fold ignorance with his life.

Many of the arguments which lead to operative measures are childish in the extreme and have no standing in the clear light of reason. Equally childish, but less reprehensible, is the blind faith of patients, who lay down their lives upon this modern altar of Baal—"led like sheep to the slaughter!" Yet it requires no great insight or experience to see the fallacy of the arguments and the baneful effects of the results.

A young medical student attending a large clinic in charge of a noted surgeon, was told to interview the patients and secure their consent or acquiescence for such measures as were for their own good. The waiting rooms were crowded and the young student hardly knew how to begin or what to say. Turning to his chief, he asked for further instructions. He was told to go out and tell them to do what he considered was for their very best good. Having seen the fallacy of the arguments and witnessed the unfavorable results obtained, he went out in the waiting room and carried out the instructions literally. He said, "I am told to tell you people to do the thing which I regard as the very best thing for you to do. Now, therefore, get up quickly, run for home—run like h—l, and never come back!"

Well-nigh countless surgical "Nobodies" are tampering with human life every day. By all kinds of specious blandishments the innocent victims are persuaded to enter the shambles. The would-be surgeon needs the experience, or needs the money, and physical ruin, manslaughter, or plain murder, results.

The surgical "Somebodies" are little better than the surgical "Nobodies." They usually take fewer chances with the life of the patient, having previously sacrificed the requisite number of victims to get their experience. They become more cautious and discriminating. They seldom undertake a desperate case

lest, as they say, it should "mar their favorable statistical record!" They pick their victims from among the more enduring and robust. The end and aim is not the best good of the patient but a successful operation, and be it remembered that a "successful" operation, means that the patient shall get off the operating table alive—let the aftermath be what it may.

Associated with other reasons there seems to be a thrill of enthusiasm and fiendish fascination in attempting all kinds of new and impossible operations. The other day the writer met a famous surgeon fresh from one of these "successful" operations. He was bubbling over with enthusiasm, his face was flushed, his eyes sparkling, and holding up his index finger, he said, "Look at that finger, doctor, the best probe on earth, and I have just had it on the medulla oblongata, and in twenty minutes the patient was coming out of the ether." He mentioned gleefully the very few similar operations that had been performed in this country, and dwelt upon the wonderful technique and skill required. The writer referred to the fact that the patient was coming out of the ether in twenty minutes and inquired as to what the patient was doing now. The surgeon looked thoughtful for a moment and then repeated slowly, "What is the patient doing now? Doing now? Why, he isn't doing anything—he is dead!"

Having received carte blanche as to surgical procedures, what colossal, imbecile guesses are frequently made while the patient is on the operating table as to what further "knifing" can be resorted to and still allow the patient to get off the table alive.

How often a woman's destiny is held in the balance of a mere whim—"shall we remove one ovary or both ovaries; shall we allow her to be half a woman or turn her into a neutral it?"

Some organs and tissues are especially endangered when the surgeon operates in their particular vicinity. As for instance, one surgeon cannot operate anywhere near the appendix without taking that structure out. Another, being in the neighborhood of the gall bladder, cannot close the wound without first

removing that organ—showing no lack of gall on the part of the operator in either case.

How is it that the precise moment a particular surgical operation is to be performed, can be announced one or two weeks in advance? Let some foreign surgeon hit upon some new and infernal operative “kink” and if he heads for this country, it will be forthwith announced to the students in some medical college that the noted Dr. Cut’em will land on our shores in about a week, and the following week will demonstrate his celebrated short-circuited operation, or will otherwise exhibit on numerous patients, his marvelous technique in foolarian butchery.

A noted obstetrician announces to his class of students: “A week from next Wednesday, gentlemen, I shall have the pleasure of demonstrating a craniotomy to you and the following day I shall perform a vaginal Caesarean section.” How is it that the victims are nearly always on hand and often in such numbers that it is frequently remarked “there was no scarcity of clinical material”?

Poor deluded hypochondriacs! Poor human waifs! They are over-persuaded, cajoled and frightened, and yield their bodies to a doubtful issue—the outcome of which may be death or a condition worse than death.

Recently in one of our largest medical colleges, it was announced that a vaginal Caesarean section would be performed on a certain day. The circumstances of the case and the apparent necessity of the operation being dwelt upon at great length, many obstetricians and surgeons became deeply interested and at the appointed hour were present in large numbers to witness the operation. After a learned and impressive address, reviewing the circumstances and requirements of the case, the operator turned to the attendants and directed that the patient be wheeled into the operating room—at that moment the interne appeared and announced, “Gentlemen, I am sorry, but the patient has just had her baby!”—’Nuf sed!

The mania for operative measures is so widespread and universal as to constitute an ever present danger, especially to

a person away from home who may chance to develop an illness resembling in its symptomatology a condition for which a surgical operation is deemed the correct and essential procedure. Some time ago a travelling salesman arriving in a town in New York State, was suddenly seized with *violent* pains in vicinity of McBurney's point. He was hurried to a hospital, put to bed and on examination the surgical "Nobodies" with the consent of the surgical "Somebodies," decided that an appendectomy should be performed at once. The victim demurred, requesting that his home doctor be sent for. His would-be executioners objected to this on the ground that they would be held remiss if they did not perform the operation immediately as it was the only way to save his life. The patient objected so strenuously that he was thought to be in a state of delirium and placed under guard. He managed, however, to secure his clothing in which he chanced to have a revolver. He forced his way to a telephone at the point of the revolver, called a taxi, and made the first train for home, telegraphing his doctor to meet him at the station, where he arrived a few hours later and fell fainting into the arms of his physician, who took him home and discovered he had typhoid fever, from which he made an uneventful recovery under the influence of the similar remedy.

It is often very noticeable that the "keen cutters" are not so "keen" when it comes to operations upon themselves. The writer could mention at least three, more or less famous surgeons, who plead piteously like babes to escape an operation upon themselves which they were performing upon others every day, and besought him to use the similar remedy, which was found and administered, acting so favorably as to prolong their lives for still further damage.

A prominent surgeon was taken ill several hundred miles away from home. Local surgeons decided an immediate operation was necessary but telegraphed the victim's brother who was also a famous surgeon. The brother immediately despatched a message which read, "Don't touch him, I am coming on a special train." As he sped across the continent, he threw

out additional telegrams stating he was passing through such and such a town and to refrain from all operative measures. Upon arriving, he decided against surgical interference of any kind.

A few years ago, several hundred citizens of Philadelphia, each and every one of whom had had his appendix removed by a certain well known surgeon, gave a banquet in his honor. The next day, the local papers very pointedly remarked upon the fact that the surgeon was the only man in that large company who still hung on to his appendix.

The time is fast approaching when society should adopt some effective means for protecting itself against this subtle, insidious and widespread threat against human life. No one man should be allowed to entice or persuade or force a human being to sacrifice his health or throw away his life.

In other directions the State throws safeguards around its citizens to guard them against even their own foolishness. Witness the blue sky laws relative to investments! Of how much more importance is it to educate and guard them against throwing away health and even life itself, at the mere suggestion or persuasion of a person, or persons, who argue from false premises, or are influenced by mixed motives of doubtful import.

It would seem reasonable that one method of protection would be to place the final decision regarding the necessity of an operation in the hands of disinterested physicians who could not benefit from the operation financially or in any way whatsoever.

Of course, the very greatest protection would be the widespread application and use of the similar remedy. Countless operations would be prevented and the home safeguarded as is possible in no other way.

Under present conditions, a diploma, a State license, and a knife, with persuasive powers enough to win victims, are the all-sufficient requisites for deciding the issues of life and death.

Many surgical operations properly labelled, would read:

"Criminal carelessness!" "Malicious mischief!" "Man-slaughter!" "Murder!"

The writer is well aware that these thoughts and suggestions are revolutionary in character, and carried to their logical conclusions, would mean that many surgical hospitals would close their doors, numerous instrument houses would go into the hands of receivers, and many surgeons would have to betake themselves to the raising of white beans or to some other useful employment.

This is not an attack on vested interests. It is intended simply to point out a very real and ever present danger which concerns every man, woman and child of the nation.

Those who are personally interested financially or otherwise, may cover up the issue for a while, but sooner or later, it will reach the court of last resort, represented by the firesides of the nation. There, common sense and reason will sit in judgment, and the surgical sophistries being weighed and found wanting, the major portion of the practice will take its proper place among the infamous barbarisms of the dark ages.

The Chairman: Is there any discussion on this paper?

Dr. Richberg: Mr. Chairman, it seems to me that there is a big moral to be drawn from what we have heard. That is that when there is imminent danger, even in the minds of the old school physicians and would-be surgeons, the homœopathic practitioners should put their prices up as an encouragement and also it will inspire respect. We should say this to our patients, "Now, you would pay out so much for surgery. I believe we can help you without it, and give you the relief you desire. But we can't do it for \$2.00, \$3.00, \$5.00 or \$10.00 as a fee, and yet the cure will be inexpensive." I believe that there are many cases which could well afford to pay more which are cured for three or five or ten dollars.

Dr. Krichbaum: I enjoyed the doctor's paper, but while I enjoyed it I don't agree with all he said about surgery. There is a decided imputation against the motives and methods, etc., of many conscientious old school doctors. I know one time

that I had a case turned over to me which I thought was appendicitis, and so I turned the patient over to another doctor and he said it wasn't appendicitis, it was in the kidneys. I helped treat the case, that of a small child, and after the child had recovered that other doctor was man enough to go and say to the mother of that child, "Your child has been on the operating table longer than it should have been through my ignorance. You can thank this child's getting well to Doctor Krichbaum, for surgery would have never saved the child's life." I would deny the antiquity which Dr. Underhill's name implies. He looks more like a mountain. Nevertheless I am going to suggest to this "mountain" that, in his hospital in Philadelphia, he should see to it that every patient that comes in should go through the Materia Medica department, and referred to the various specialists, eye, ear, nose, throat, etc., then he will have an ideal hospital.

Dr. Reel: Gentlemen, I would like to say something in defense of Dr. Underhill's hospital in Philadelphia. About a year ago he had a case of pneumonia, with pus in the cavity affected. He was a returned soldier, and I will say that he had most beautiful care. I prescribed for him and his nursing was excellent in every particular, and after he was there for a few weeks he recovered with no trouble at all except for the insertion of the drainage tube to drain out the thoracic cavity, and is now in an excellent state of health after receiving only homœopathic treatment. I call that excellent work and I only hope that it may be continued for many years. I was reminded of a story when he started out his paper that you have all heard probably. A man was operated and a friend of his, seeing the surgeon, asked him, "What did you operate on him for?" "Twenty-five hundred dollars." "But, I say, what did he have?" "He had twenty-five hundred dollars." (Laughter).

Dr. Austin: This is indeed a very interesting paper and I wish that it might go into the home of everyone in the world and if I had the money to do it I would see that it was done. I will do it some day, yet, if I can. That was a wonderful and a beautiful paper. If the lengths which he stated in his paper

were as far as they go, that would not be so bad. But there are men within my reach—within the sound of my voice this morning, whose first work,—doing, as they are, magnificent work in the schools and hospitals,—they came over to our side and joined their forces for our cause notwithstanding that their first work was cutting up human beings, and they are the men who are curing cases and keeping patients away from the surgical treatment; they are saying that these men are quacks, and the reason that these splendid men can't get into many medical associations where they could do a lot of good, as well as receive much benefit and instruction, they find it impossible, simply because the surgeons don't want them there.

Dr. Dienst: Because of the humanitarian nature of this paper and because of its remarkable value in propagandistic work, I would like to suggest that this paper be published in the "Homœopathic Review," and reprints made of it, and given to every physician and surgeon in the State of Illinois. I am willing to pay part of the cost of those reprints.

Dr. Nelson: That paper was the best, in my mind, that I have ever heard. It reminds me of a case I saw myself. I saw a man, who was formerly a member of this Association, in Cincinnati, after operating on a patient, trying to arouse him and bring him out from under the influence of the Chloroform. He was moaning away to himself, and hadn't quite recovered his senses. The surgeon shook him a little and said to him, "Wake up. How do you feel?" No response. The surgeon shouted at him, in his ear, and again, "How do you feel?" "O-o-o-h," moaned the victim. "How do you feel?" demanded the surgeon. "O-o-o-o-o-h! I feel as though I had fallen among thieves!" (Laughter).

Dr. Reed: Mr. Chairman, I feel that it is very refreshing that such a vituperative paper should be read before a medical society of this kind. This is the first society that I was ever in that was not dominated by the surgeons. I wish that the doctor had attempted a little more analysis as to how the surgeons reached the prominence which they have reached and hold in modern medicine. If you go into any medical society,

I don't care what kind it is, the Allopathic Society or the Hydropathic Society or whatever society, even to this one, you will find that the men who dominate these big societies are these big surgeons. I don't care where that society is, whether it is out in some obscure county or country town, or in Rochester, Minnesota, or in Iowa or Kansas, you will find that the men who dominate the society are surgeons. They are the only men in the society who really dominate it or have anything to say. A genuine medical man hasn't very much of a chance amongst these fellows; he hasn't a chance to really express himself, not in such a society. There is a small society in Cincinnati which I have attended quite regularly and might attend more frequently than I do, but I get tired of attending this so regularly on account of the fact that there will be two or three men up discussing reports of their latest cases and passing around to everyone present specimens of a kidney or an appendix that they took out and telling how they did it, all that sort of thing, and you know the implication: "I am the only one can do this, and if you have a patient be sure to send him to me." No, they don't say that in so many words, —that would be pretty "crude" but that is the inference to be drawn. That is why they are all dominated by surgeons, and it certainly is holding back medical progress in general.

Dr. Farrington: I once had a paper, several years ago, on the subject of appendicitis, and the title of it was "Cases Saved from the Surgeon." I didn't know what I was getting into but the surgeons certainly must have predominated in that place all right. It detailed four cases, which showed simply the symptoms of pus in the abdomen which were removed without the use of the knife. I wish I had had Dr. Underhill there to back me at that time. I was alone in that meeting of seventy-five or eighty men and they certainly did *lambaste* me! (Laughter).

Dr. MacAdam: While sympathizing with some of the points taken in the paper, I do feel that somebody should make a strong protest against such a wholesale indictment directed against so many of our conscientious surgeons.

Dr. Stevens: It seems that however well the paper was met by this Society, it is altogether too extreme, and it seems to me that there can be nothing but harm done by the sending out of a paper of that sort. It is an insult to a great number—an almost infinite number, of conscientious men.

Dr. Dienst: The paper does not repudiate conscientious surgery, and the paper does not forbid a surgical operation except when it is not absolutely necessary. It is a little severe and any withdrawal will weaken it. Any withdrawal of the statements in that paper will weaken that paper. Of late years the pendulum has swung almost entirely to surgery; let's help to swing it back the other way and when you have got it swinging good and high, you will have accomplished something.

Dr. Sloan: This paper reminds me of a great deal of criticism which we hear of our own work. We object when we hear people criticizing. I do feel that this paper goes altogether too far. There is no question but that it is unnecessarily severe. It is altogether too harsh and severe.

Dr. Richberg: I notice that those who object to the paper as being too "radical" are from the East, in the neighborhood of Boston. You don't hear that kind of talk from the people in the West. They have grown to understand surgery for just what it is. They feel out East that unless they have a surgical operation performed on some member of their family, they are not fashionable. They talk about "My last operation" or "my brother" or "my sister" or "my cousin" or somebody else, "had such and such an operation performed!" They bring you your living. There are many surgeons in and around Boston who couldn't exist were it not for this class of trade.

The Chairman: I will now ask Dr. Underhill to close the discussion.

Dr. Underhill: Mr. Chairman, I have been much interested in following this discussion. One or two made some remarks that very much interested me, as to why the surgeon has been allowed to hold the center of the stage all the while, and I think I can tell that good brother just the reason. He is one

of the reasons, and the rest of us are the rest of the reasons. We have been referring too much to the surgeon and, as a general rule, the surgeon and the old school physician come under the same head. I was here last evening and felt somewhat irritated at the remarks that were being made in reference to making blood examinations, and the making of various other examinations and investigations. It looks to me like trying to bolster up our cause, and support the system of medicine which we teach. In the first place I would like to know what meat these hard-faced, little, bull-headed fellows feed upon to get so much importance. Haven't we the same education and training that they have——

A member: ——and more!

Dr. Underhill (resuming): Haven't we the same sense of hearing and touch; and haven't we the same fingers; and the same eyes; and then in addition to this we have a sort of sixth sense which often leads us into a holy place that they can't get inside of. We have one man in Philadelphia who does that work, but that is his specialty. He is an old school man, and he has all the degrees and has passed the R. R. R. (?) examination. He is an honest and conscientious physician, and has made a specialty of that sort of thing all his life. We do think that that old school physician is an expert. We don't hire him though for the sake of the old school theories. We do that for our own sake. One of the homœopathic physicians was one day looking at some records which I have there in my hospital and he asked me whether I have all those records for the benefit of this old school doctor and I told him "No," that I had it for my own benefit. They have a good deal of respect for us in that hospital. An interne will come around to me, quite frequently with the remark, "Say, doctor, So-and-So is going to die tonight or in the morning if something isn't done. Can't you slip him one of those sugar pellets and save him?" That is why I say, after all, that the reason surgeons have held the center of the stage is because we have allowed them to hold it. We have not made any attempt to dislodge them and we have allowed them to practically monopolize everything, although we have the goods and they haven't. (Applause).

MASTOID CURED BY SILICEA.

THOMAS G. SLOAN, M.D., SO. MANCHESTER, CONN.

A woman of 34 called me at 9 A.M. for a very severe ear-ache, and before she was seen, four hours later, the drum had ruptured without, however, relieving the pain. The discharge was very profuse, yellow, not excoriating, and much worse at night as was the pain, which was sharp, extending through the ear and to the teeth. The temperature when first seen was 102.5.

Several remedies were given without much relief and in a few days the mastoid became very sensitive and painful and the upper wall of the external auditory canal drooped. The pain continued severe and the discharge remained profuse. Capsicum was now given with some relief from the pain, but the discharge remained profuse. Silicia was then given in the 1000 potency at odd intervals. The pain was quickly relieved, and the discharge gradually decreased and then ceased. The hearing, which was entirely lost, is now normal.

At one time the patient looked decidedly septic and I feared an operation would be necessary.

TONSILLECTOMY SUPPLANTED.

ELOISE O. RICHBERG, M.D., CHICAGO, ILL.

It's surely "carrying coal to Newcastle" to present a paper on this subject here; but "remove the tonsils" is so popular a song, that, if not too prolix, such a paper may serve to bolster up the drooping courage of some individual who is wrestling against great odds in some special community to save these essential organs from ruthless extirpation.

Case 1. Anna C. was the "black sheep" of a struggling family, dependent upon the daily wage of an illiterate but not at all stupid mother. Luxuries were unknown, necessities scarce.

At the critical period, the time of transition from childhood to womanhood, her sour, ugly temper, indolence, choreic tendencies, with many catarrhal affections, were naturally ac-

centuated, till her mother believed her verily possessed of the devil—or “Mebbe, ma’am, it is just plain crazy.”

At last, in desperation, she appealed to me for advice. She had never consulted or admitted the need for a doctor, from the day Mike was killed in the packing house, believing them a luxury that cost *money*, and of that stuff she had barely enough to put coarse food inside, coarse clothing outside and a leaky roof over the heads of her brood. She feared “County help” as a lasting disgrace.

Annie’s night terrors, irritability, melancholy—“wished she was dead, many times a day” and “bad stomick”—or as her mother grouped it all her “wildness” responded so promptly to treatment, that after the first “cure,” announced within 24 hours after taking remedy, from the housetops by mother and the neighborhood, generally, it was rather difficult to follow out her needs to a satisfying finish—for the doctor!

However, as she became accustomed to the rôle of an ordinary human being during the following two years, they were gradually revealed and she prospered under Calcareo carbonica and Sulphur, occasionally, till one day she was sent home from her place of employment with orders from the health department that her tonsils were a menace to her and her associates and must be removed; and, to me, in her desperation, she then admitted having had a lot of throat trouble ever since she could remember. She had never allowed any doctor to inspect conditions till thus threatened with loss of income.

Her mother hastened to explain that she never believed Annie’s throat was as bad as she said, because she never made any fuss about it *while eating*, and even pretended that it hurt more when she swallowed nothing—just a trick in the eyes of the wily mother, to increase the size or frequency of her rations.

Hot drinks were more painful than cold; but inspection revealed a crowded mass of congested fauces with white patches here and there; a throat so full as to cause wonder that she could breathe or swallow at all.

The fact that she was afraid to go to sleep, because she was so much worse on waking, and that there seemed to be a rather

worse condition of the left side, established the claims of Lachesis to a trial and it made such quick work of this long-time tendency that, with harmony re-established and the last "devil" banished, Annie returned to her work within a week. The joke was all on the doctor, for the several doctors who inspected and passed favorably upon her condition made so much fuss about the phenomenal change—without the operation which they had ordered, that Annie, fearing to get me into trouble for the disobedience said that she was treated by a particular friend of her mother's who did not go out to practice around and that she ought not to mention her name. Such is loyalty—among the uninformed.

Certain similarities remind me of another case:

Marguerite was 12 and was trying to graduate from the grammar schools. Studying too hard and too late, careless exposure, a severe cold, neglected and hurried meals resulted in a condition of tonsils that sent her home with orders from the city school inspector that the offending tonsils must be taken out if she wished to live to enjoy the benefits of an education.

I was ill at the time, but knew the child and her family and on a phoned description, voiced by the excitable child and her mother, I sent promptly one dose of Belladonna 1M. I do not need to detail the indications—high fever with cold feet and easily chilled, restless, could not remain in bed or lying down anywhere, mouth and throat red, right side worse, very sore tonsils, swollen till she feared she should choke to death.

After an hour or two, hearing no report, my conscience troubled me and I phoned another physician nearer the patient, to call and use his own judgment as to treatment.

Soon afterward he phoned from the home of the patient: "I take it for granted that Marguerite is now on Belladonna?" Finding himself correct in this surmise, he said, "She is already improving, the family recognize this fact. I shall not interfere with the work of the remedy."

Marguerite was allowed to return to her school work at the end of the week, satisfying the inspector and, like the patient

previously reported she refused to incriminate her doctor, describing her as a "Very dear friend of the family" who was not in general practice."

Another very briefly told:

At Harvard University, 20 years ago, a student was repeatedly warned by his doctor to have the tonsils removed or with the many attacks to which he was subject he would surely develop some incurable disease of the throat, brain or digestive tract. Being rather subject to troubles affecting violently all these departments, he decided that it was foolhardy to longer delay and wrote to his mother in Chicago about his intentions. Being consulted by this mother who asked me to write to him what I had told her as to the functions of these essential organs, I did so with all the enthusiasm I should have wished another mother to write to my son under similar circumstances.

The young man immediately wrote his mother, "My tonsils will not come out as long as I can hang onto them." They are with him yet.

Occasionally these watch dogs report trouble, and this strong, busy man does not delay his response.

He rushed into my office one evening last week with, "I can't stay, doctor; I want a dose, look at my throat"; and, placing himself in a strong light, he stretched his mouth to say "Ah—ah—ah—," in most approved style, adding, "Something gets in my way, I can't swallow or breathe, coughed all night with the blamed thing."

The uvula was reclining nearly a half inch on the tongue which had a dirty coat near the root. The swollen tonsils almost met, were red and ragged with patches nestling around.

He was thirsty but there was plenty of stringy saliva hanging around the tongue.

"How's your temper?" I asked. His wife had followed him in and answered with a grimace, "Dreadful."

"It's all my stomach and bowels, as usual," he vouchsafed. "I've been careless about diet, got all bound up—first time in years, doctor,—but I took a dose!"

His little puny wife, one of the take-something kind, explained, "Twasn't strong enough, didn't do any good."

"Sal hepatica," he sheepishly admitted. "I've *got* to work tomorrow morning and I've got a tennis match on for afternoon. I've got to get out of this quick.

He got *Mercurius vivus* 10M, the one dose that he has learned to expect; no more. It drove the bowels all night and the tonsils subsided meanwhile. Another surgeon defrauded.

A CASE OF COLI-CYSTITIS.

C. M. BOGER, M.D., PARKERSBURG, W. VA.

Some years ago a patient of mine had repeated irregular chills. No remedy held permanently until a surgeon broke up an old stricture of the urethra, whereupon his urine soon ceased to contain pus, which had accidentally caused these chills.

About two years ago he showed signs of an infected gall bladder but *Chelidonium* cleared this up until the first week of last February when very decided indications of the presence of gall stones suddenly appeared. There was the usual violent colic and the form of vomiting for which all Homeopaths give *Phosphorus*, which soon relieved him, but left behind excessive prostration bordering on collapse. After waiting several days for the proper reaction and seeing that it did not seem likely to appear and the gall bladder being seemingly full of stones, I began casting about for the indicated remedy.

There was this peculiarity: the stools were of several colors (*Aesculus*, *Colchicum*, *Euonymus* and *Sulphur*), and there was a sense of vertigo felt more in the forehead. A single dose of *Euonymus* did wonders. The gall bladder gradually went down and the bowels became very regular with large dark feces. In about a month he walked into the office, seemingly well except that extreme weakness had again returned; for this he received a single dose of *Phosphorus* again and has remained well since, working hard every day.

The outlook from an operator's standpoint did not look good to me in this case and I think that the indicated remedy did much more than any operation possibly could.

A CASE.

MARTHA I. BOGER, M.D., PORTSMOUTH, N. H.

Mrs. A. E. F., age 60. Six years ago struck in face by stick of kindling wood during act of splitting same. Some months later noted lump on face which grew continuously for four years, during which time itched and burned and all sorts of local applications applied. Sent to the Huntington Memorial. Two Radium treatments with marked aggravation.

September 30, 1919, patient came to me. Growth appeared to be an oozing epithelioma of the face, size of silver dollar, outer edge of which was red and inflamed; patient could not keep glasses on; much pain in lower left eyelid.

Thuja 200 B. I. D., Sac. lac. gr. IV after meals prescribed. The remedy has not been changed. To-day, May 31, patient called at office. All that remains of growth is point about size of pea at the angle of nose and cheek. Portion underlying where growth was is clean and smooth but excessively white. No local applications. Could surgery have done more?

AN INFECTED WOUND CURED BY PULSATILLA.

GRACE STEVENS, M.D., NORTHAMPTON, MASS.

Bernard H., aged 13, fell and bruised his left leg just below the patella. The skin was broken and a well-meaning friend applied adhesive plaster, so that any infection present was securely kept in the wound.

Two days later, October 30th, he was brought to me.

His knee was badly swollen and inflamed and there was some discharge of pus. He had a temperature of 101.5°, was tearful and complained of headache.

The wound was dressed with Calendula lotion and Calendula 3x was given internally.

The next morning, October 31st, temperature 100°. The leg showed a bright red surface extending four or five inches below the swelling on one side. The leg itched but was not very painful. The discharge was purulent and bloody.

At noon the temperature was 102°, pulse 90, irregular, red color extending on the other side of the swelling, patient sleepy,

no appetite or thirst. A plain moist dressing was applied and one dose Puls 2M given.

Five P. M. Temperature 101.6°. Patient feeling better and hungry.

Nine P.M. Temperature 100.6°. Red color receding where it had appeared last.

November 1, temperature 98, pulse 72. Patient hungry and feels well. The inflammation was closely localized and the red color had disappeared from the surrounding skin.

November 2. The slough came away entirely leaving a clean surface which healed promptly.

This very simple case only shows the quick action of the right remedy and my mistake in not prescribing Pulsatilla at first, instead of trying Calendula for eighteen hours.

The Chairman: Is there any discussion on this paper?

Dr. Woodbury: Mr. Chairman, I would like to ask the essayist why she picked out Pulsatilla.

Dr. Stevens: From the fact that the patient was very nervous and at time, crying: "The wound was very painful." The patient wasn't thirsty and was suffering from lack of appetite.

Dr. Woodbury: I can confirm the use of Pulsatilla in certain types of injuries. There is one indication which was particularly good, which Dr. Stevens probably doesn't know, and that is that Pulsatilla has an affinity for that left lower leg, anyway. We ran across that this winter when some of our students treated a man with a fracture of the leg and they applied Pulsatilla and to their surprise and delight he rapidly improved and got well. In another case of sprained ankle, the man came to us a long time after it took place. Pulsatilla was administered and it very quickly got better.

Dr. Stevens: Would you or not have given Pulsatilla if it hadn't had that symptom?

Dr. Woodbury: Yes. But in this case, they found exactly what the man complained of, in this left leg above the ankle.

Dr. Krichbaum: I want to remark, Mr. Chairman, that

somehow or other, when we used to talk about acute and chronic remedies in my college days I was given to understand that Pulsatilla was an acute remedy. It will cure syphilis and many other diseases along the line which are treated by Mercury, etc. A friend of mine came into my office the other day, greatly excited. He had just given a patient Pulsatilla for pyorrhœa. Pus was running out from around the teeth and he gave her Pulsatilla and it cured the case very quickly.

Dr. Stevens: I have nothing further to say but that this patient was in the same house with me and it was really fun to watch the symptoms disappear in the inverse order to which they came.

Bureau of Obstetrics

JULIA M. GREEN, M.D., WASHINGTON, D. C., CHAIRMAN.

REPORT OF CASES.

THOS. G. SLOAN, M.D., SO. MANCHESTER, CONN.

A woman who was quarantined in her small house with several children who had scarlet fever, was confined, having a normal delivery. In spite of our taking all possible precautions, she came down with the disease on the eighteenth day. She was given Rhus. tox.

Two days later she was a very sick woman; involuntary stools and urine, a very soft and weak pulse of 120, temperature 105, red tongue, thirst for large quantities of cold water, very restless, hot feet which she kept out of bed, delirium, and offensive lochia with abdominal tenderness. I thought she would surely die.

At noon she was given Sulphur C.M., one dose. In ten hours her symptoms were all better, and she made an uneventful recovery, which I do not believe would have happened under any other treatment.

A CHAMOMILLA CASE.

ROYAL E. S. HAYES, M.D., WATERBURY, CONN.

About twenty years ago or so the present writer reported to the "Medical World" a case of painless, discomfortless parturition. Not only painless but the laboring lady took an hour's

nap, more or less, without any kind of medicine, during which time the second and third stages of labor were completed and the baby washed and dressed. She then woke up and asked if the baby had come yet!

This is not the kind of case we are reporting today. Oh, no! This one contained all the good old fashioned possibilities of the North of Ireland temperament, well skilled in idiomatic parlance backed up by an undoubtedly will tested system of voluntary kinetics. We have often had parturient women who got into a snare of tormenting pains during the first stage or got all worked up with agony in the second stage and a dose or two of a well potentized remedy would straighten out the tangled nerves and make them work surely, swiftly and often silently to a smooth and painless climax; we have had many women slump into do-nothing condition of nerve and uterine atony and given them a remedy, when, after a little delay or a sleep, patient and attendants would unanimously take a new interest in affairs and soon all would be over but the congratulations.

But this case was different. It was a breech presentation, the stage of dilatation about half completed and the membranes had ruptured. The baby was "stuck" the woman said, in exactly the same place and exactly the same way as four other babies that had travelled the same path. After I had hung around about an hour in an atmosphere that was getting more and more surcharged with some oppressive but portentous and digital excursions bringing forth no evidence to the contrary, I concluded that she was right; and I felt the strength of temptation to send for another doctor and take out the instruments and ether, as the family said had always been done before and as she declared would have to be done again. A gentle demurral brought forth a burst of fireworks from the stronghold of operations that left no doubt as to my next move, though I had very shady doubt as to whether the little problem itself would move. The symptoms on record are these: Contractions weak; hypersensitive to pain; throws herself about with temper; criticizes; sweaty, hot and flushed; as does not

dilate further. The direction of uterine effort appeared to be deflected to one side.

A dose of Chamomilla 1m was given, the contractions began at once to get stronger, the painfulness to lessen and in less than three-quarters of an hour I was on the way home, an important consideration for everybody at the tired hour of 2 A.M. Of five breech deliveries this was the first that had been effected without ether, instruments and plural medical attendance after two or three days' labor.

Sceptics may demand scientific tests, checks, controls and authoritative unction as proof that potencies can have any such effect before they will even condescend to try them but they cannot talk that way to me. I know whether I have to use instruments and anesthetics and lose office hours very often or sit around all night. It was the usual experience years ago before knowing Homeopathy, but not since.

We do not claim that a potency will produce a symphysiotomy or dissolve away the obstructing angles of a distorted pelvis but we do know that the sufficiently similar remedy will rouse central energy when it is flagging, regulate innervation to the circulatory, secretory and motor organism, causing harmonious functioning, normal muscular leverage and geometrical action. The only reason why I have not given up obstetrics is because Homeopathy makes it so easy.

Dr. Krichbaum: Madam Chairman, I was delighted to hear him bring out a paper on Chamomilla, because *Chamomilla* put me in this society. If you will look back in the proceedings of 1899 you will find a report on three cases in which Chamomilla was the remedy. One of these cases had been in labor nine days, I think it was, and had worn out three or four sets of "granny-women"—they call them "grannies" down South,—not *midwives*—and the first thing that that patient said to me was not in language that ladies generally use, and language that I don't often use, either, although I have used it on occasion. She snapped at me, and said, "Well, do you think you can do anything for me?" I said I thought so, and

I gave her a dose of Chamomilla and in three hours we had a live, healthy baby there. Another thing, never forget Aconite—Aconite will deliver more women than forceps will, provided things are otherwise favorable.

THE DYNAMIZATION OF FATHER.

ELOISE O. RICHBERG, M.D., CHICAGO, ILL.

When I saw this program I had a "guiltiest feeling" that I had neglected to name my subject to Dr. Green, and I here apologize; for she did as well as she could in guessing. The only flaw about it is that I have no cases in obstetrics upon which to report, having been early incapacitated for that work; hence I indulge in theories which I prove up to my own satisfaction whenever opportunity offers.

We hear, read and say much as to the care of the mother; but it is time for us to look into the father's condition during pregnancy. This viewpoint quickly reveals a big work for doctors to do—which should merit generous fees.

Hahnemann said and thoroughly proved that Homœopathy developed a spirit-like force heretofore unsuspected in many crude and apparently inert substances. This theory is directly applicable to a large majority of fathers. They need dynamization.

From the day that conception is recognized as probable, father should be led to realize that his most essential duty in life has begun. The mother, as the actual custodian of his offspring for nine long tedious months, must be encouraged and helped to harmonize all conditions affecting her, physically, mentally and morally. She thinks, speaks, feels and acts for two individuals and so intermingled are these identities that she is wholly unable to distinguish which represents the prospective mother and which the offspring. She usually develops inexplicable desires—for people, food or exercise. She may suddenly decide that she ought to visit her mother-in-law, of whom she was never overfond, for a week or two.

The crude drug comes to light. Inspired by habit and a remembrance of previous trouble, with either her temper or

her digestion, father objects and argues with her, reminding her of the distress occasioned by former indulgences. Now come homœopathic methods: Dr. H. begins the development of radio-energy in this well-intentioned husband and prospective father. Secluded from unwise advisers, he dilutes, divides and discreetly triturates his inert ideas; while understanding his anxiety for his dearly beloved, Dr. H. leads him to see how infinitely foolish methods become when thus dealing with a double personality which may have been wholly wise when only a single entity was involved. Discussing the origin and effect of intuition as the only language to be now distinguished as the voice of the unborn, the doctor and father find each other's viewpoint and with considerable laboratory work, the father experiences an awakening of that spirit-like power within, which is to aid in the correct upbuilding of the embryonic individuality.

From pupil, like all conscientious students, he is converted into the leader and instructor, encouraging his puzzled but hopeful wife to freely reveal and study her own preferences, analyze and so far as they bear investigation, satisfy them. Thus is the greatest of essentials in successful child-bearing accomplished—Harmony. No one element has a stronger influence for good in health, morals, happiness.

Father now finds himself engaged in a life game that will dull the fascinations of base ball and golf. Does wife complain of being tired, father easily discovers a way to relieve her of some of the tedious routine of the home duties; if she does not want to lie down today, though admitting that the afternoon nap yesterday seemed to help her a lot, father suggests a ride, a walk on the beach or in the woods or even through the shops—if she wishes!—does she desire a dish of ice cream, macaroni and cheese, onion soup or salted pop corn—you all understand the situation. Briefly, father studies her and the unseen baby as carefully as she herself will study the little scion after it is welcomed,—and children thus generated and born will be welcomed to a real home, for their coming is eagerly awaited and with joyful anticipations by both parents.

How many such homes can you number among your patients?

When the momentous hour arrives this revived father will not be waiting in his den; but, without being told he will know that his place is with the brave woman who has learned to love and trust his strength. The touch of his hand will bring the spirit-like power, and with redoubled courage she will proudly endure whatever comes to her share for the accomplishment of this wonderful thing about which they have talked and planned.

Children thus born will not be like the boy I knew who was never happy without a raw onion in his hands to munch, just as his mother had wanted to eat them, to the humiliation of her over-sensitive but undeveloped husband. The desire *suppressed* left an indelible mark.

As indelibly was a lifetime aversion to her own fond father impressed upon as gently sweet and sensitive a daughter as ever came among us; who shrank from her father's slightest caresses from babyhood—even from his presence, because of one sad day when the frightened mother had cause to shrink from him, but dared not show her aversion.

Throughout the child-bearing realms are wrecked lives—wrecked by the lack of potentization of those powers possessed by every father who at one time so loved a woman and told her about his love with sufficient radio-energy as to win a favorable response. Is it not time to dynamize the fathers?

The Chairman: Has anyone anything to say? It is a very interesting subject.

Dr. Krichbaum: Madame Chairman, I didn't think that anything in Chicago could bring out such an interesting paper, and such an intelligent one. I remember one instance, however, which makes me object to having the father in the room during that time. A number of years ago I was attending a labor and the father had finally been persuaded to stay in the room. I found that everything was going along nicely, but the father was very nervous and the patient was a nervous little body, too, and *his* being nervous, I suppose, didn't help *her*

nervousness much. Well, it developed that it was one of those cases where it is necessary to use the forceps, so I applied the forceps, adjusted them, and I guess probably I exerted about a pound pressure, and I saw his eyes "bug out"; I delivered her and in a little while we delivered the placenta, and the nurse, who was a practical nurse, asked me if it was all there. Then I turned around to look for him, but he had disappeared; had run over to his mother-in-law exclaiming, "Mother please come over. Addie's gone. I saw the doctor pull out both kidneys and all of her insides. The nurse then asked him if he had gotten all and he sorrowfully shook his head and said 'Yes.'" That was in 1916, at Montclair.

Dr. Stevens: I had an experience in one case where the father undertook to help me and then promptly fainted away and I had to help carry him out of the room.

Dr. Richberg: Well, right there is very good proof of just what I was talking about. Those fathers had not been "treated" properly by the doctors; they were not prepared; in other words, they were not "dynamized." They were the crude drug and therefore useless, or worse than useless when the moment came.

DELIVERY BY HOMŒOPATHY.

JOHN HUTCHINSON, M.D., NEW YORK, N. Y.

It is unnecessary to examine the many affirmations concerning the normal condition of the expectant mother. Child-bearing is physiological and that it should be accomplished without undue suffering and with maximum safety may hardly be contradicted.

There may be cases in which normal delivery is accompanied by non-interference of any kind, but hospital technique and the material aids of the delivery-room have instituted a routine that has sometimes overshadowed certain higher and better considerations. The homœopathic remedy when markedly indicated and demanded is too often overlooked. Not to take any time for considering the manifold instances in which the correct internal remedy lacks employment, because it is not even

known that there is any such remedy, it may be well to insist on that remedy, homœopathic to the case or the situation, with all patients who welcome it.

This involves an important understanding. It will be necessary to inform the patient or the family that homœopathic prescribing is a most essential factor in the conduct of delivery. It matters not if a surgeon is retained, there should be also the medical man who knows his *Materia Medica Pura* and who will use his knowledge and skill in applying it as may become desirable. The pity of it, that this need should not always be heeded!

A mother whose first child was delivered by forceps after protracted labor, in which abundant symptoms received no remedial recognition, was in due time delivered of her second child, in which instance labor was apparently interrupted. The surgeon anticipated a repetition of the previous experience. However, there was no repetition. *Gelsemium* was plainly indicated by the whole state of the patient at the time, and it promptly brought about speedy and normal completion of labor, as comfortably as possible.

In another case of ineffectual progress the mental state of the sufferer was so antagonistic and obstinate—quite unlike the usual make-up—that *Chamomilla* produced immediate response and a normal delivery.

A third case of labor appeared not to progress after many hours, and while no remedy was given “high forceps” were used. The head was badly bruised, and this child died in convulsions in less than forty-eight hours—a perfectly formed beautiful girl. This was the second child. The first birth to this same mother had been perfectly normal, with no mechanical aid whatever. The mother is of good physical and mental type in every sense.

A first baby was delivered by forceps, and there was much deep bruising of the head which remained conspicuous for many weeks. After the age of learning to walk and play the child developed rapidly unpleasant traits of behavior with her playmates. She would become suddenly cross and vindictive

without reason, showing hateful spite most ingeniously. Her parents were given much pain in consequence, they being by habit and breeding unusually considerate and gentle. Their physician was quite ignorant of the birth history, through a series of misunderstandings, until after he had succeeded in removing completely by well-indicated remedies the unpleasant disorders undoubtedly occasioned by brain trauma. Fortunate the child suffering from such abnormal legacy, when recognition is followed by cure!

UTERINE POLYPUS CURED WITH MEDICINE.

H. FERGIE WOODS, M.D., LONDON, ENG.

Miss N. L., æt. 41, unmarried. Sanguineous vaginal discharge for six months, increasing constantly in amount and recently bright red hemorrhages. Hemorrhage (loss of blood) now causing weakness and vertigo.

Patient is tall; fair complexion, blue eyes. Hb. index .65.

Family history—Father has gout.

Past history—Pneumonia and bronchitis; weak back; ulcerative laryngitis—all as a child.

Generals—Affected by heat. < A.M. > sleep. Craves air.

Mentals—Sensitive to noise. Weeps easily, < consolation.

Heart thump normal. *Kneejerks* much exaggerated.

P. V.—Pink polypus seen protruding one inch beyond vagina.

Diagnosis of uterine polyp confirmed by another medical man.

February 22, 1921. *Phos.* 1M (unit dose).

March 16, 1921. Reports that polyp came away this morning. Examination of patient shows no sign of polyp extermity and only a shrivelled thread coming from external os. No hemorrhage since the *Phos.* M. B. in self. Hb. index .7.

No return of hemorrhage or other trouble to date, May 20, 1921.

A CASE OF TUBAL PREGNANCY WITH
COMPLICATIONS.

HERBERT E. MAYNARD, M.D., BOSTON, MASS.

Mrs. L., æt. 30 years.

Has one child age 11 years, and no pregnancies since. Her general health has usually been very good; she has had no venereal history, seldom any trouble with menstruation except about six years ago for a period of three months flowed very profusely at each period.

Her last menstruation occurred from July 9-12 and was rather scanty.

On July 22nd she had an attack of pain in the epigastrium and below the ribs on the left side which was followed by vomiting, then diarrhœa, frequent belching with sour taste and general soreness all over the abdomen which made walking very uncomfortable. For this condition she took Soda bicarb. in water several times a day, until she was seen on July 30th.

At that time she was feeling much better but had been flowing for two days, dark and scanty, but with very little pain. Her temperature was 98.6, pulse 78 in A.M.; 99.2 and 78 in P.M. She was quite sensitive over her appendix and there was soreness deep in pelvis, not referred to either side. The urine had a slight trace of albumin and considerable acetone.

On August 2nd she had a sudden attack of severe pain in the pelvis with very profuse uterine flow; several watery stools and she vomited once. Inside of an hour she felt much better, the flow stopped and all pain left her.

But when I saw her on August 4th, the abdomen was sensitive all over, there was some resistance over the right lower quadrant and on pelvic examination a small mass could be felt in right side of pelvis, which was quite sensitive. Her temperature was 98.4, pulse 80. Acetone was present in the urine as before.

A diagnosis of right tubal pregnancy was made with a possible acute appendix and operation was done. A right tubal pregnancy was found which had started to leak as a few clots

were found in the pelvis, also a very large inflamed adherent appendix.

Following the operation patient was very comfortable in every way for 36 hours; then she began to have frequent belching, sighing, intense thirst for cold drinks, some distension of the abdomen though flatus was passed freely, and vomiting of sour fluid. Her temperature was 98.8, pulse 110. She still had acetone in the urine. Phos. was given, and that with the aid of dry toast apparently rather quickly relieved the condition, and the acetone disappeared from the urine.

After that she was placed on a fairly liberal diet and for five days was as normal in every way as it was possible for anyone to be. Then there was a rather sudden attack of distress in the stomach, frequent belching, faintness, vomiting, coldness of the lower limbs, with profuse perspiration, and desire for fresh air. It was then noticed that the urine that morning for the first time in four days contained acetone, in spite of the fact that the diet best suited to prevent such a condition had been used and large quantities of water had been taken.

This time Carbo veg. relieved in a few hours, and there was no recurrence though her diet was not changed.

A rather unusual thing about this case was that in spite of the fact that the patient had taken a large quantity of alkalies, she had a decided acidosis both before and on two different occasions following operation; the latter two not being prevented apparently by what is considered the most suitable diet in such conditions.

Phosphorus undoubtedly relieved the first attack after operation, but did not prevent a second one. Carbo veg. was similar enough to entirely clear up the condition.

I believe acute appendicitis associated with acute symptoms from a tubal pregnancy is rather unusual. Acidosis may occur, of course, with either condition, and at times has presented symptoms so similar to acute appendicitis that abdominal section has been performed not always to the advantage of the patient.

List of Members

Italics, Honorable Seniors.

- 1913 Aitchison, Florence N. H., 1430 Berwyn Avenue,
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- 1899 Alliaume, Charles E., 259 Genesee St., Utica, N. Y.
- 1905 Augur, George J., Matsushima Kon, Minami Koga Ch.
18 Bon Chi, Konda Ku, Tokio, Japan.
- 1903 Austin, A. Eugene, 14 Central Park West, N. Y. City.
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- 1910 Winans, Theo. H., 222 E. San Miguel St., Colorado Springs, Colorado.
- 1912 Woodbury, Benjamin, Jr., 178 Commonwealth Ave., Boston, Mass.

- 1917 Woods, H. Fergie, 31 Wimpole St., W. I., London, England.
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 1915 King, J. B. S., 1402 Masonic Temple, Chicago, Ill.

DECEASED MEMBERS.

- 1905 Adams, E. T., Toronto, Canada.
 1880 Allen, H. C., Chicago, Ill.
 1911 Anshutz, Edward P., 1011 Arch St., Philadelphia, Pa.
 1889 Arrowsmith, W. L., England.
 1880 Baer, O. P., Richmond, Ind.
 1907 Baker, H. H., Chicago, Ill.
 1889 Balch, E. T., Santa Barbara, Calif.
 1880 Ballard, E. A., Chicago, Ill.
 1889 Banerjee, B. N., Calcutta, India.
 1880 Bayard, E., New York City.
 1887 Baylies, Bradford Le Baron, 418 Putnam Avenue, Brooklyn, N. Y.
 1881 Bedell, R. H., New York.
 1914 Bell, James B., Boston, Mass.
 1915 Bowie, A. P., Uniontown, Pa.
 1881 Brown, T. L., Binghamton, N. Y.
 1881 Bruns, T., Boston, Mass.
 1902 Burd, Emma D. S., Yonkers, N. Y.
 1881 Butler, C. W., New Jersey.
 1886 Campbell, Alice B., Brooklyn, N. Y.

- 1890 Case, Erastus E., Hartford, Conn.
1881 Carleton, E., New York City.
1883 Carr, A. B., Rochester, N. Y.
1887 Carr, G. H., Galesburg, Ill.
1913 Cattori, Leon, Locarno, Switzerland.
1881 Custis, J. G. B., 912 15th St., Washington, D. C.
1889 Dever, I., Clinton, N. Y.
1882 Dunn, G., England.
1882 Ehrmann, Benjamin, Cincinnati, O.
1882 Ehrmann, Frederick, Cincinnati, O.
1881 Fellger, A., Philadelphia, Pa.
1890 Fincke, Bernhardt, Brooklyn, N. Y.
1902 Fisher, Arthur, Canada.
1880 Foote, G. T., Marlborough, N. Y.
1893 Fowler, S. M., Florida.
1885 Gee, William S., Chicago, Ill.
1911 Gillispie, W. B., Rockville, Conn.
1903 Graham, M. E., Rochester, N. Y.
1904 Grant, R. C., Rochester, N. Y.
1881 Gregg, Rollin R., Buffalo, N. Y.
1891 Gregory, E. P., Bridgeport, Conn.
1892 Harvey, A., Springfield, Mass.
1881 Hatch, H., Washington, D. C.
1913 Hatfield, Walter S., Cincinnati, Ohio.
1884 Hawley, W. A., Syracuse, N. Y.
1881 Haynes, J. R., Indianapolis, Ind.
1907 Hewitt, Myra, Wisconsin.
1885 Hocket, Z., Anderson, Ind.
1906 Holloway, J. C., Galesburg, Ill.
1882 Hoyne, T. S., Chicago, Ill.
1886 Hoyt, William, Hillsboro, Ohio.
1883 Ingalls, F. W., Kingston, N. Y.
1896 Jackson, F. M. W., Emporia, Kansas.
1915 James, Walter M., Philadelphia, Pa.
1887 Keith, T. S., Newton, Mass.
1905 Kent, James T., 108 N. State St., Chicago, Ill.
1880 Kenyon, L. M., Buffalo, N. Y.

- 1906 Kimball, Samuel A., Boston, Mass.
- 1882 Lawton, C. H., Wilmington, Del.
- 1890 Ledyard, W. E., California.
- 1880 Leonard, W. H., Minneapolis, Minn.
- 1905 Levenson, Montague.
- 1880 Lippe, Adolph, Philadelphia, Pa.
- 1881 Lippe, Constantine, New York City.
- 1884 Lowe, J. N., Milford, N. J.
- 1885 Martin, Leslie, Baldwinsville, N. Y.
- 1883 McNeil, A., San Francisco, Calif.
- 1913 Miller, R. Gibson, Glasgow, Scotland.
- 1914 Miller, Z. T., Pittsburgh, Pa.
- 1891 Morgan, A. R., Waterbury, Conn.
- 1911 Nash, Eugene B., Port Dickinson, N. Y.
- 1913 Nichols, Charles F., Boston, Mass.
- 1912 Parker, Mary, Cambridge, Mass.
- 1892 Payne, F. W., Boston, Mass.
- 1892 Payne, J. H., Boston, Mass.
- 1880 Pearson, Clement, Washington, D. C.
- 1883 Pease, G. M., San Francisco, Calif.
- 1888 Pierce, W. A. D., Philadelphia, Pa.
- 1882 Poulson, P. W., San Francisco, Calif.
- 1885 Preston, Mahlon, Norristown, Pa.
- 1905 Putnam, Carolyn E., 207 East 31st St., Kansas City,
Mo.
- 1914 Quackenbush, A., Ottawa, Canada.
- 1885 Reed, W. L., St. Louis, Mo.
- 1914 Reed, H. H., Halifax, N. S.
- 1881 Robert, J. C., New Utrecht, N. Y.
- 1908 Roberts, Josephine, Chicago, Ill.
- 1881 Schmitt, Julius, Rochester, N. Y.
- 1885 Seward, Stephen, Syracuse, N. Y.
- 1881 Smith, C. C., Philadelphia, Pa.
- 1880 Smith, Thomas Franklin, 264 Lenox Ave., New York
City.
- 1908 Sparhawk, S. H., St. Johnsbury, Vt.
- 1886 Stover, William H., Tiffin, Ohio.

- 1884 Stow, T. D., Mexico, N. Y.
- 1886 Sutfin, John H., Kansas City, Mo.
- 1908 Thornhill, Gabriel F., 76 South Main St., Paris, Texas.
- 1887 Thurston, Rufus L., Boston, Mass.
- 1904 Vivien, R. P., Canada.
- 1893 Villiers, A., Dresden, Germany.
- 1902 Waring, Guernsey P., Alhambra, Calif.
- 1881 Wells, L. L., Utica, N. Y.
- 1880 Wells, P. P., Brooklyn, N. Y.
- 1906 Wesner, M. A., Johnstown, Pa.
- 1881 Wesselhœft, W. P., Boston, Mass.
- 1882 White, F., England.
- 1873 Whitehead, T. K., England.
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