

PROCEEDINGS  
OF THE  
Thirtieth Annual Session  
OF THE  
International Hahnemannian  
Association  
HELD AT  
Pittsburgh, Pennsylvania, June 17, 18 and 19th, 1909



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|  |                         |
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PROCEEDINGS OF THE  
**Thirtieth Annual Meeting**  
OF THE  
International Hahnemannian Association

At Hotel Schenley, Pittsburg, Pa.

June 17, 18 and 19, 1909.

REPORT OF THE BUSINESS TRANSACTED AT  
THE THIRTIETH ANNUAL MEETING OF  
THE INTERNATIONAL HAHNEMANNIAN  
ASSOCIATION.

The meeting was called to order at 11 A. M. by the president, P. E. Krichbaum.

President:—Owing to the fact that several local physicians want to hear the papers of the bureau of Materia Medica and can get here most conveniently this afternoon, it would be desirable to change the order of the printed program so that such may be accommodated.

R. Blackmore:—I move that the program be changed so that the bureau of Materia Medica be made the first order of business this afternoon.

Seconded. Carried.

President:—We will now have the Secretary's Report.

REPORT OF THE SECRETARY.

Mr. President and Members of the Association, during the year just ended the affairs of the Association have been carried on with considerable activity and the beginnings of new activity and of a farther extension of its sphere of influence is to be expected from the committee which has been at work during the interim.

The Proceedings of the last year's work formed a volume

of 288 pages and the fifty or more papers that make up its contents have a high average of scientific value.

A slight change in Art. VII, Sec. 2 of the By-laws was effected at the last meeting. I have with me a number of copies of the Constitution and By-laws in which these changes have been incorporated by ink annotations. They are on the desk for free distribution.

An effort has been made since our last meeting to attract the attention of the profession at large to this Association and the character of its work by distributing copies of the *Proceedings* of previous years to various doctors through the country in accordance with a motion made at our last meeting by the late Dr. H. C. Allen, also by sending copies of the *Proceedings*, as soon as issued, to various homœopathic journals for review. On the first of June our President sent out his excellent circular letter to members and to all Hahnemannians listed in the last volume. The pages of the *Medical Advance* were also utilized to give publicity to the Association in the shape of an italicized editorial. In addition to this a double number of programs were printed and distributed all over the country by mail. It is hoped that these means all conspired to further the same end, of bringing Hahnemannian Homœopathy into prominence and to cause a wider extension and growth of its principles.

At the annual meeting of 1907, by motion of Dr. Rabe, the Secretary was instructed to prepare certificates for all members in good standing. As stated in my report at the last meeting the new stone could be made for the present century only and hence certificates of membership could be prepared only for those who joined on or since 1900. I now desire to state that I have discovered among the property of the Association a sufficient number of last century blank certificates in good condition to carry out that motion, only remarking that the old members who already have a certificate are not likely to desire another, as they have the signature of former officers of the Association, many of whom are now deceased.

J. B. S. KING, Secretary.

Report accepted and referred to the publication committee.

President;—We will now listen to the Treasurer's Report:

### TREASURER'S REPORT, 1909.

#### RECEIPTS.

|                                       |                |
|---------------------------------------|----------------|
| June 29th, 1908, balance on hand..... | \$414.97       |
| Returned postage.....                 | .60            |
| Received for dues. 1908.....          | 513.00         |
| Sale of Transactions.....             | 28.00          |
|                                       | <hr/> \$956.57 |

#### DISBURSEMENTS.

|   |                |
|---|----------------|
| Stenographer (King).....  | \$100.00       |
| Postage.....  | 43.35          |
| Freight, drayage and transferring Transactions.....               | 11.60          |
| Printing Transactions, 1908.....                                  | 360.00         |
| Labelling and wrapping Transactions.....                          | 4.25           |
| Storage for old Transactions not in my house, the "overflow"..... | 12.00          |
| Printing circular letter.....                                     | 17.40          |
|   | <hr/> \$548.60 |
| Balance on hand.....  | \$407.97       |

President:—What is your pleasure in regard to the treasurer's report?

E. A. Taylor:—I move that this report be received and referred to an Auditing committee. Seconded. Carried.

President:—I will appoint on that committee Drs. R. F. Rabe and Harvey Farrington. I will take this opportunity to appoint Dr. Z. T. Miller as a committee on Press and Dr. Richard Blackmore committee on attendance.

At the last meeting held at Chicago the following notice was handed the secretary by Dr. G. P. Waring and read by him: "Notice is hereby given that at the next annual meeting of this Association amendments will be presented in order to make it constitutional and possible to organize sections of this Association to be known as the Eastern, Central, Western and Southern Sections of the International Hahnemannian Association." Dr. Waring has something to say about that and we will now hear him.

G. P. Waring:— The idea was to give us freedom to organize sections of this Association in different parts of the country to work in harmony with it and to serve as feeders and strengtheners of the parent society. The purpose of the amendment was to enable us to do it without interfering with the Constitution and By-laws. It will not in any way take down the bars nor make it possible for anyone to become a member without fulfilling all the requirements of the present Constitution. In this way we could have here, there or anywhere in the country a sort of recruiting agency whereby two or more doctors might join together, bring in others who are good material to work on, and as it were, to go into training for membership in this Association. In almost every part of the country, in every state, there are men and women who could qualify for membership if they had an opportunity and this amendment will give distant members or distant Hahnemannians, not members, something to do in the cause of Homœopathy. Such could organize local gatherings and carry on the same work, with modifications, that we do here and gather all those in their immediate region and influence who have the making of good Hahnemannians in them. This the best kind of propagandism among the profession. The report is not yet in order for action; we will report later.

President:—The next order of business is the report of the Necrologist which I believe was sent in care of Dr. Rabe.

#### REPORT OF THE NECROLOGIST.

BY STUART CLOSE, M. D.

Since our last meeting, death has removed from our ranks three members,—Dr. Alice Boole Campbell of Brooklyn, Dr. H. C. Allen of Chicago, and Dr. J. H. Payne of Boston.

Memorials of their lives will be presented in the order of their decease.

The following obituary of Dr. Campbell, prepared by a member of her family has appeared in the *Brooklyn Daily Eagle* and in the *Medical Advance*.

## ALICE BOOLE CAMPBELL, M. D.

Alice Boole Campbell died Dec. 31st, 1908, at her home, 435 Putnam Avenue, Brooklyn, N. Y., of angina pectoris, after an illness of several months. She was born in the Eleventh Ward, New York City, March 3, 1836, the thirteenth child of fourteen children. She graduated from Rutgers's Institute at eighteen, was married at nineteen to Wm. Campbell, a graduate of Columbia College Law School. Four children were born of this union, three of whom survive her. Mrs Campbell entered the New York Homœopathic College and Hospital for Women in 1863, graduating four years later and moving to Brooklyn. Her husband died shortly afterward and she has lived as a practicing physician in this borough ever since. She was one of the first woman practitioners of medicine and the first to obtain admission to the County Medical Society. The society attempted to rescind its action in admitting her, offering to pay back her dues, which she refused to receive, and cutting her off from all privileges, demanded her withdrawal simply on account of sex. She carried the case to the courts and obtained a verdict compelling the society to reinstate her. She was one of the founders of the Eastern District Homœopathic Hospital and Dispensary, also of the Woman's Memorial Hospital of this city. She was on the governing board of the New York College and Hospital for Women, and consulting physician on the special staff of the Woman's Hospital of Philadelphia, Pa. Her practice was extensive, covering not only the borough of Brooklyn, but patients in large numbers flocked to her from surrounding and distant states.

A woman of strong character, magnetic personality and rare attainments; she was respected and revered for her fearless and original mind by the members of her own profession, and well known and loved by the poor as one of the most benevolent. Dr. Campbell was a strong suffragist, believing that women are capable of filling every important position in life. Because women were not allowed as representatives to the conferences of the Methodist Episcopal

Church, she withdrew from that denomination several years ago, informing the officials as to the motive for this action in the words of the immortal Samuel Adams: "Taxation without representation is oppression." Women and men from all points of the United States sent her commendatory letters, and she lived to see this injustice to her sex righted by the General Conference in 1906. At the time of her death she was a member of the International Hahnemannian Association, the Alumni Association of the New York College for Women, the Brooklyn Hahnemannian Union and the Anti-Compulsory Vaccination Society. She was a member of the Woman's Christian Temperance Union, and firmly believed in total abstinence. In medicine she regarded alcohol as a "false God," and her attitude towards its use was uncompromisingly hostile.

Dr. Campbell had been a member of various medical societies, but withdrew from several of them because of their partial or complete failure to adhere to the standards of Homœopathy as promulgated by its founder, Samuel Hahnemann. After a broad experience in applied therapeutics, she became convinced that the principle of dynamics underlying Homœopathy represented the only known law of cure.

H. C. ALLEN, M. D.

The sudden and unexpected death of Dr. Allen, at a time when he seemed to be in the full possession of his powers, and while he was actively engaged in many good works, came as a great shock to the entire school. He was, without doubt, the most widely known living physician of our school at the time of his death. His long professional life of manifold activities, as physician, author, editor, teacher, founder and dean of Hering Medical College, and organizer or member of many societies, had made him known in all parts of the world where Homœopathy has obtained a foothold. The flood of resolutions, memorials and tributes called out by his death has rarely, if ever, been exceeded. All of them express in glowing terms the high esteem in which he was held. Many express a personal affection which is as touching as it is beautiful; and this is not to be

wondered at, for he was one who truly gave, not only of his love and sympathy, but of his time and effort, and money, to all who needed his aid. No one will ever know how many poor and suffering he helped, nor how many needy, struggling young students and physicians he aided with advice, and money and encouragement. To the young, and especially women in the profession, he was a tower of strength.

Among his colleagues he was honored for his zeal as a worker; his discretion and practical wisdom as an adviser; his integrity and consistency as a practitioner of pure Homœopathy; and for his affability, magnanimity and unselfishness in all his relations. Never was a man more free from petty professional jealousy, nor one more quick and generous in his recognition of the merits and attainments of his colleagues. He was always frank and hearty in his commendation of the good work of others. But he was brave too as well as kind. He could be severe on occasion. He never hesitated to point out error, but he did it so graciously that he rarely gave lasting offense. He was quick to take the floor in defense of truth, even if it brought him into conflict with men whom he esteemed as personal friends. He was a good fighter, and he never knew when he was whipped. He cherished no enmities, but in a contest involving principle, he would never give up. If he failed at one time, and in one way, he was sure to come back later with some new mode of attack or defense. His was the "perseverance of the Saints."

He travelled much and far in his attendance upon the meetings of societies and colleges. He spared neither time, money nor strength when called upon to lend the influence of his gracious presence and facile speech for the strengthening or upbuilding of his beloved Homœopathy. As organizer, missionary, exhorter and peacemaker-in-general, he was well nigh ubiquitous. Wherever there was a society to be formed or reorganized, a fraternal "breach of the peace" to be healed, backsliders and weak-kneed brethren to be stirred up and strengthened, there was Dr. Allen to be found. And wherever he went he took with him that genial



spirit, that charming presence, that suave address which made him always a welcome and honored guest. He was tactful and diplomatic in his dealings with men and measures. His tactics sometimes puzzled some of his friends who were less experienced in dealing with matters of a quasi political nature. These were sometimes suspicious of his motives, regarding the appearance instead of the fact. As of old they were inclined to say: "This man receiveth sinners and eateth with them." But in reality his life and motives were above reproach, and in his practice he conformed to the highest standards of Homœopathy. He was as absolutely unselfish as it is possible for a man to be. He stood always for Homœopathy pure and undefiled, and its interests were always paramount with him. No labor was too severe, no demand too exacting, no sacrifice too great when the welfare of Homœopathy and its institutions was concerned. He longed for harmony and union in our school, as he longed for friends, and labored for it incessantly, but it must be peace with honor, and friends without capitulation. He was ready to make any sacrifice of personal ends and desires, but in principles he would not compromise. No man ever took misunderstanding and criticism of himself more sweetly and patiently. He refused personalities, and kept the cause, the principle, always in the foreground.

The burden of work and responsibility which rested upon him was stupendous, but he carried it so lightly that it did not appear as a burden to others. They had grown so used to seeing him carry it that they expected it of him, and he never failed them. He carried it up to the very gate of Eternity and then slipped out from under it so suddenly and so easily that we could hardly realize that he had gone.

His spirit was always young, and he kept the appearance of youth and vigor to a surprising degree. At seventy two he was as erect, as quick, as springy, as active as the average man of half that age. Clean, lean and abstemious, his spirit ruled his body absolutely up to the very end.

He loved best the family circle and simple social functions. He was at his best in little informal gatherings of

friends, lay or professional, especially when the younger element predominated. Quick at repartee, and never at a loss for a quip, a jest or an anecdote, his gaiety and wit made him the life of such a gathering. His presence at the festive board was always a stimulus to that "feast of reason and flow of soul" which is the essence of the real "good time." A few weeks before his death he was present at such a little gathering of professional friends in New York, who met in the apartment of Dr. and Mrs. Rabe to do him loving honor. That evening will never be forgotten by those who were present, for he was never more wholly his own best self. When the time came for him to go, our young hostess escorted him to the door and then, in her sweet impulsive way, put her arms around his neck and kissed him good-by before us all. Dr. Allen's eyes grew very tender and he smiled his appreciation as he passed out. Afterward she said, "I felt that it was the last time we would ever see him." Prophetic intuition of a good woman, who thus graced him with the homage of her pure soul!

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Dr. H. C. Allen was born October 2, 1836, in Brantford, Ontario, Dominion of Canada: son of Hugh Allen and Martha Billings, his wife. He was a descendant on the paternal side of that distinguished family of Vermont which produced Gen. Ira Allen and his patriot brother, Ethan Allen, of revolutionary fame. On the maternal side the line of Billings ancestry runs back to the colonial days of Massachusetts Bay, where one of the ancestors of Dr. Allen owned the farm upon which the City of Salem is built. The family removed to the frontier settlement of Deerfield, in the Connecticut Valley, and when that town was ravaged and burnt by the French and Indians in 1704, were driven captive into Canada, with the remainder of the surviving inhabitants.

Dr. Allen was educated in the public schools of London, Ontario. He studied medicine in the College of Physicians and Surgeons of Ontario, and Homœopathy in the Cleveland Homœopathic College, from which he graduated in 1861. He served as a surgeon in the Civil War. He was

Professor of Anatomy in the Cleveland Homœopathic Medical College, and later in Hahnemann College, Chicago. From 1880 to 1885 he was Professor of Materia Medica and Clinical Medicine in the Homœopathic Department of the University of Michigan, at Ann Arbor. He organized Hering Medical College, which was incorporated in 1891 and opened for students in 1892. He was its first dean, president of its governing board, professor of Materia Medica, teacher of the Organon, and guiding and sustaining spirit of the institution until his death. He was for many years the editor and publisher of the *Medical Advance*. He was an Honorable Senior in the American Institute of Homœopathy and in the International Hahnemannian Association, of which latter he was also one of the founders and charter members. He was also an honorary member of the state societies of New York, Pennsylvania, Ohio and Michigan, and an active member of the Illinois Homœopathic Association and the Englewood Homœopathic Society.

Dr. Allen's first published work, and the work by which he is most widely known, was the *Therapeutics of Intermittent Fever*. This was subsequently enlarged to cover all forms of fever, and in that form, is one of the classics of our literature. He also edited and partly rewrote the work of Dr. R. R. Gregg on Consumption, and added the section on the *Therapeutics of Consumption*, and a repertory. This work was published under the title "Gregg on Consumption, by Allen."

Dr. Allen's third work, "Keynotes to the Leading Remedies of the Materia Medica," has passed through several editions. His last published work was Guernsey's Bönninghausen.

Death came to Dr. Allen suddenly and quietly Jan, 22, 1909, after a full day's work. He arrived home about 5:30 p. m., saw a patient, had a telephone conversation, and then laid down on a lounge, saying he did not feel well. His breathing became difficult, unconsciousness soon followed, and he passed on into the larger life.

## JAMES HENRY PAYNE, M. D.

Dr. James Henry Payne, of Boston, Mass., who became a member of this association in 1892, died in Boston on May 14, 1909, at the ripe old age of eighty-six years. His death was not due to disease, but to the natural failure of the vital force. Up to within less than two weeks of his death he went out daily, and was able after that to sit up part of the time. His end was peaceful, and he leaves an unstained record of long and faithful service to humanity as a homœopathic physician. In many families three and a half generations have been treated and cured by him according to the principles of Homœopathy.

Dr. Payne was born in Albany, N. Y., June 4, 1825. After completing his academic course he entered the University of the City of New York, from which he graduated in the class of 1848-9, and took his medical degree. Having been a firm believer in the principles of Homœopathy before he decided to study medicine, he determined to practice Homœopathy and prepared himself accordingly. He was one of the pioneers of Homœopathy in the State of Maine. He located first in Bangor, in 1849, where he remained in active practice until 1860, when he removed to Boston. His first two years of practice were signalized by his great success in treating cholera, which prevailed in Bangor during the years 1849 and 1850. The mortality under Allopathic treatment was very great, but Dr. Payne, who used attenuated homœopathic remedies exclusively, was almost uniformly successful, even curing many cases which had reached the stage of collapse and been pronounced hopeless by other physicians. An article on cholera, in which he gave his experience during this epidemic, attracted much attention. This article, and his remarkable success, which soon became widely known, did much to establish Homœopathy on a firm basis in the state of Maine.

In Boston he rapidly obtained a large practice and became prominent socially as well as medically.

He was a member of the Algonquin Club, the Boston Arts Club, and the Bostonian Society. He held member-

ship in many medical societies, including the American Institute of Homœopathy, which he joined in 1869.

In 1855 he married Miss Harriet M. Whittier, of Boston, who survives him. The two children who were born of their marriage, Dr. James Henry Payne, Jr., of the U. S. Navy, and Miss Blanche Payne, of Boston, also survive him.

The Necrologist's report was received and referred to the publication committee.

President:—I have received two letters that are really addressed to this association through me, and I will ask the secretary to read them.

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Dr. P. E. Krichbaum, Montclair, N. J.

My Dear Doctor:—A certain plan has slowly been formulating in my mind for the advancement of the cause of Homœopathy in this land, and at once I felt the desire to present it to my fellow Hahnemannians, and the one most able to help me in doing this seemed to me to be you, since you are President of the I. H. A.

As it has to do with the pastor of our church here at Sendai, I will tell you something about him. His name, (Rev.) H. Kawasumi, age 41. Understands English quite well. Is an exceedingly bright and active man. Has family of wife and five children. When I first came to Sendai, two years ago, (I mean this time as I was here many years ago,) he took little interest in Homœopathy, but when one of his children was ill with croup, all the neighbors comforted him by telling him how many children had died "just like that," and a physician, member of his church advised him strongly to have anti-toxin used, he trusted the case to me and the indicated remedy worked so wonderfully as to surprise every one.

This was the first thing that directed the afore-mentioned physician to think that after all there might be something in Homœopathy and finally he became convinced, and is now on his way to U. S. to take a course in one of your colleges. Soon another of the pastor's children was ill, and as I could not make a satisfactory diagnosis, I asked this same physi-

cian to see the case, and another, also a member of this church, and through their advice two or three others saw the child, no two agreeing, either in diagnosis or treatment. The pastor was not much worried, for he felt certain that if we gave the indicated remedy all would be well and left the treatment entirely to me; the result was a speedy and complete recovery.

There have been other instances, too numerous to mention, where "the New System" has wrought wonders, and this pastor has become such an enthusiastic convert that he is continually talking about it, and sends many cases to me, some of whom are so much helped as to go out and still more advertise the "foreign doctor."

This pastor has enquired into the philosophy of the law, and can "give a reason for the hope that is within him," so that he can even urge the claims of Homœopathy upon the Allopathic physicians whom he meets; has succeeded in interesting several so that they are very anxious to learn more. But the practice of medicine has undergone such a revolution in Japan during the last generation, as to make them all the more open to the claims of anything new and I therefore believe that when the truth of Similia is properly presented, it will not have to fight its way as it did in Europe and America. One of the very best means, in my opinion, of getting it before the Japanese public, is for some intelligent Japanese who is filled with the beauty and truth of the law, and so well posted in its philosophy as to ably expound it, to go forth as a missionary, backed by practical applications and preach it everywhere.

This very thing is what this pastor seems bent on doing, for, as Presiding Elder, he does considerable traveling, and then always takes his case of remedies, and is ever ready to prescribe, and to recommend the sick to come or write to me. He is a man of rank, and can, and does, meet freely with all classes, and has been the means of many people of wealth and rank and influence calling me. Every member of the family of one of the members of parliament from this district has been on my list of patients and this same M. P. is

constantly telling his friends of what wonderful things the "New System" will do. He expressed surprise that the physicians did not eagerly study Homœopathy, and said he would start an enterprise among the wealth of Sendai to build me a hospital.

All this is the work of this pastor, who delights in explaining the Law of Likes, and of course when I have made some splendid hits, it has borne him out. He is able to do some fine prescribing himself. A young woman who all her life has been troubled with bed-wetting, and who was on this account so abused by her mother, and was so ashamed as to contemplate suicide, was sent to this pastor, as no one would have her as servant, and the pastor has the reputation of finding some way for helping all unfortunates. Of course he took her in, and after hearing her story gave her Causticum. At once she improved; for a week or so he gave her a dose every evening, and the poor girl would reverently elevate the powder, and almost worship it, so delighted was she with its effects. She was soon completely cured, and is now a happy young woman, with no bar to becoming a wife.

Now the laws of Japan do not recognize Homœopathy. I, having an Allopathic diploma, was given a licence, and now am free to practice it, of course. If we can get the law changed, so that this man could become a licensed physician, he would make a wonderful success, for he is one of the kind who carries through whatever he undertakes. I believe that by and by the law will be changed, but even if it is not, I think if this pastor could go to U. S. and take a course in one of our colleges, he would then be able to work with me, and together we could do much toward spreading the Gospel of Homœopathy, as well as at the same time be more successful in spreading the Gospel of Christ.

Now as Dr. Margaret L. Tyler, of England, and her mother Lady Tyler have offered scholarships to young English physicians with which to go to America in order to study Homœopathy, I wonder if there are not some who will give a scholarship that this man may go and take a course in one of our Homœopathic colleges in the United States? Had



I the money I would send him at my own expense, but the salary of a missionary is not sufficient to meet the requirements of my own family, and I am also at considerable outlay for supplies with which to do the work I am now trying to do.

Mr. Kawasumi thinks if he could only go for two years, and study Homœopathic pharmacy, with Boericke & Tafel, and at the same time get as much as possible of the knowledge of Materia Medica, he would be satisfied; that would be a wonderful help, for he could then work with me and we could do very much more than I can do without such help. Even with the knowledge he now has he is a great aid to me, and with a diploma or the knowledge of Pharmacy, he would be worth more than the average physician.

I think that through this M. P. spoken of above, and two or three more whom I know and are members of our church, we can get the laws changed by and by, recognizing Homœopathy, but even before that as I have a license, Mr. Kawasumi could practice with me, and do as much as though he too were licensed.

Some of you may wonder why I should advocate taking one of our leading ministers when we have too few already, and urge that he be educated in medicine. It is because I believe that through Homœopathy we can enter more and other families, and exert an influence where as yet no missionary has been admitted. Besides, this man, Mr. Kawasumi, is so enthusiastic, so filled with the subject, so in earnest with telling every one of the "New System" and withal has such an understanding of the philosophy of the law, that even as a layman he is doing a great deal toward bringing the people to where they will so demand Homœopathy as to compel the physicians to study it.

Will you not, my dear Dr. Krichbaum, try and interest some or all of the members of the I. H. A. in this matter, and if possible find some who will subscribe a sufficient sum, for four years, to enable Mr. Kawasumi to take a degree in medicine from one of our Homœopathic Colleges? If this can be done, I shall feel that we are making a good beginning



in introducing Homœopathy to this "land of the Rising Sun."

I had written Dr. H. C. Allen concerning him, but the letter probably did not reach his home before his death. In the same letter I asked him many questions about some old difficult chronic cases of mine, and am distressed that I did not get his reply, which he always so promptly sent. I feel the loss of Dr. Allen, as I would the death of an older brother. He was certainly one of the kindest and best men I ever knew. If you Hahnemannians there miss him, how much more do you think I will miss his kind advice and counsel, when I am away here all alone? I hope that you will ask the members of the I. H. A. to remember me, and to write me, and if there are any who are willing to help me by answering my letters and my questions, if they will but let me know that I may address them, I shall be very grateful.

Well, fearing that I have already wearied you, I will say good bye, with best regards to each and all the good Doctors of I. H. A. from one who is proud to be a member of your association, and who is trying to be worthy of being one of your number.

Very Truly Yours,

H. W. SCHWARTZ, M. D.

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Dear Dr. Krichbaum: !

I have been sick for about two months now with heart trouble—most of the time in bed—and before it is too late I want to urge you to bring before the I. H. A. (as I presume I cannot be there) the matter of presenting a full set of the I. H. A. Transactions to Dr. Tyler, of London, Eng. She and her mother, Lady Tyler, have paid the expenses of three allopathic physicians for six months' study here, and whom we have lately sent back thoroughly converted to Homœopathy and well grounded in Homœopathic Materia Medica and Philosophy. From the favorable report of the first one to return, who did not stay quite six months, money was immediately pledged to send five next year instead of three. In this way Hahnemannian Homœopathy will soon receive a grand impetus in England. The boys told me a set placed

with Dr. Tyler would do more good than in the London Homœopathic Hospital, because she would loan the volumes where they would do good, while at the hospital they would be under lock and key.

Of course if I am able to be present I will be glad to bring the matter up myself, but wish you would if I fail to appear.

I know of no place where a set could be placed to do more effective missionary work. These boys had two or three volumes of mine at their room all the time, and considered them very valuable help in understanding Homœopathy.

So do it! And let me know that you will.

Here's wishing you a fine and successful meeting at Pittsburg.

Sincerely yours,

H. H. BAKER.

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R. F. Rabe:—I move that these letters be referred to the committee on propagandism. Seconded. Carried.

R. F. Rabe:—I move that a committee be appointed to draw up suitable resolutions on the deaths of Drs. Payne, Campbell and Allen. Seconded. Carried.

President:—I appoint on that committee Drs. Grant Boger and Farrington.

Dr. Z. T. Miller offered a resolution in regard to vaccination which he said that he would like to have the association pass because it would help the local physicians in the courts, in a case that was pending.

W. L. Morgan:—Make the resolution say that our method has proved to be the most effective in preventing small-pox and without the dangers, such as tuberculosis and cancer, attending the usual method.

R. F. Rabe:—Before a resolution so important as this comes to vote I suggest that it should be carefully considered by a committee of three appointed by the president. I think that the wording could be arranged so that we would achieve the same result in a more diplomatic manner. Also

some facts might be incorporated from the status of vaccination in the state of Iowa. At any rate it should be carefully considered before being put to vote, because it commits the association to an opinion upon an important matter, and an impromptu vote seldom represents the feeling of all the members. I suggest a committee of three to report tomorrow morning. I make that as a motion. Seconded.

President:—Any discussion?

C. M. Boger:—I am in favor of the sense of the resolution, but the wording does not quite suit me.

Z. T. Miller:—The attorney and myself went over this resolution very carefully and drew it up in a way that would be of benefit to our case; but I am perfectly willing that it should go before a committee. We have the whole report of the Iowa case on file and we have reports of interest from all over the country, so reference to the Iowa case had better be omitted. We thought that if we could get the backing of this association it would have great weight with the court.

Motion carried.

President:—I will appoint Drs. Rabe, Boger and Grant on that committee to report tomorrow morning.

President:—Any committees to report?

C. M. Boger:—The Board of Censors have a report to make if the association will hear it now. The board reports that the following individuals have fulfilled all the requirements of the society and recommend that they be elected to active membership:

Francisco Valiente T., Barranquilla, Colombia, S. A.

Herbert Beals, 188 Franklin St., Buffalo, N. Y.

Wm. R. Powel (reinstated), 2037 Arch St., Philadelphia, Pa.

Maurice Worcester-Turner, 127 Harvard St., Brookline, Mass.

W. B. Boggess, 4919 Center Ave., Pittsburg, Pa.

Nettie Campbell, 4141 Indiana Ave., Chicago, Ill.

Wm. T. Cowley, 6009 Center Ave., Pittsburgh, Pa.

A. C. Madden.

Moved that the secretary be instructed to cast one vote for the association electing those named in the foregoing list. Seconded. Carried.

The secretary cast a ballot and elected those named to active membership.

C. M. Boger:—The following have complied with the requirements for associate membership and are recommended for election:

Edith M. Phelps, Milford, Del.

J. B. Sullivan, 7030 Spencer Ave. E. E., Pittsburgh, Pa.

Mary E. Coffin, 3823 California Ave., Allegheny, Pa.

Frank C. Sawers, 5130 Second Ave., Pittsburgh, Pa.

John C. Calhoun, 3126 Perryville Ave., Allegheny, Pa.

Moved that the secretary be instructed to cast a ballot for the association electing those named in the above list to associate membership.

The secretary presented several bills for printing and stamps which were ordered paid.

#### REPORT OF THE AUDITING COMMITTEE.

The committee has gone over the treasurer's papers and accounts and has found them all correct.

R. F. RABE.

HARVEY FARRINGTON.

#### REPORT OF COMMITTEE ON Z. T. MILLER'S RESOLUTION ON VACCINATION.

In view of the question raised by some health authorities as to the efficacy of internal prophylaxis against small-pox, and further in conformity with the fact that many physicians throughout the country have successfully applied such a method; therefore be it

*Resolved*, That the International Hahnemannian Association in meeting assembled, re-affirm the established practice of vaccination by internal variolation and declare it to be a sufficient method of prophylaxis, and further that it is the only method consistent with hygiene and the modern conception of asepsis.

R. F. RABE,  
C. M. BOGER,  
R. C. GRANT.

President:—Any discussion?

Z. T. Miller:—I was advised to omit the word homœopathic as a matter of expediency, but I would like to know whether internal prophylaxis or variolation is not in agreement with Homœopathy just as much as the use of Belladonna against scarlet fever, or of any other remedy with which we forestall a disease; if that is so, why should we drop out the word homœopathic in this resolution as you have done?

R. F. Rabe:—Internal immunization is not in accord, strictly speaking, with Homœopathy, because you are giving a remedy—a nosode—to a person not on symptoms but on the chance that they will be prevented from taking a disease with similar symptoms to that produced by that remedy. Personally I know that it does do it forty-nine times out of fifty, but you are doing it on a chance and not on the law of similars. How do you know that a given case of small-pox is not going to develop into a Rhus case or into an Antimonium tart. case? We are not fighting against vaccination but against compulsory vaccination. I want to be allowed the right to employ internal variolation.

It is a practical matter based upon experience and not essentially an application of the law of similars. It is possible that whatever mode of prophylaxis is used the individual would have escaped anyhow, for not everyone exposed to an infection takes it, by any means. Therefore I am not inclined to be dogmatic on either side, but I want to be free to use my judgment as to which I prefer.

Z. T. Miller:—If you give small-pox virus you get small-pox; and we have a right to take variolinum as being a better prophylaxis than the inoculation method.

R. F. Rabe:—Why say it is better, why not say it is just as good?

Z. T. Miller:—Because there is no question but what it is better.

R. F. Rabe:—The other side will not admit that it is better.

Z. T. Miller:—I know they will not, but they try to make me believe that it is a fraud.

R. F. Rabe:—It is a question of practical management and not of principle; we want to arrive at a result along lines of least resistance. If we bring Homœopathy into the question we arouse unnecessary antagonism. I think that we will accomplish more without it. Why bring needless arguments and side questions in?

Z. T. Miller:—Why has the I. H. A. separated from the main body?

R. F. Rabe:—Because the A. I. H. has not lived up to the law; the public and the health officers do not care a pin about our fights.

Resolution of the committee put to vote and adopted.

Invitation to hold the next meeting in 1910 in the city of St. Louis from the St. Louis Commercial Association read.

Richard Blackmore:—I move that there be no session held this evening and that we adjourn to meet to-morrow morning at 9 A. M. Carried.

G. P. Waring:—I desire to bring up the amendment to the Constitution spoken of yesterday.

R. F. Rabe:—This is a matter that should be carefully considered and I believe that it would be wise to refer the matter to a committee of three to report this afternoon for final action. I move that a committee of three be appointed on this amendment. Seconded Carried.

President:—I will appoint upon that committee Drs. Waring, Rabe and Bowie, to report before the meeting finally adjourns.

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## REPORT OF THE COMMITTEE ON PROPAGANDISM.

H. S. Llewellyn Chairman.

Last year, in obedience to a motion carried by the Association, your president appointed a committee to take up and push the subject of "Homœopathic Propagandism" for the Association. The motion and discussion proved to be a burst of enthusiasm that was not backed by any definite ideas as to how the committee should proceed or any thought as to what would be necessary in order to push any propagandism for no provision was made for that which is needful

in promoting any scheme. The cost was not provided for, although there was a fine opportunity for a start in that direction, nor was any authority given the committee to contract debt in the name of the Association. Hence your committee has not attempted to push or to publish anything and has not expended a single cent that the Association will be asked to repay.

But "taking up" the subject is an inexpensive procedure and the committee looks upon it as the most important part of its duty for the first year, for unless the best method of spending has been well considered and a definite plan of procedure adopted the money when provided will be poorly spent if not wasted.

In considering the subject we have tried to determine:

1st. What we want to propagate for—some propagate for quality, some for quantity—this society's history shows that it was formed to preserve as far as possible the purity of homeopathy. It has always stood for the best—the genuine. I take it for granted, therefore, that while we want both quality and quantity, the former must take precedence. To propagate for quality we want: 1st. The most perfect grains of pure Homœopathy that can be found in our literature, or that can be written by homœopaths of our day arranged in graded courses from A. B. C. to diploma. 2nd. Men capable of demonstrating what these grains can do.

The former without the latter is useless if immediate results are expected.

2nd. We asked where propagate? i. e. Among what class or classes of people will we be most likely to get good returns for our effort?

We believe that the two fields that will give the best results are the students and the laity: The students because the men that are to demonstrate these truths to future generations must come from this class, and for every year we fail to produce such men, we lose more for the cause of Homœopathy than can be regained in five years of hard labor in other fields. Because the students are in the stage of developement and their whole time is now given to the

consideration of subjects that pertain to their life's work—in case of the medical student to subjects that pertain to the maintainance of health, and if the truth is not properly presented and demonstrated the wrong ideas will get a start that will be hard to check—and require much labor to uproot—as surely as the plowed field not sowed with good seed and properly cared for will come up in weeds.

We consider the laity an important field, because from the laity we must get the next generation of students; because an intelligent laity will but appreciate and support an intelligent doctor; because to an intelligent laity we must look for the support of our institutions; and because to educate the laity is the quickest and surest way to bring the commercial doctor to terms,

These two fields and these two only, it is absolutely necessary to cultivate; in proportion to our success in both, our safety is assured but if we fail in either our cause fails.

Our third question was "by whom should this work be done," and we answer: first, by each individual doctor in his own field—great crops cannot be raised by waiting for your neighbor to come and plow your field—nobody else can manage it for you as well as you can do it for yourself. If another does the work he will surely take the profits. But we may look to the Association to serve as a dealer in and distributor of such things as all of us need; such implements and seed as will enable us to do our work better and reap better crops. The individual doctor and the Association then each have a part to fill and they must work in harmony, but the individual must do the work or manage in his own section.

And our next question was "how is the work to be done?" That is what is the doctor to do for the students and what for the laity and what is the association to do for the student and the laity.

We think the first duty of the doctor toward the student field is to encourage suitable and capable young men to investigate and to test our principles, and if they become interested you show your interest in them, become their friend,



their counsellor, then show them the philanthropic as well as the commercial side of homœopathic practice as compared with allopathic practice. The philanthropic side by showing by statistics etc., the per cent of lives saved by Homœopathy that are sacrificed by Allopathy—the commercial by showing the higher average income of the homœopathic practitioner as compared with the allopathic practitioner.

The doctors duty to the laity begins with his patrons in his office, to them he should teach Homœopathic principles that they may live in accord therewith and thus enable him to achieve better results.

He should keep in stock and distribute as occasion requires, statistics, reports of cases illustrating principle or practice, etc.

For the students the Association might invite them to the meetings, make them welcome and show that we are interested in them. It should support in every way possible the colleges that are purely Homœopathic in their Philosophy, Materia Medica and Practice chairs.

For the laity the Association should publish as tracts or in form of a missionary journal as you think best, articles illustrating or exemplifying our principles, reciting special cases, giving statistics, giving advice as to the baneful effects of strong drugs, etc.

Members might give as opportunity offered public lectures on popular subjects in times of peace when, there being no immediate danger they will better consider the arguments presented.

Members could join lay societies and use their influence to have proper persons from a distance invited to address certain meetings of that society.

The Association might encourage in any way it deems advisable a board of lecturers on definite subjects and the Association should interest the laity in medical laws and let them know that we need their help to prevent adverse legislation, which if passed will vitally affect them and their families.

Now if this Association is going to take hold and do what is outlined here as the Association's part in this work it is evident that it will need first somebody or a committee to take charge of the work and second, some funds to start the ball rolling.

We have thought that we might suggest the following to start the discussion on the floor. That the Association create a committee of propagandism as a standing committee of this association, that said committee consist of not less than three or more than nine members, that at first they be elected for terms, of varying length, and thereafter a portion elected each year.

That said committee have charge of the publishing and distributing of all tracts of the society (except the Transactions), that it keep a detailed record of all moneys received and expended and give an account of the same at each annual meeting of the Association.

To provide for the funds we would suggest that all funds in the Association treasury after the expenses of the Association are paid and a contingent fund of \$200 reserved, should be available to this committee for the printing of such articles as it deems best to carry out the Association's part of the propagandic work.

That the reprints be furnished to members of the Association for distribution at as nearly cost as possible. the money received for these tracts or pamphlets, being used again to print others, etc.

That members of the Association and benevolent laymen may be invited to contribute to this fund or endowment of the propaganda committee of the association.

R. F. Rabe:—I move that the report be received and the committee discharged. And I would like to ask, What became of the \$100 which was voted for this purpose?

H. S. Llewellyn:—It was not voted. Dr. Allen read a letter which offered to start a fund for propagandism by giving \$100, but it was never accepted nor received nor voted upon.

R. F. Rabe:—Funds subscribed in that way are exceed-

ingly doubtful; you recall the great enthusiasm with osculatory episodes on the side, that prevailed at the Kansas City meeting of the American Institute last year, but very little over half of the sum of \$5000, there subscribed has been paid in. The very men who were wildest in their enthusiasm at that time have been slowest in paying up.

H. S. Llewellyn:—The Association did not even vote to accept the \$100, offered. Dr. Boger said he had five dollars to distribute Dr. Holloway's paper but he kept it. Dr. Bowie said the same thing but he has his five yet.

R. F. Rabe:—In the American Institute they have tracts of a popular nature in sets of three and they are sent gratis to any homœopathic physician asking for the same. If any one of those present desire some of this material, all that you have to do is to send a request to Dr. J. B. Garrison, secretary of the Council of Education. Dr. Copeland has recently prepared an essay entitled "The Scientific Reasonableness of Homœopathy" which is one of the finest articles on Homœopathy that ever appeared. It presents an absolute reason and a scientific ground for Homœopathy. It will probably be re-printed in the circular form and will serve very well for advertising Homœopathy. Last year I suggested in my presidential address that we so far as possible get into the colleges. I had an opportunity last year when the chairmanship of the department of materia medica was offered me. I accepted and filled that department with excellent homœopaths; they are all members of this Association except one. The result has been that instead of a freshman class of eleven (which was the number last year), we took a jump to thirty-three. The prospects are good for a class of fifty soon. Pure Homœopathy is to be taught.

Here lies the opportunity for the individual members of this Association to get in colleges wherever possible and occupy those important positions of teaching materia medica and Homœopathy in the proper way. The tracts spoken of can be used at little expense for introducing our art to the general public and I hope some of us will take advantage of them.

President:—Does any one second Dr. Rabe's motion?

C. M. Boger:—The trouble lies where Dr. Rabe places it; men come to us after they have spent years at a homœopathic college and graduated from it and tell us that they never heard those things which we tell them as the very beginnings and fundamentals of the science and art of Homœopathy. The students are imposed upon by the professors who do not teach Homœopathy at all but they do teach some pet theory of their own which they call Homœopathy. It is not possible for every Homœopathic College to have a lot of good Hahnemannian teachers because there are not enough to go around. They are not as plentiful everywhere as they are in New York and in Chicago. There are not enough in Cincinnati, St. Louis and Baltimore put together to man one good college.

R. F. Rabe:—How about Philadelphia? I would like to hear Dr. Powel on that subject.

C. M. Boger:—The students throw into our faces that we are hypocrites and I am sure that I do not feel kindly towards the professors who taught me; therefore the men who have been through the college mill and know what a farce it is should get after students and rescue them from the same fate. If we make a rule to get a good student every year or even every two years Homœopathy would steadily grow in the right way. I have had the misfortune of sending two men to a so called Homœopathic College and they turned out miserably; one that I sent to Hering turned out much better. I have now another in training. It takes a certain depth of mind to make a good homœopath and it should be combined with a certain amount of ambition.

G. P. Waring:—The little experience that I have had in college work has shown me that where the predominating influence was against Homœopathy it was almost useless to waste your time because you will not be listened to. It is something like what it would be if you tried to promulgate Christianity with an orthodox preacher in the pulpit once a month and a minstrel show the other three Sundays. I move the adoption of the report as it is. Seconded.

R. F. Rabe:—Does not that imply by the word “adopt” that we are committed to the plan outlined? I was very careful to say that the report be received as to avoid that. “Adopt” makes it obligatory to carry out the recommendations of the report.

A. P. Bowie:—I have listened to this lengthy report and there is one part of it that has been disproved by the discussion upon it; the committee recommends that our efforts be spent upon the students and the laity but it looks to me as if the doctors and the professors needed the work most. If there is anything under the sun that an ordinary homoeopathic student wants to learn it is Homoeopathy and if there is anything that intelligent patients want, it is homoeopathic treatment and then if there is anything that the Homoeopathic Colleges do not teach it is Homoeopathy. There was a man in my office, a graduate of a Homœopathic College who had never seen or read a line of the *Organon* of Hahnemann. If this society would raise a fund to present the *Organon* to every graduate of a Homœopathic College it would make more Homoeopaths and do more good to the cause than anything else. It is not new literature that we want; the new literature is not near as good as the old; what we want is to get the people to read the old literature of which there is a plenty.

G. P. Waring:—My experience with professors and the average physician is that they are about the most sterile soil to work on that can be. They should be given the least attention. This report is a very good and exhaustive one and if it is adopted, I do not see that it commits the Association to any special line of action; the society should adopt the report and do something practical.

C. M. Boger:—The professors are beyond reach, but the students are not: real progress will be made only by the distribution of good literature among students. That would not only help the students but also make trouble with the colleges which is what we want.

R. F. Rabe:—The Council of Medical Education has the addresses of all the teachers in lay colleges and schools and

of all students about to graduate from those school who are expecting to study medicine. The council is providing those schools and colleges with literature and tracts calling attention to the truths of Homoeopathy. It is our weak point that we have in our ranks no Homoeopathic specialists to teach the specialties. We have few surgeons, few gynecologists, few pathologists and chemists and little original investigation. Hence these branches have to be filled up by men who are not Hahnemannians; that is one great difficulty that we have to contend with. The men who lecture on syphilis teach that the only treatment for it is mercury in crude form and the potassium iodide. This would not be so if we had Hahnemannian specialists who could teach the subject as well as *materia medica*.

Caroline E. Putman:—I would like to suggest that in the distribution of literature to students, that the young physicians be included. The recent graduates need to be strengthened by good literature.

Nettie Campbell:—I was at the state medical society meeting this year and attended a clinical meeting; the professor brought over some cases from the Cook County Hospital. He said that Homoeopathic remedies are no good in syphilis; anyone who says that they can cure syphilis homoeopathically does not know what he is talking about.

H. S. Llewellyn:—The new idea that Dr. Boger thought he had, is included in that report; Dr. Bowie who wants the professors attended to, loses sight of the one thing that was said in the report. There is one sentence in it that covers the subject of professors; to touch them you have got to make it a commercial proposition; nothing will touch them so quickly as to let the laity know that said professors are not giving them the worth of their money and that there are men who know about Homoeopathy and who will and do give the worth of their money. As to adopting that report as a whole I am not sure whether that is the right thing to do or not. The committee is to select the literature; it includes the best there is; Hahneman's *Organon* for instance and the best that can be written to-day.

Richard Blackmore:—If Dr. Turner were here he could tell you many things about the Boston University; since 1902 the Organon has been taught faithfully by Dr. Defries.

Dr. Waring's motion put and carried.

R. F. Rabe:—I move that a set of the Transactions (except the rare year 1886) be donated and sent to Dr. Margaret Tyler of London, England. Seconded. Carried.

E. A. Taylor:—I move that a similar set of our Transactions be sent to Dr. Schwartz of Japan. Seconded. Carried.

President:—The Committee on Dr. Waring's amendment are ready to report and we will hear that report now.

#### ARTICLE VI (of the constitution).

LOCAL ORGANIZATIONS.—Local or branch societies of this Association may be formed with a view of extending its membership and benefits, where two or more members get together for that purpose. The same name shall be used with additional words to denote the locality (city, state or section), and each branch may make its own rules and regulations, providing that such rules shall not conflict with the declarations of Principles, Constitution or By-laws of this Association.

#### TO BE ADDED TO ARTICLE VII OF THE BY-LAWS.

Membership in local or branch societies of this association shall require that an application for membership shall be filed with the Board of Censors of this association.

G. P. WARING,  
A. P. BOWIE,  
WM. R. POWEL.

*Resolved*, That where full membership dues are paid by members of local or branch societies, one dollar may be returned to said branch to be used in local expenses.

G. P. WARING,  
A. P. BOWIE,  
W. R. POWEL.

R. E. S. Hayes:—I move that the amendment be adopted. Seconded. Carried.

R. E. S. Hayes:—I move that the Resolution of the committee be also passed. Seconded. Carried.

G. P. Waring:—The Committee offer also the following resolution:

*Resolved*, That for the purpose of stimulating and advancing the propagandism of Homœopathy this Association shall offer suitable rewards for four of the best manuscripts, consisting of not less than 10,000 words, and to be composed of original or selected matter suitable for the education of the laity or profession, or both.

The arrangement of said manuscripts shall be in paragraphs or short articles, by titles or sub-heads, in order to be read consecutively or by sections, in the reference or text book form.

A committee to be selected by the Association shall compile tracts or pamphlets from said manuscripts to be printed and furnished to members or others in sympathy with Homœopathy, at cost of publication and delivery. The rewards may consist of remitted annual dues or suitable medals as determined by the Association.

C. M. Boger:—I move that this resolution of the committee be referred to the next committee on propagandism. Seconded. Carried.

President:—What is your pleasure as to the appointment of that committee? How shall they be appointed?

R. F. Rabe:—I move that the committee be appointed by the chairman. Seconded. Carried.

President:—I will announce the names of the committee later.

Secretary:—Notice was given at the last meeting in writing by Dr. E. A. Taylor of a change in the by-laws; as follows.

An amendment to Article VI to the effect that all papers shall be in the hands of the chairmen of bureaus thirty days before the date of the next meeting.

E. A. Taylor:—I move that that change be made. Seconded. Carried.

J. E. Frasch:—I move that we listen now to the President's address. Seconded. Carried.

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## PRESIDENT'S ADDRESS.

*Fellow members of the International Hahnemannian Association. Ladies and Gentlemen:*

At this the thirtieth meeting of our Association, I feel that an opportunity, a duty and a pleasure are one and each involved in the delivery of this brief address.

Should you entertain any expectation as to receiving either enlightenment or stimulation, I trust your experience will not be similar to the moral of a little story which Dr. Bell, of Boston, once cited at a medical meeting.

An Irishman was accosted as he was returning home from a fair, where he had just sold his cow. "Well, Pat," said his friend, "did you sell your cow for as much as you expected?" "No," says Pat, "I didn't, an' faith I didn't expect to."

This yearly assemblage is a drawing together of interested minds, out and away from the scenes of their every day perplexities, for mutual encouragement and instruction. The great basic principle that binds us thus together in our work of curing sick people, has been a principle and guiding star, long enough to need neither defense nor words thereon, but individual interpretation of even well attested facts, often varies, and the temper of a man's mind may bring original and valuable points to light in the evolution of our Healing Art. And this is just why the discussion of our experiences, the frank confession of our failures, the bringing forward of the hard knotty problems, which every day confront us, should give to our efforts each year a fresh impulse. I assure you my friends, that affiliation with, and devotion to a society such as this, with the high ideals for which it stands, should be a very potent factor in our professional lives. When our critics contend that its exactions as to therapeutic methods are rigid let us reply that possibly it is to the man whose medical faith and dealings are so expansive that no one rule ever fits him long, so *flea-like* is he in his hops from each new scientific (?) discovery of his day. Such intellectual agility is not desired here. We are too jealous of the good already in our possession to be enticed

too far from fields that have yielded us a glorious harvest. And the tilling must go on. There are great areas of untried spots about us which the same trusty implements bequeathed to us by our forefathers, will yet cause to blossom like the rose. Were Samuel Hahnemann alive today I am very sure he would not rest content with his system of medicine as it is at present interpreted and applied to the physical infirmities of the race; but *added* knowledge would follow in his wake, the verification of methods, not the *overthrow* of *once boasted truths*.

In every department of learning great upheavals are now occurring. On every side the spirit of investigation is alive. Professor William James and his confreres are even seeking to draw down to the comprehension of the man in the street a vital living, workable philosophy of life and destiny popularly called pragmatism.

Two thousand years ago that key note was sounded in the phrase, "By their fruits ye shall know them." Results are the goal. A man is sick, in pain, his faculties are clouded, he is out of life's race; if I am able to truly banish that abnormality in his physical integrity, called sickness, if I cure him the result must bring for me a hearing and the respect of men. So says Professor James and the philosophers of our day.

We believe that in the realms of therapeutics, we hold a law of nature, which if properly applied restores the sick to health. But surely no one will argue that this single principle contains the entire sum of our means for the alleviation of human suffering. I have no doubt but that the future will reveal marvels of which we have no conception. The veriest *straws*, many of these latter day discoveries may ultimately prove to be, but they serve to point the way perhaps. Even the laity, quick to catch new terms, are talking glibly of the "Opsonic Index." If this method of estimating a man's resistance to disease should come to be of practical value in the treatment of the sick; in the hands of the Hahnemannian Homœopath it may evolve into a veritable "measuring stick" so to speak, by which the patient's

vital force can be tested and the simillimum fitted with more scientific accuracy. Every man here can undoubtedly recall instances in which his "firing range" was either too high or too low. In the handling of weapons as powerful as our highly attenuated remedies, for my own part, I would often give much for some specific knowledge along this line. Indeed I believe it to be a very important by-path for true scientific exploration in the future; therefore I personally hail with great gratification and an open mind, any of these laboratory products which come to our notice from our brother scientists.

Sectarianism in medicine and nomenclature in disease, have always been stumbling blocks. A thing named becomes finite at once, and has its limitations set. The human mind in its childish arrogance perceives a faint glimmer of truth, and ere long the glimmer is translated to mean the beacon which must light the world.

This propensity carries with it a formidable line of "isms and cults." Only last winter I was much interested in the enterprise of a certain man in New York, who has evolved quite an ingenious system for doing away the ills of the flesh. He calls his discovery Human Electricity, and in its exploitation claims that each and every deviation from normal health, is due to a deficiency of electricity in the body. All diseases therefore may be banished by simply restoring to the part in arrears its required amount of electricity.

He has quite a following, and has sent out a number of students as teachers, but with true Yankee foresight he is safe-guarding his methods of applying his principle by throwing around their simplicity an inviolable secrecy. The *Modus Operandi* may be learned and paid for, but it is not to be gratuitously scattered broadcast.

Then again the mental unrest of the age has been invading the precincts of the pulpit, the ministers of the Gospel are earnestly and conscientiously seeking to give their followers bread instead of stones; realizing probably that suffering communicants in the pews are poor listeners, poor

church attendants, in a word, often sinners and human derelects generally.

"What shall I do to be healed?"

"Smile," says the Christian Scientist, "and affirm your perfect wholeness."

"Get into harmony with your environment, seize upon that illuminating precept, the oneness of God and man," says the Mental Scientist.

"Pray for the health that God promises," says the clergyman.

"Diet, live out of doors, exercise, and consult a regular physician for further advice," says our friend the allopath.

"Do each and every one of these things if you will," say we. Yes, but one thing more. Bring all that may be left of your trouble to the man who should be able to put his finger upon the spot, and thanks again to Samuel Hahnemann, while diagnosing the malady from which you suffer, decides whether drug action or simple education alone are needed to work the miracle. This is the ideal which should hover in the imagination of every homœopathic physician. Pragmatists we should also be in so far as we are willing to accord every good *result* our hearty applause. The shackles of sectarianism will be loosened when we can thus see the inevitable kernal of good that must germinate in a fellow-worker's efforts, when desirable results again prove such to be the case. But this very keenness of vision lays heavy responsibilities on us. If I know a better way of alleviating disease because it goes immeasurably deeper into the constitution of man than my neighbor employs, I am untrue to myself if I do not bear the weight of earnest endeavor towards his enlightenment. I am convinced that if every man believing in and practicing Hahnemannian Homœopathy to-day would be the means of having one other man educated and filled with the faith in our system of therapeutics which carried it through the storms of its early experience, fifty years hence would see many wonders wrought.

However, if we take a hasty view of all that the mighty system of medicine founded by Hahnemann has done for the

world in its short span of life, we surely should at this period feel encouraged. Let me quote a few words from the late Dr. Carrol Dunham, in an address that he gave before the World's Homœopathic Congress in 1876.

"From the tiny spark kindled in Hahnemann's little home at Leipzig, Homœopathy has become the great beacon illuminating the world. From the solitary promulgator of the reform in Germany, her advocates have become the host here represented, and this by reason of the fact that every physician who investigated, and was convinced, exercised his inborn right to liberty of judgment. From her tiny beginning of 1810, Homœopathy has come to have today her thousands of practitioners and her millions of adherents, not so much by virtue of the special cogency of the reasoning by which her claims were supported, as through the visible and perceptible effects of her practice upon the sick."

If we have done so much in the face of the heavy odds at the beginning of our career, when opprobrium of the vilest kind was heaped upon us, what may we not accomplish at this time?

Many of the old guard are passing. Only this year we suffered the loss of that staunch defender and teacher of Homœopathy, our beloved Dr. H. C. Allen. There is a void here today which we all sense deeply. His undying enthusiasm left its impress however, and in his own city of Chicago, his friends are rallying together to hold and maintain the medical institution he founded, and from which so many have already gone forth to carry on the work to which he dedicated his life. In our New York college new interest has been kindled, and new life I trust awakened.

Human nature, however, is seen exemplified in the case of the average doctor to whatever school he belongs. He settles into a rut, goes his daily rounds, sighs that there are so many fools in the world, wonders how Dr. Jones gets so many to believe in him, is moved to occasionally announce that "Jones don't know the first principles of Homœopathy," and then retracts; fearing that he has been unprofessional. In a word, plods along with slowly flickering enthusiasm,

and dies another loss to the cause, not through any disbelief or disloyalty to his inner convictions, but through simple inertia. "Write for the medical journals?" he queries, "Oh, no. What's the use? I burn the midnight oil, put my best efforts in some article dedicated to faith in the purity of our practice, and the editor places it cheek by jowl with an advertisement of 'Antikamnia.' Attend the medical meetings? What for? I'm too busy. It don't pay. Practicing Homœopathy? Oh, yes. I could not practice anything else. Would not dare to, but I don't set up to educate the public."

These I contend are the men we must move. They are scattered broadcast over our country today. You ask if they are successful? Yes, from the point of view of their bank account. If such a man has a son, he is just as likely to become an allopath as a homœopath. No vital warmth of conviction radiates from an office occupied by such an exponent of Homœopathy, and yet perhaps this same man could conscientiously subscribe to the constitution and by-laws of this society tomorrow if he cared to investigate them. I would that the true missionary spirit was more aggressive among us. A great obligation rests upon this Association, but until every man enrolled a member does his part in zealous proselyting, we will be doomed to remain a minor body in point of numbers at least.

The revolt against material medicine was, I believe, never more manifest than it is today. Is it not to our shame that these dissatisfied ones drift past our doors and take up every sort of a "cure-all?" It has been urged times without number by the members of this society, the crying need of educating the laity to the point of their being able to discriminate in their selection of a homœopathic physician. This want requires re-emphasizing. Surely people have the right where so much is often at stake, to be given a few signs and symbols, by which they may be assured that they are not receiving homœopathic treatment in its purity. But, you say, if any differentiation is made are we not often confronted with statements from these very patients as to the success of pseudo-methods, and their entire satisfaction

therewith? This undoubtedly often happens, but we should not allow it to put a damper upon our zeal.

I have not forgotten the able and impassioned appeal made from this chair a few years ago for a wider, deeper, more exhaustive education of all who aspire to practice and teach this beautiful system of curing the sick. This ideal education has no boundaries. Moreover, the man who would truly succeed as a homœopathic physician must be a keen student of human nature. Every auxiliary that science has to offer should be included in his armamentarium, while toleration, patience and a pure unquenchable love for humanity should be among the virtues of his spirit.

To this end, we who are advancing upon our way, with habits fixed perhaps, and only the longing, spurting up at intervals within our hearts for the ideals that flit thus before us, we must look to the colleges and the men who stand within these institutions ready and willing to lay before the virgin mind of the student a fair outline of his possibilities, and of all that the study of pure Homœopathy embraces. Out along the highways of this great country, away from the more effete civilization of the large cities, I believe we will find our most promising student material. Here again discrimination of a pronounced kind is required to "spot," if I may use such an expression, the *man* and the *mind* capable of seizing and incorporating within his mentality the "Esoteric Truths of Homœopathy." "Many are called but few are chosen." That this applies with startling exactness to the ever increasing army, bearing the banner of Homœopathy, we have only to look about us to appreciate. While it is true that an inadequate, not to say deficient and deceiving college course may frequently cast upon the profession a man with so twisted a set of homœopathic principles that a lifetime does not suffice to straighten him out, it also often happens, we must confess, that our pseudo homœopath *absorbed all that was coming to him*. His decision to study Homœopathy was the first false step. The measure of his work is the measure of his mind.

Again loyalty and earnest co-operation in our medical

societies works towards an end. Consolidation has been the watchword in the world about us in all great schemes for the betterment of human interests; let us profit by this fact and at every opportunity join interests with our fellows. Concerted pressure will often prevail where individual efforts may be entirely abortive.

When we are told that Homœopathy does not take in this or that section, or that it is dying out in a certain locality, it behooves us to look well to the man who has sought to practice in such regions. No system of treatment for the alleviation of human ills, however improbable its tenets, but what will have a following and a certain measure of vitality, if its exponent has faith in himself and appears to succeed. Relieve a man of pain and you make an impression on him; continue this achievement with others and your few patients are likely to become a score. The truth of Homœopathy once verified at the bed-side cannot die out so long as the sick seek health. When I meet a man who tells me that he tried the "little pill system" once, years ago, only to conclude that it was a farce, I feel again that some poor fellow failed, perhaps unavoidably; be that as it may, the misapplication of the remedy in this critic's case trailed after the inefficient doctor through the years with terrible pertinacity, but Homœopathy got the blame at last and its exponent was forgotten.

That this society plays a part of supreme importance in sustaining and fighting for purity in our school of medical practice, I of course have always believed, but I wish most heartily that the stigma of narrowmindedness, not to say bigotry, as applied to many of us, might be more emphatically met and confuted.

When these terms of reproach are hurled at us however, I would like to refer our broad-minded critics to a clever little bit that I chanced to read in a recent number of the Atlantic Monthly. It was on the comforts of bigotry. "Men of one idea, bigots," the article runs, "have made the successes of the world. It is a pleasant thing to have reasons for one's convictions, but it is pleasanter to have some unreasonable convictions than none at all. I even find it pleas-



anter not only for myself but for my friends. They have given up trying to convert me. I know they call me narrow behind my back and sometimes to my face, but I know too that they say. 'Well, Tom may not be much of a man in an argument, but you do know where he stands.'"

Our ears are not closed to all but our own fanatical adherence to the principles first laid down by the founder of our school, and it is well that they are not for the "still small voice" in nature and in the heart of man will continue to speak to us, and each decade must see the lustre of added knowledge shine upon our research. In the perfecting of our materia medica and our repertories with all the wonders of new substances yet to be proven; with increased knowledge of pathology and all the marvels that a better working comprehension of psychology opens to our view, who dares say that the millenium of the world is not coming toward us along the line of better methods in ridding mankind of the misery of ill health, so truly translated disease?

This is an optimistic forecast. On the other hand I must confess that I often feel less sanguine on one point at least. The name *Homœopathy*, so hated by its enemies, so beloved by the many to whom it has meant so much, the name I say may, down in the years to come, be lost entirely. Lightning every now and then plays about the practice of our friends of the old school, and occasionally strikes them with a vivid flash of truth, quite consistent with homœopathic principles, though crude, and on their part entirely unappreciated. If they ever really discover us I fear we will be lost. I know they say a "rose by any other name would smell as sweet," but we are too human yet to be able to affirm that we should not care by what name this great boon to man was known by so long as its practice was spread and success followed it. Altruism in its purity is, after all, rather a meagre spirit as yet upon this planet at least. No man knows of course what the future holds in store for the race. We do not need to know, for we have plenty of business on hand. The present presses, and is literally all the time we have.

In looking over the Transactions of the society two or three points have impressed me of late, and I would like to make one or two recommendations along the line of my cogitations. First I would like to suggest that our bureau of Homœopathic Philosophy be changed to a bureau of Pathological Research and Drug Provings. It seems to me that much more practical service could be rendered the profession at large by such a procedure. In work of this sort we would be seizing upon *definite concrete facts* for amplification and verification, and laying up treasures of untold wealth for our posterity. Theorizing and philosophizing should be our pastime, not the burden of the day's work. The best way to make converts to Homœopathy is to offer an exhibit of cured patients. Then our necessary explanations and defense of our creed has the beautiful substance of *success* as the ground work of our faith.

Further may I throw out the suggestion to the elder members of this organization at least that *unusual, rarely tried* and *little known* remedies receive more attention at their hands? I feel certain that every man in this society knows the polycrests of our materia medica, and can use them unerringly. Do we ever give pause and think that the occasion of apparent failure to secure results in a case may be the fact that our patient's need was not perhaps Sepia, which appeared so well indicated, but really a remedy known to us only by name? Sepia in this case was over-studied, the unknown neglected, and our patient zigzagged to health instead of arriving there with one brilliant stroke. Again in my fond dreams and speculations regarding the future and the improvements that there await this society, I have wondered over the feasibility of our Board of Censors resolving themselves into a committee of propagandism, working with the corresponding secretary, the said secretary to be an ex-officio member of the committee. The work of this committee would be to communicate more freely with Hahnemannian physicians everywhere, distributing among them copies of our constitution and by-laws, also application blanks for membership. This thought came to me from

some complaints which have recently been brought to my attention concerning the fact that many earnest homœopaths know nothing of the I. H. A. In brief let us advertise and place the expense of the operation upon the organization.

Every now and then echoes are heard of the possibility of the two representative schools of medicine amalgamating. Some years ago Dr. Austin Flint made a statement to the effect that if the Homœopaths would drop their distinctive name, close their colleges, abandon their journals and their peculiar methods of practice, provided that they had received a regular medical education, there would be no reason why they should not be admitted to the fellowship of regular physicians. That honor was too much for us. It may still be suspended over our heads ready to fall upon us in the future; I only trust that I may have left the earth before the event, or not be too old to dodge it.

The dominant school of medicine is drifting, they know not whither, for their ship carries no rudder, and a mighty poor steering apparatus. A vast host, calling themselves Homœopaths, are also tacking about, with little that is definite in their ideas of their destination. Occasionally some venturesome brother steers a little too close to the big imposing allopathic craft, and is submerged. If he ever rises to the surface he is very likely to have forgotten his sailing orders completely.

Any amalgamation of the two schools reminds me of the story of the two hilarious friends who chanced to meet one night in the dark,

"Hello, where do you live?" said the first.

"Don't know," answered the other.

"Same here, shake."

"Now let's go home together."

Meanwhile let us be thankful to our honored colleagues who have gone on before; thankful for their example and their teaching. May this Association grow in numbers and strength. May allegiance to a common cause bind us closely together. May it become a clearing house as it were, for the testing of new ideas as well as the honored grave of

mistakes of unbiased enthusiasm and unholy partizanship.

In conclusion I would like to emphasise what to my mind, is one of the most striking peculiarities, that the history of this organization, hands down to us. Briefly it is this, that in its long life, there have been little or no changes made in its constitution and by-laws. Such a record I believe to be unique, and well illustrative of the vitality of the principles, upon which it was founded. Like the biblical house built upon the rock, the winds of criticism, and even internal dissensions, are powerless to sway it from its moorings.

I am proud to be a member of it; proud to have had an opportunity to work for it. May affiliation with this body of earnest men and women, come to be a magic "Pass word" wherever the doctrines of Hahnemann are taught. May the younger members rise to their possibilities, and the spirits of the founders look with pride upon the future efforts of the coming presidents of the International Hahnemannian Association.

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Vice President:—What is your pleasure with the address?

R. F. Rabe:—I move that the vice president appoint a committee to report on the President's Address. Seconded. Carried.

The Vice President appointed Drs. Rabe, Loos and Putnam on that committee.

REPORT OF COMMITTEE on formal resolutions upon the death of Dr. H. C. Allen:

In the death of Dr. Henry C. Allen, the International Hahnemannian Association has sustained the greatest loss of its existence. His position in the society was unique, in that every member felt him to be a personal friend, and held him in the most loving and reverent esteem. His great mind and inspiring personality pervaded and dominated our meetings, and gave them a spirit of zest and enthusiasm that will never be forgotten,

With bowed head and full heart we thank God that he gave us such a noble example for so many years, and pray

that the spirit of our beloved friend may remain with us to guide and encourage us in the work that still lies before us. Now, therefore, be it

*Resolved*, That we extend our heartfelt sympathy to his family in their grief and affliction, and that a copy of this memorial be sent to them.

And further be it

*Resolved*, That this memorial be spread upon the minutes of this Association and published in the *Medical Advance*, the *Hering Quarterly* and other periodicals.

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|-------------------|---|-----------|
| C. M. BOGER       | } | Committee |
| R. C. GRANT       |   |           |
| HARVEY FARRINGTON |   |           |

Report adopted and committee discharged.

President:—I will announce the committee of Propagandism for the next year: Dr. H. S. Llewellyn Chairman, and Drs. G. B. Stearns, R. E. S. Hayes, Carolyn E. Putman, Wm. R. Powel, Maurice Worcester-Turner and Lee Norman.

The next order of business was the election of officers for the coming year. The election resulted as follows:

President, L. M. Stanton, New York City.

Vice-President, E. A. Taylor, Chicago, Ill.

Treasurer, P. E. Krichbaum, Montclair, N. J.

Secretary, J. B. S. King, Chicago, Ill.

Corresponding Secretary, Z. T. Miller, Pittsburgh, Pa.

|                          |   |                   |
|--------------------------|---|-------------------|
| C. M. Boger, Chairman    | } | Board of Censors. |
| R. F. Rabe               |   |                   |
| Lee Norman               |   |                   |
| W. H. Freeman            |   |                   |
| Maurice Worcester-Turner |   |                   |

Publication Committee, G. P. Waring, to succeed self.

The place of the next meeting was then discussed.

R. F. Rabe:—As we have elected an eastern man for our president and as our last meeting was in the west I suggest that we hold the next meeting somewhere on the Atlantic coast, either New Jersey or New England. I move that our next meeting be on the Atlantic coast but that the particular place left to the Executive Committee.

Carolyn E. Putnam;—I invite the Association to meet at

Kansas City next year. It may be that a meeting is due the eastern states but we need the meeting in the west, to strengthen the cause, to gather the young, recently graduated doctors and to put them in training for Homœopathy; to some it would be a revelation to attend one of these meetings and to hear the cures that are reported. There are a number of young physicians there that are trying to learn a better way than they were taught at college and we are anxious about them and a meeting of this society there in the West where they could and would attend it would be of incalculable value to them and the cause. I am sure that you would get a good many new and valuable members from Kansas City and its region.

There are seventeen in Kansas City alone; they have very vague ideas about this Association; there are fifty of the same kind within reach in neighboring states from our alumni. If these could be reached and brought into touch with this Association it would do more for Homœopathy than anything else that I can think of.

R. F. Rabe:—Dr. Putnam's point is very well placed. If there is difficulty in getting the eastern men to go to a meeting held on the Atlantic coast there is greater difficulty in getting them to go west.

C. M. Boger:—I hope that Dr. Putnam will start a branch society there and then we will meet in Kansas City with them.

The matter was then ballotted upon with the result that Kansas City had a majority of the votes; the choice was made unanimous by motion.

C. M. Boger:—The Board of Censors report the following names as having fulfilled the requirements except the payment of the first year's dues:

Paul Pollack, Chicago, Ill.

S. W. Lehman, Dixon, Ill.

E. H. Richberg, Chicago, Ill.

D. W. Banergee, Darjeeling, India.

Nils Bergman, Chicago, Ill.

E. W. Beckwith, Chicago, Ill.

R. E. S. Hayes:—I move that these names be laid on the

table until they complete the requirements by paying their dues. Seconded. Carried.

R. N. Rabe:—I move that the Constitution and By-laws of this Association be printed in the Transactions each year. Seconded. Carried.

H. S. Llewellyn:—I want every member of this Association to send in valuable material—gems of homœopathic literature and so on—to the committee on propaganda, and by the way notice should be given to change the constitution so as to make this a standing committee.

R. F. Rabe:—It should be a standing committee and I give the secretary this notice in writing of a change in the by-laws to provide for that.

#### NOTICE OF AN AMENDMENT TO THE BY-LAWS.

That a standing committee of nine (9) members be elected to serve for periods of three, two and one year respectively, one new member to be elected each year thereafter. Concerning the third and last suggestion of the president, that the Board of Censors resolve itself into a committee on homœopathic propaganda, with the corresponding secretary as an ex-officio member, your committee would recommend, that inasmuch as a committee of nine on homœopathic propaganda has already been appointed, such operation by the Board of Censors is unnecessary, but that the corresponding secretary be made a member ex-officio of the standing committee of nine on homœopathic propaganda as now existing.

#### REPORT ON THE PRESIDENT'S ADDRESS.

Mr. Chairman and Fellow Members:

Your committee desires to emphasize and commend the attitude of broad-mindedness expressed by the president in his able address, realizing that such attitude does not lose sight of the paramount importance of its entire harmony with the precepts of Hahnemannian Homœopathy.

In regard to the suggestion of your president that the Bureau of Homœopathic Philosophy be changed to that of a Bureau of Pathologic Research and Drug Proving, your committee recommend that these subjects embraced by the

latter bureau be included in the work of the former bureau as it now exists, and that the titles of the suggested subjects be printed as sub-headings after that of the Bureau of Homoeopathic Philosophy.

As to the suggestion of the president that members report the more unusual, rarely tried and little known remedies, and that such receive more attention at their hands, your committee suggests that the secretary be instructed to notify bureau chairmen to this effect so that the latter may remind essayists of this suggestion.

R. F. Rabe, Chairman,  
Carolyn E. Putnam,  
Julia C. Loos.

E. A. Taylor:—I move that the report of the committee be received and its recommendations adopted. Seconded. Carried.

President:—I will announce the committee on the Hahnemannian list. The committee consists of Drs. J. B. S. King, Z. T. Miller and W. H. Freeman.

H. S. Llewellyn:—I move that the list be printed according to states and to include the members as well as the non-members. Seconded. Carried.

R. F. Rabe:—I move that a vote of thanks be extended to Dr. Z. T. Miller and the local committee for the delightful entertainment and courtesies that they have given the Association. Seconded. Carried.

Richard Blackmore:—I move a vote of thanks be tendered to the management of the Hotel Schenley for the courtesies extended. Seconded. Carried.

The secretary was instructed to send a message of greeting to Drs. Wm. Wesselhoeft and H. H. Baker.

Adjourned sine die.

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## BUREAU OF MATERIA MEDICA.

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 MAURICE WORCESTER-TURNER, Chairman.
 

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## GLEANINGS FROM THE FIELD.

## Psychical and Physical.

BY RICHARD BLACKMORE, M. D.

“Entreat me not to leave thee nor to return from following after thee.”

In the course of a “Study of the Times of Erasmus and Luther,” James Anthony Froude makes this statement:—“Each polemic writes for his own partisans, and makes no impression on his adversary.”

This is no less true in medicine than in philosophy, therefore, in writing this paper, one feels he is writing for his friends, and small effect is looked for on his adversaries.

Certain of our leaders—some of whom have passed on—are making, or have made, “foot-prints in the sands of time,” and it is in these foot-prints we desire to follow.

The writer is sensible of the fact that what he may put out is not new to the members, but since experience is the school out of which evolution is possible, it follows that in order to grow, we should avail ourselves of collective experience.

Thus have grown schools of one sort or another since time immemorial and one looses patience with whoever may be unwilling to avail himself of the accumulated experience of those who have held forth the banner of Homœopathy.

Each of us has borrowed from one and another of the fruits of study. Since no man liveth or dieth unto himself we must share knowledge and assimilate what comes to us, until by reason of humanity and receptivity, we become such that our knowledge is *wisdom*.

Paracelsus said, ages ago, that “what was looked upon by one generation as the apex of human knowledge is often considered an absurdity by the next, and that which is regarded as superstition in one century, may form the basis of science for the next.” So we find the minimum dose of Hah-

nemann first derided, and later forming one of the tenets of the wonderful new therapeutics of the opsonins.

One of my gleanings is that there is more to Homoeopathy than the minimum dose.

Hartmann wrote this:—"A rational system of medicine should know the constitution of man, not only that of his physical body, which is merely the house he lives in, but the whole physical, mental and spiritual constitution of that being called 'man' which is still the greatest mystery of science."

Hahneman recognizes this in Par. 7, "Organon" when he refers to the "suffering vital force" as a state of disease, and his followers who give due weight to the mental condition of their patients also recognize the law that an understanding of the mentality of man comes as an aid to our choice of remedial agents; and that he who by training and thought had cultivated the perceptions in us when we look behind the mere physical man, he who realizes that human beings may suffer the most excruciating torture, can be in bodily and mental agony, can be totally unfitted for the duties belonging to his station in life, and all without a lesion demonstrable by methods as yet generally known or practiced; he who by largeness of heart and soul can become a part of his patient by a commingling or lapping over of their respective lives, souls or spirits, would be the better able to act his part as a healer.

That part of us which lives within the hearts of others is our own truest and "most profound self," and the physician having become conscious of his own higher nature, will become a "Saviour" for all mankind, not only in regard to their physical ills, but also in regard to their moral evils; for the spirit, soul and body of man do not live separately, they are one organic whole as is the body of humanity, even though the personalities constituting that body are separate from each other by the illusion of form.

Another of my gleanings is that no man can have self-knowledge of anything which is not within himself.

Certain information is given out by those in authority,

with the request that "the matter be tried and the failures published to the world," to the end that cumulative evolution may be utilized, and we of to-day avail ourselves of the wisdom of those of yesterday.

It may be agreed that the individual must fight things out for himself. To this objection we say amen, but, in becoming physicians we become part of the collective entity which found its highest exponent in the Great Physician, and in so much we lose our individuality. "He who loses his life for my sake shall find it." We may find a larger life than we are living, we may become a part of the living force which is moving on with giant strides to the emancipation, mentally, morally and spiritually, of the human race from its accumulated debts of aeons of years. We may be perfect even as our Father in heaven is perfect.

To reach this high ideal is within us, but we must be more than moral. Morality is but the conformation to certain customs, which customs may change with environment and race. Morality without spirituality is without avail. There is knowledge other than that derived from man or learned from books which is just as—nay more—important, but it must be sought for and found only by long hard searching, patient endeavour and above all by the recognition of the exact status of the human being, and the unity—yet with all the divisibility—of his various states.

Another gleaming is that it requires but slight study to recognize these thoughts running through Homœopathic therapeutics. We recognize the same ideas in our study of *Materia Medica* and the application thereof to diseased conditions.

True certain pathological states or conditions suggest certain classes, families or groups of remedies, but the particular remedy, in order to be of benefit, must fit closely not only the bodily condition—or that of matter—but also the mental and spiritual condition of our patient, and that physician who has prepared himself for this arduous task by careful study, upright life, and a constant desire to do his best, not for gain, but for the alleviation of suffering and the

removal of the cause so far as the ruling powers of the universe and his own life permit, is best fitted for the rewards of *this* life, and secures for himself a higher place in those which are to come.

It is in this spirit that the writer approaches the subject assigned him. A spirit of humanity, receptivity and a devotion to the masters; conscious, withal of his inherent "oneness" with whatever makes for the best.

Truly we are fortunate when the most careful scientific investigations show the teachings of our philosophic founder, to be built upon such an unassailable rock, and if any apology be needed for a seeming digression, let me plead for just this in the physician of to-day. The recognition of the Divine in everything.

There is no such thing as "inanimate nature." Everything pulses with a portion of the Divine outpouring. From the paleozoic age, "When you were a tadpole and I was a fish," to now there is a beautiful continuity of supervision by One "in whom we live, move, and have our being."

So much time has been taken already that there is but little left for a demonstration of the application of the philosophy outlined in the foregoing, therefore two or three cases are all which shall be cited. In them the law of similars appear to be fulfilled, and the remedies given corresponded to the spiritual, mental and physical conditions of the patients.

CASE I. Wm. T., age 23. Occupation, clerk.

Consulted me, complaining of an impairment of speech which had lasted for seventeen years. No cause could be learned although his mother and others had been interviewed. The case as taken presented the following:

Feb. 16. Mentally he is weak, indifferent for the most part, with times of irritation and petulance. Aphonia < between 4 and 5 p. m., at which time the voice is the merest whisper.

< in wet weather.

< in winter.

> by expectoration of a lump of black mucus. Three

and a half years ago he had typhoid fever under allopathic treatment, since which time he is "nervous," with trembling of both arms. This quite independent of whether or not he works.

Voice lost in the evening. Brom., *Carbo v.*, *Phos.*

< in winter. *Carbo v.* *Phos.*

< in wet weather. *Carbo v.* *Phos.*

< 4 and 5 p. m. (< 4 p. m.) *Carbo v.*

Indifferent, apathetic mentally. *CARBO V.*, *Phos.*

> by expectoration of black mucus disregarded as this is Pittsburgh.

Feb. 18. Gave *Carbo veg.* 1m single dose.

Feb. 25. Improving; has some voice in the afternoon.

S. L.

March 27. Improvement continued until a week ago. Repeated *Carbo veg.* this time 40m.

April 25. Practically well. Thinks "it is wonderful since time and money had been spent on all kinds of treatment hitherto in vain."

CASE II. J. E. T., age 55. Occupation, scene-shifter. Of dark complexion, looking older than his years should warrant. Consulted me in October, 1908, for spells of dizziness and unconsciousness. The attacks had been manifesting themselves for some four or five years, with increasing frequency and severity since about one year. Coming mostly at night while at his work, they constituted an element of danger peculiar to his environment.

The duration of the separate attacks was very indefinite, sometimes being but momentary. Always there was total loss of consciousness and a disposition to fall forward.

Previous to an attack his voice would be husky and mouth and throat dry. Afterward he would be very weak; have much vertigo, with memory and ability to think lost.

The man's premature age, the < at night, the peculiarity that if "the theatre was unusually warm he was sure to have a fit," suggested *Bufo* which was given in potency. The patient has been seen frequently since with the report

that his general health had vastly improved and that there had been no more seizures.

CASE III. Mrs. D., age 50.

March 27. Complained of "sore throat," and gives a history of many attacks of what she calls "Quinsy."

Throat is painful to touch externally.

Swallowing is very painful, liquids and saliva being more so than solid food. Pain usually begins on the left side, it may begin on the right side, but it always changes sides. During 4 or 5 months she has had pain in both knees which feel cold.

Severity of pain changes sides and the pains are > by heat.

Mental symptoms are those of absentmindedness. Says the most unkind things of her friends, and finds herself saying what she knows to be untrue.

Lac. can. 200 was given, which > the throat *at once*, aggravated the pains in the knees at first, which < soon passed off, leaving her entirely relieved, and for some time she has been *well*. Consulted me lately for a "cold in the head," for which I gave her Sac. lac., not being willing to interfere with the Lac. can.

CASE IV. K. S., age 14. Student. Subject to epileptic attacks during a period covering 4 or 5 years.

There is no regularity to the attacks, nor are they better or worse under any discoverable conditions of time, place or circumstance. Has been doctoring continuously under an allopath without improvement, on the contrary she is getting worse. Is a well built girl of blonde type and shy disposition. Stands well in her class at school, and gives no history of infantile nervous phenomena, nor of any hereditary predisposition thereto. She is easily exhausted physically. Afraid of noises, especially those of a detonating character (a number of years ago she was seriously affected by an explosion which ruined the house in which she lived).

The attacks are ushered in by vertigo and emaciation of face.

During the attack there is unconsciousness; pale, dead color of face, pupils of the eyes are dilated, twitching of muscles of the arms, swallowing motions of throat. Afterward she recovers at once.

Attacks indefinite as to length.

Working out:

Vertigo before epileptic attacks. K. 130. *Ars. Caust.*

*Hyos, Lach., Plb., Sulph.*

Complaints from fright. K. 56. *Caust., Hyos, Lach.*

Sensitive to noise. K. 83. *Caust., Lach.*

Starting at any noise. K. 87. *Lach.*

Constant disposition to swallow. K. 492. *CAUST., Lach.*

After comparing *Caust.* and *Lach* in the test gave *Caus-ticum* which is curing the patient.

#### DISCUSSION.

R. F. Rabe:—I would like to put this question: Why did the doctor begin with the rubric hoarseness or aphonia worse in the evening, instead of the more general aggravation in winter weather? The greater includes the lesser and is it not safer to begin with the more general instead of the other way around as it were?

Richard Blackmore:—Well, Mr. President, I do not know why I did that; in the first place I did not know very much about it and in some cases I am glad to begin anywhere.

R. F. Rabe:—I do not intend that as a criticism; it was a beautiful curative effect. I only wanted to know why he began that way.

Richard Blackmore:—It may have been just my way, an entirely unconscious reason.

W. L. Morgan:—What was the remedy in the next case—the second one?

Richard Blackmore:—*Bufo rana.*

P. E. Krichbaum:—My plan would be to take the most striking and peculiar symptom first and the most general one which might be found under twenty or thirty remedies and put the two together. Take the aggravation during the waning of the moon of *Dulcamara*. If I get that aggra-

vation I do not have to go through the repertory very much. It saves work. Under the aggravation from wet weather he might have got many remedies while under the hoarseness worse in wet weather he got only a few.

G. P. Waring:—This paper shows that the author has observed the principles of Homoeopathy in working out his cases; it will be profitable to study and read this paper when it appears in the Transactions. The fact that the writer used the repertory and found the remedy is the important point rather than how he used or why he used it as he did. We all have our own plan of getting at the remedy and the method of one would not likely suit another. When there are a great many remedies under the symptom that I am looking up then I look over the symptoms and decide upon one peculiar and characteristic one and look up that one. It matters little which rubric you begin on. The interpretation of that symptom would probably be aggravation from dampness; but owing to the fact that the same idea is expressed by different words and in various ways according to the judgement or whim of the prover, it might be necessary to look for the same idea under various phrases. The fact that he used the repertory is the great point.

H. S. Llewellyn:—I do not believe that that is the great point at all but the great point is rather that it was used right; nor is it at all certain that the most peculiar symptom of a given case will necessarily be found under only a few remedies. It may be very peculiar to a case and yet be found under twenty remedies. In other words the peculiarity so far as the case goes does not make it peculiar to a few remedies.

R. F. Rabe:—Which brings you to the question at once, what is the most peculiar symptom of a given case?

E. A. Taylor:—We sometimes get mixed up in the value of general symptoms and undue prominence is given to them. Some teachers harp on this subject more than its importance warrants. I am reminded of a case that Dr. Lippe had in the woman's hospital in Philadelphia. A woman got wet in a rain storm, was taken sick, had many physicians



but did not recover; she rather got worse. Finally she got into the hospital. The doctors made the mistake of prescribing for the rain storm instead of for the woman, and had given her *Rhus*, *Pulsatilla* and *Dulcamara* but without result. Dr. Lippe was asked to prescribe for her. She was lying in bed covered up with blankets, with hot water bottles applied, although it was the middle of summer and hot weather. Dr. Lippe looked her over and said that she needed *Zincum*. Now that general modality does not occur in the books under *Zinc*. There was twitching of the muscles and burning pain along the spine. The simpler we can make these things, the better; what we want to get are distinctive symptoms whether they are general or particular. The ones that distinguish this patient from other patients even those with the same disease so far as diagnosis goes.

Richard Blackmore:—The *Lac caninum* case I did not work out by the repertory but the others I did, whether I began at the right or wrong end I do not know. I thank you for dealing with the paper so kindly.

### SIGNS AND THE LAW.

BY C. M. BOGER M. D. PARKERSBURG W. VA.

In her own way nature asks plainly for what she wants, but her code is not printed in books. While the play of her forces may often seem subtle, she uses enough expressions to make herself clear and her moods perfect their meaning in our understanding.

We learn by resemblance and comparison, finding old friends in every crowd. The fellaheen of today looks like his brother in stone four thousand years old. Such is the elemental power that moulds us and at the same time invites our friendship. It paints the fear of death on the countenance as well as in our dreams and speaks to us in wind and weather, darkness and light, heat and cold, touch, thought and countless other ways. The ancients heard it, and interpreted it in fear but its message is one of guidance; when read through reason. The absurd things of today become fundamental to-morrow, because we have mastered their

meaning. We neither despise small things nor magnify them overmuch, but learn their relationship to greater ones. Infinity is written larger in the heavens, but we learn of it through the microscope also *and the uncharted fields of nature* are boundless when compared with the recorded ones.

In a day when heterodoxy meant vastly more in medicine than in religion, Hahnemann, with a firm grasp of the knowledge of the past, ventured to open up a new path and show its relationship to life. Many of his professed followers do even now not see the marks which he blazed. The earlier homœopaths depended largely upon subjective manifestations, but even Hahnemann began to see their one-sidedness in his later days. Boenninghausen developed the objective and anamnestic phases very fully, but the time was not ripe for either to grasp the full meaning of their relationship to human development and the general harmony of life. The extension of the law, lies before, not behind us, and its fuller grasp has been left for our time. The law is all embracing, in that it is but part of the greater law of harmony, guiding us in everything.

Health is relative, and the subtle juncture of forces which breeds sickness is necessarily evanescent and intangible. Inheritances, surroundings, emotions, vital resistance and much else go to make it up. Gloomy days bring low spirits and relaxation, while a high electric tension gives us joy in living, clear thoughts and sudden sicknesses. The one is slow, the other intense and quick. It is well to know as much as may be of all its bearings in order to build up the reaction which we call life. If we believe that life is born of action and reaction, then medicines cure like nature does, and all cures are but nature's ways expedited. But a real cure is this and much more. It means the transfer of energy from sound into sick parts; the conversion of energy. This explains many obscurities. It accounts for the rapid action of the simillimum, whether in quick relief, euthanasia or aggravations which may even be fatal.

We draw upon the ebb and flow of life's forces and symptoms appear like the waves of the sea; now intense and

mounting high, again dipping low but always undulating in ceaseless opposites. Life is perpetuating itself in the direction of least resistance, growing upon its surroundings, but carrying the impress of its experiences with it. These and the particular way in which it meets them we must learn and know in order to regulate the expenditure of energy, by applying synchronously acting remedies.

Symptoms tend to arrange themselves in groups; the earlier drug effects being coarser responses and the later, finer and more individualistic. Among many sick we generally fail to find the latter or grasp the state of the mind and soul that so faithfully mirrors the whole organism and holds up the true colors with which the minutia must blend harmoniously. Hospitals serve a good purpose, but they only throw the deep shadows of disease across our path and rarely admit of a close individual study of the sick. Symptoms remain but fragments until we learn their bearings and see their reflection in the mind, where objective phases and impulses stand uppermost; and as similar causes may excite any grade of reaction we must know the deciding value of individualities, which are always clearest in the mind. If they seem to spring from the mind itself and affect the understanding and memory especially, they are mostly of miasmatic or concomitant origin, and must be treated as such. The state of the emotions is of the most fundamental importance.

In the life history of every substance there is a mark which points towards its application. The doctrine of signatures is not all fancy, even if correspondences have mostly been found in forms; a little understood subject. Striking things have their counterparts and their mutual connection is made clearer through symptomatology. While the indications include subjective, objective, anamnestic and environmental effects, drug symptoms are also made up of much more than has been recorded and we read much between the lines.

There is an art in matching the peculiarities of the patient with the singularities of drugs which demands a

good knowledge of symptoms as well as disease, in order to avoid the dangers of generalization as well as those of over individualization. The one leads to the treatment of disease, en masse, and pathological views, the other to symptom covering; yet their connection must be understood.

The exciting causes of acute disease become of less importance as the sickness develops, being replaced by one of the miasms as a maintaining factor. Neglecting this fact yields recoveries but no cures.

Our students are seldom impressed with the comprehensiveness of the law, every teacher seeming bent on showing some special short cut and the result is poor work, although its principle is so fundamental that it helps even such dabblers to some measure of success; but in the main their practice is a miserable bungling, inconsistent with their profession.

Students select homœopathic schools to learn the better way and they should not be disappointed. Therefore every teaching chair should be filled with enthusiastic men who lay special stress on a knowledge of the law and materia medica. It is the veriest nonsense to imagine that the materia medica can be taught by one or two men in a few years. The work of elucidating the generalities and modalities is alone more than enough for one, not to speak of the different regional effects, mental phenomena, etc. We will not advance until our teachers learn how to make the student see more of the patient and less of the disease; he must view the sick one as a living expression of some particular drug action, regardless of the diagnosis. Fortunately while diagnosis is rapidly multiplying diseases, it is powerless before individuality, which can be learned through our remedies only. This is a great advantage, which our schools are not utilizing.

The advocates of diagnostic prescribing have entirely neglected the field of homœopathic prognosis, and the further they follow modern scientific medicine the less they will know about it. On the other hand the true healing artist knows, by inference, how to fill out a partial symptom picture

without awaiting dangerous developments. While this is often a tedious and painstaking process the results go far beyond anything that traditional medicine with its suppressive treatments can accomplish; therefore it is worth while.

While the exhibition of the simillimum is steadily enlarging the bounds of our hope, the line of demarcation can never be exact; yet a just estimate of probabilities weighs heavily for homœopathy. From every standpoint we see some advantage or other that the law offers over and above so-called rational medicine. The outcome is not uncertain, but our progress suffers from incompetency and poor instruction. The earnest spirits are just as eager as they ever were, but we must meet them half way and show them the path which nature has made for us and which often leads into untrodden but nevertheless true ways, where we will find the true surcease in things well done. If we seem finite, infinity is greater and we are part of it. If we know but little of the law the whole is swallowed up in a divine harmony of which it becomes us to learn more.

#### DISCUSSION.

R. E. S. Hayes:—The thought brought out in this paper about the danger of too much individualization is a novel one and one not often dwelt on. The usual way is to advocate individualization without limit but there is a limit to that and if carried too far it will lead to many mistakes. We are all apt to fall into that way of handling a case and we do often get brilliant results; I do it myself but once in a while, in fact every now and then I come across a case that will not bear handling from mere symptom-matching and I have to call a halt and look more thoroughly into the matter and prescribe from more fundamental grounds.

R. F. Rabe:—There are many interesting points in this paper; one thing that arrested my attention and which I believe to be true is that the exciting cause may start a case of sickness but it gives it a character only for a short time and then is lost as a cause and the miasm whatever it may be, is responsible for carrying on the symptoms of ill health. In a chronic case we are very apt to hark back to the exciting

cause for indications—it may have been a fall or a fright—and to think that therefore Arnica or Aconite will be the remedy. But this is not always the case for by the time that the patient comes to us the miasm Psora or what not has got in its work and quite another remedy than that demanded by the exciting cause, may be needed.

Early in the history of the case the Arnica or the Aconite would probably have acted and the miasm would have been overthrown but those remedies not having been used and the miasm of the patient having had time to work, an entirely different set of remedies must be considered. That is one of the important points in this paper.

Harvey Farrington:—I was struck with the statement that the most important symptoms are in the emotional sphere; if we start with the proposition that the patient is to be prescribed for and not the disease, it follows as a corollary that the mental or emotional symptoms are the most important because these apply to the individual alone. The mental faculties are the center of every patient and the others are secondary. The doctor in his paper made the dogmatic statement that the art of prescribing is the art of reading between the lines. But the art of prescribing is rather the art of sifting a case and analyzing the symptoms out of many, which indicate the remedy that will cure. Given a case in which the symptoms are clear you do not have to read between the lines or to do any sifting but such are exceptional. The mixed and chronic cases are the ones where the analyzing and sifting has to be done.

In respect to a chronic case, the mental symptoms are of the greatest relative value and the most peculiar to the patient and from them we can descend to the various tissues, always remembering that those are of the greatest relative value which express some characteristic or peculiarity of the individual. The statement that the miasm may continue a case after the exciting cause has been left behind and lost sight of is no doubt true but nevertheless the exciting cause is one important feature of a case and often leads to the remedy.

P. E. Krichbaum:—Before we try to read between the lines, we must be able to read the lines themselves; we must study the *materia medica* and have a mental picture of the remedy. Without the repertory, if the case needed some unusual remedy I should be apt to miss it. A certain kind of study is needed; for instance I could not tell the characteristic features of my father although I am supposed to know him so well. But if you were to read out his characteristics to me when you had read out a certain number, I would say, that is my father. I have been very much interested in a patient that I have been treating lately because she has been under the care of Dr. Allen, Dr. Carleton and Dr. Kent for several years without being cured. I did as well as they did until I told her to drink buttermilk and then I did much better. She has a movement every day since then.

R. F. Rabe:—How do you know that it is not a mere chemical action?

P. E. Krichbaum:—I do not.

E. A. Taylor:—Dr. Boger makes some startling statements in his paper. I supposed that the totality of the symptoms was the only guide to the use of a remedy and yet that is practically what he condemns as symptom-covering unless by symptom-covering he means with no regard to the relative value of symptoms. If he means to say that there is something mystical, or hidden or something beside the symptoms for us to consider, then I say that that is beyond what Hahnemann taught us and beyond Homœopathy. It is admitted by all good homœopaths that we must see and consider the sick man without regard to diagnosis but then a good many go farther and say that we must also know about the miasm that effects the patient; now I would like to know what a miasm is but a diagnosis. When you determine that a man has syphilis, have you not made a diagnosis? Now if you prescribe for the syphilis are you not prescribing on the diagnosis?

A. P. Bowie—The great and distinguishing characteristic of Hahnemann was that he was a marvellous observer and just as we excel in observing we will become successful



practitioners. This paper to my mind is too much concerned with philosophy and not enough with materia medica. We can theorize as much as we please and we can entertain various opinions but there is our record of materia medica to go by and unless we stick to that as a guide and observe the symptoms, objective and subjective of the patients, we are sure to be all at sea so far as practical work goes. It does not much matter what theories we have if we stick to that. I do not want anybodys opinion about the remedy or about how it works. Nor do I care a penny about what Dr. Waring esteems so highly, the connection between the vital force and the pathological result. The proof of the correctness of a prescription is the results that follow. If I get the results I know that I am right and if I do not, I know that I have made a mistake and must try again.

C. M. Boger:—I do not feel that any of these criticisms need answering; careful reading of the paper itself will show that all these questions are answered in the paper. One point I will try to make a little clearer; you cannot cure cases by exclusive symptom-covering or by exclusive individualization. The true reflection of a disease is a single thing; it is one thing. Why do you not cure with *Lilium tigrinum* unless the sexual sphere is involved? Or why do you not cure with *Aconite* unless the mental sphere is involved? Every remedy expresses a single concrete entity and proper study will enable you to recognize it just as you recognize the letter A when you see it. Every patient presents also a distinct entity—a group of symptoms that you must look at as a one. It is your business as physicians to find out how closely you can fit your patient with curative remedies.

In order to do that, you must use repertories, but you must not use them merely to cover the symptoms of the case and nothing else. Suppose the repertory shows that *Sulphur* stands at the head of the list in a certain case and yet you know that it is not a case for *Sulphur* and that there is no use in giving *Sulphur* to the patient. That shows at once that you can not do good prescribing by machine work or



by the force of numbers. Judgement and knowledge both of humanity and of materia medica must be used.

Suppose that a case has few symptoms, and Hahnemann tells us that these are the most difficult cases to deal with, how are you to determine the remedy when perhaps the repertory shows that several have those few symptoms, unless you use your knowledge both of patients and materia medica? A lady came to me with profuse nose-bleed, she said "doctor, my nose does not bleed unless I touch it." Worse from touch, in that location; four remedies have it, three in the repertory and one in manuscript. I looked up every one of those four before I could decide which was the one. It was not because of the aggravation from touch alone but because the mental condition revealed to me that the remedy was Niccolum and Niccolum cured her promptly. The remedy should be a true reflection of every thing in the patient's body. A man stubs his toe and he either swears or cries. It discloses his mental state when he does that without thinking; it is an involuntary act and hence genuine.

E. A. Taylor:—These points you speak of are only symptoms. What would you have in addition to the symptoms? That is what I am trying to get at.

C. M. Boger:—The way the patient talks; the modes of expression all show the operation of his mind.

H. S. Llewellyn:—Why are not those very things symptoms?

C. M. Boger:—Every operation of the mind has its own peculiar—

E. A. Taylor:—Was the woman's mind operating in that way when her nose began to bleed?

C. M. Boger:—Such thing cannot be found in the materia medica as symptoms but they are there if you can read between the lines. You will find the deciding touch to a case in these mental states when you get into a tight place.

The way the mind operates picks out the one remedy out of the twenty that have the symptom that you are looking for.

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**NATRUM CARBONICUM.**

BY Z. T. MILLER, M. D., Pittsburgh, Pa.

Boehme taught the doctrine of signatures. Swedenborg the doctrine of correspondences. I can't tell you the difference, but I believe that our friend King can.

Hemple taught that the influence in the botanical world which produced the Belladonna plant would, if acting upon the individual, produce the Belladonna disease. I take that to be an example of correspondence. I may be wrong as to terms, but as to facts there is no question.

Now if this is true of the Belladonna force, we are warranted in concluding that somewhere in the outer kingdom there is a correspondence for every deviation the human vital force experiences. I am satisfied with that self evident truth.

The business of the physician is to find that correspondence. This has been said a thousand times, but I once heard a preacher say that unless the coming of Christ was preached every Sunday and prayed for on Wednesday, the people would forget it.

If correspondences are the things preached and prayed for, and they materialize then Natrum carb. is an entity that can enter into communication with much that makes for muck—in women especially.

When Dr. Turner asked me to give him the title of a promised paper. (I have wondered whether the doctor dreamed the promise or I lied), I opened "Allen's Characteristics" at Natrum carb. Next to Dr. Allen I love his little book.

The first line of symptomatology there inscribed struck me so forcibly that I felt if correspondences had a leg to stand on and the recorded symptoms accredited to Natrum carb. were equally as stable, that nature must have had the dumps when the sodium and carbon were made, and man, and especially women, were up against it hard when they were under similar influences.

By the strongest coincidence this paper is written on the

stubs of death certificates. I would not have you believe that Natrum carb. had anything to do with detaching the business ends of them; not at all, they are "left overs," a new administration (political) changed the forms as the printer needed the money. But many a poor soul who has staggered under the "intolerable melancholy and apprehension" of Natrum, could well "send his soul through the invisible, some letter of that after life to spell," and need just such a passport.

The Hemple idea mixes me. There must be a force for carbon and one for sodium. Either very unlike the other. Now if the force in the mineral world that produces carbon were acting upon the animal, the manifestation would be of the carbon character. The same being true of sodium. Now, upon that hypothesis is it possible for the animal to be so influenced that Natrum carb., a chemical compound of the two elements is indicated. If forces maintain their identity in action upon mineral, vegetable and animal, we must answer in the negative.

Do I make myself clear?

True—you say—we have the provings of Natrum carb. and we get our indices from them. So far as the compound Natrum carb. is concerned that is satisfactory, the recorded symptoms are produced by it. But where do we get the disorder in the human economy that corresponds with Natrum carb. when no such combined force is recognized in relation to minerology? In other words, are man's diseases compounds, composites? If we believe Hemple I do not see how they can be. Of course this comprehends the influences that act in nature to produce the Belladonna plant which if invading the human realm would cause the Belladonna disease.

If this gives you anything to fight about put on your paint.

Natrum carb. is one of Hahnemann's remedies. That establishes its reputation for reliability. It is an anti-psoric. In general it affects mucous membranes and skin. It is one of the remedies whose symptomatology covers all the cursedness that could come to either.

In the mouth there is dryness, pimples, blisters, burning, ulcers. The tip-edges and frœnum. The ulcer on the frœnum you have seen in whooping cough. Passing to the throat there is roughness, scraping and dryness. There is also much mucus in the throat and from the post-nasal space.

The symptom record of the stomach indicates that the same catarrhal, or rather ulcerated, pimply, burning exists there.

Still further down there is the same evidence of irritability of mucous membrane, as witness the sudden diarrhea, commotion in the abdomen, etc. The incarcerated flatus, which if it is expelled is sour. In the anus, the end of that tract, there are burning and incisive pains during and after stool, etc.

The mucous membrane of the bladder shows an equal amount of irritability and may be caused by the same pimply ulcerations that obtain elsewhere. There is frequent urging day and night. Wetting the bed; mucus in urine; burning in the urethra during and after urinating. Urine fetid, sour, turbid.

Chronic cystitis is quite clearly depicted in the bladder symptoms. Many elderly gentlemen eat much soda to allay the cystic distress, probably to quiet the perambulations of senile gonococci. Upon the vaginal mucous tract it produces a catarrhal flux that prevents conception. It would not be well to tell this to the sisters lest a wholesale proving for practical purposes be instituted. I wonder if that is the reason so many women chew soda mint gum.

The deformity of the os uteri with discharge of profuse yellow, fetid leucorrhea preceeded by cutting pains, is suggestive. That these symptoms are relieved by urinating is significant.

Paradoxically, conception is said to be made easy by Natrum carb., probably owing to its curing the free flux of mucus and correcting the aforesaid deformity.

The mucous membrane of the lungs is no less affected, as witness the cough with catarrh and coryza excited by the

least current of air or slightest chill, better only when sweat sets in.

It has the Bryonia modality of aggravation going from cold to warm.

The expectoration is saltish, yellowish green, like discharge from the nose.

Upon the skin there are ulcers with inflammatory redness and swelling. Skin dry, rough and chapped. Itching over the whole body as from fleas, to be thought of for fat women who like dogs better than babies. Scabies, tetters, that spread and suppurate. Herpes circinatus.

Its great debility, due to summer heat, or sunstroke makes it applicable to a great many distresses of the hot season.

Emaciation, pale face, dilated pupils, dark urine; anæmia, watery skin that looks milky, with the debility and aggravation from heat suggests it in cases of young girls who are fagged out at the close of school terms. Especially so when they have an inability to think or perform mental labor. The thing to do is to stop that "demnition grind." Such a nervous wreck, such an educated airship, would have attacks of anxiety and restlessness during a thunderstorm. They are said to want to hide themselves in a cellar; quite a happy hygienic change as compared with some schools. Upon the reproductive apparatus of man it is said to cause great irritability, weakness; touching a woman causes an emission.

Interpretation and location of symptoms is not always easy. Take the last one. Is it a mental symptom with a local expression or does the stimulus of contact with women simply excite an overwrought instinct. It does not make much difference only to call a thing weak with such accredited readiness is, according to the verdict of this jury, a libel.

Weak digestion, perversion of taste, acidity, inflation, stopped feeling. Lithæmia. What the Dickens is lithæmia? I remember, 34 years ago hearing that splendid specimen of manhood, John W. Dowling, talk to us about lithæmia.

While he talked he wore the best of clothes and a smile that was perpetual. He saw nothing for lithæmia but *Berberis vulgaris*, and assured us of cures that he had made. But lithæmia. I suppose it belongs to the same classification with *Uricacidæmia*, a polite scientific nomenclature that really means gluttony and gonococci. I don't know.

"Feeble, impressionable people, too susceptible to hot and cold changes of weather; music or ordinary occurrences."

"Puffy, relaxed, want of body solidarity which encourages weak and sprained ankles."

"Weakness and sensitiveness in all disorders."

"Naturally lively, but timid, being either animated or saddened. Mind easily exhausted; can't think, no staying force."

"Sweats profusely on slightest exertion or pain; during sweat does not want to uncover."

"Eruptions on backs of hands."

"Aversion to milk."

If I were to picture the *Natrum carb*, patient I would show you a fat wabbly woman, one who complained a good deal, especially when hot; whose fat made you think of a hoochi coochi when she walked; whose ankles spill over her shoe tops; whose red face runs with sweat; who plays out easily; is up in the air or down in a hole; stumbles and falls easily.

*Natrum carb*. furnishes the alkaline basis of most soaps.

Living in Pittsburg—said to be the dirtiest city on earth, which you now know to be a gross misrepresentation—I declare myself as opposed to soap. No one should get into a hot or cold bath then lather with soap. Its the worse if the water is hot. A soak for ten minutes followed by brisk rubbing is all there is to a bath. The skin must be red after the rub to make the bath effective. No soap.

Some of the odd symptoms are:

"Moving the head causes cracking in the cervical vertebrae."

"Sinking 10 to 11 a. m., > eating."

"Boring into ears and nose with finger."

"Thirst for cold water which <."

#### RELATIONSHIPS.

*Sepia*—I can see no similarity of patient, although there are symptoms that are quite like.

*Pic. acid*—Priapism, no desire. I take exceptions to the "no desire." I have had young university students tell me they could not study because their minds were on their middle. I invariably give *Pic. ac.*

*Nat. mur.*—is hypochondriacal during constipation: *Nat. c.* with constipation.

*Nux. v.* and *Nat. c.*—are as wide apart as museum-freaks, that fat woman and skeleton man, but both have morning < of gastric symptoms, *Phos. Rhod.* *Silic. Pet.* and *Nat. c.* are affected by thunder storms.

*Sulf. ac.* *Sulf. Caust.* and *Nat. c.* fall easily.

*Sepia*—has eruptions on backs of hands and ulcers around joints.

*Agaricus*, *Naja* and *Natrum carb.* have ulcers on the fraenum.

*Acon. Calc. c. Glon.* and *Natrum carb.* headaches from suns rays.

*Zinc. Sulf.* and *Natrum carb.* weakness and goneness at stomach 11 a. m.

Debility from summer heat, *Ant. c.* and *Natrum carb.*

*Sabina*, *Sepia* and *Natrum carb.* < from music.

Easily sprained ankles, *Ledum* and *Natrum carb.*

You will thank Dr. Turner for having your attention called to *Natrum carb.* If you go home and take down Clark's *Materia Medica* and compare what he has there recorded with Farrington, then get the cream in Allen and Nash, you will conclude, with me, that *Natrum carb.* has a symptom list that will pay for panning.

#### DISCUSSION

R. F. Rabe:—Verifications of symptoms are always of value and I can give three verifications of symptoms mentioned by Dr. Miller. One thing is the headache produced from a sojourn in hot rooms; during hot weather in summer or

from working under gas light; the modality is in the materia medica as headache produced by heat. Second, the weakness in the ankles I have verified twice. Third I have verified cough aggravated on entering a warm room, I have also seen a diarrhoea with considerable flatulence with marked aggravation from warmth cured by *Natrum carbonicum*.

E. A. Taylor:—The paper is a good one and if I mention one or two things it is not in the way of criticism in any sense of the word but only to add to the completeness of the paper. Many times I have thought that I had complete notes of a remedy and that I had given it very fully and would then find that I had omitted or overlooked some important point.

I thought I noticed one or two points which the doctor did not speak of although the symptoms that he did point out were all correct. There is one peculiar symptom that belongs to this remedy; it is stitching pains in the stomach, worse on talking. I had occasion to look that up some time ago; the patient was a young man, he was having these peculiar pains in the stomach on talking. He had to talk a great deal in his business. On Sunday he would feel well and also on Monday until he began to talk, then the pains would come on. He had to give orders in a loud voice. *Natrum carbonicum* has such pains but it was not his remedy—not for the whole case, *Magnesia muriatica* was the remedy that he needed. I was unable to find the symptom in the repertories in ordinary use but I found it in Jahr's Symptom Register. Only a few remedies have it. A very valuable symptom of *Natrum carb.* is bearing down in the pelvis, especially when combined with the mental condition spoken of in the paper. The paper was very good and I enjoyed it.

Harvey Farrington:—The symptom of bearing down in the pelvis is characteristic of this remedy and is in keeping with the relaxed condition of the whole patient as is the easy dislocation of the joints. I wish to add *Natrum hypochlorosum* to the list of remedies having weak ankles.

R. F. Rabe:—Among the peculiarities of *Natrum carb.*



is the sense as if something was pushing up when the patient sits down.

C. M. Boger:—Among the comparisons with *Natrum carb.* *Natrum phosphoricum* always enters my mind; it has many resemblances such as the acidity and many differences. I have had two striking cures with *Natrum phos.* one of which was a long distance shot; it was tuberculosis of the hip joint and it was a complete cure; the symptom that lead me to it first was the acid condition of the stool along with symptoms that make you suspect worms. To read and study comparisons of remedies is a delightful recreation but when you have a difficult case and get tired of making comparisons and cannot settle on the remedy do not forget that there is such a thing as a concordance. Look under a remedy—say *Natrum carb.*—in your concordance and compare the rank of the symptoms with other remedies. You will come across most unexpected results.

Z. T. Miller:—In writing a paper like this to be read before a society no one should pretend to cover the entire symptomatology of the drug. I simply tried to give the cream of the matter by giving mostly verified symptoms. This is a remedy that I have not prescribed very frequently myself and I now see that I could have used it more in past years with advantage where I probably used *Calcarea carbonica* or some other remedy.

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### RUPTURE CURED BY THE INTERNAL REMEDY.

BY LEE NORMAN, M. D.

In presenting this brief contribution to the program. I do not expect to advance anything new, nor exhibit any remarkable skill in the treatment. I simply wish to show the value of symptoms and the virtue of the homœopathic remedy.

This case, a man about 50 years of age, came to me Sept. 1907. He was suffering with what he thought was kidney trouble, and had been treated for same by an allopath physician. He was very much distressed and extremely anxious about his condition as he feared Bright's disease. I took out a record sheet and began taking his symptoms. He could

not get his mind off his kidneys. After listening attentively for some time, I suggested he bring me some of his urine. I struck the key note. That suited him. He said the other doctors had made several tests. He brought the urine and I made the test. The specific gravity was 1002, color pale, albumin and sugar absent. I assured him he had no Bright's disease, and said, "Now you forget your kidneys and tell me all about yourself." I will give you the symptoms just as I have them recorded.

Mind,—inability to think quickly, answers questions slowly, very irritable.

Headache,—dull pain comes up the back <from noise> by pressing with hands.

Vertigo,—sensation as if intoxicated <in warm room.

Throat,—has a dry feeling like feathers in it, feeble hacking cough.

Nose,—stopped up. Has a dry sensation. Stomach—cold feeling, with sour, bitter eructations, shooting pain through abdomen and back> by hot baths.

Heart,—grasping pain <by lying on the left side.

Limbs,—drawing pain from right hip to the knee> by rubbing.

Bowels,—regular, but a dribbling of semen when at stool. History of havin ghad Gonorrhea which left him with gleet.

All this time he never said anything about being ruptured. I gave him Phosphoric acid 200, 3 powders to be taken night and morning, following with sac. lac, a powder every two hours.

In a few days he came in smiling and said, "That little bit of sugar has helped me." After being under treatment for about two months, one day he called me up over the 'phone and asked me if the medicine he was taking could have any effect on a rupture. I asked him, "Why, have you a rupture? He replied, "Yes, I have two, one in my side and the other in the testicles, and they haven't given me any trouble for several days. I feel comfortable without my trusses." I advised him not to leave them off but to

come in and tell me about the ruptures as things were getting interesting. He told me the inguinal hernia was caused by lifting a heavy barrel about ten years ago. A few years later the one in the scrotum developed. He continued to improve under the Phosphoric acid and has not worn either of his trusses for more than a year. He has had no other remedy. When he seemed to lack in improvement, then I would change the potency. He came faithfully once or twice a week for over a year and I finally had to stop him, telling him I needed his money but he did not need me.

#### DISCUSSION.

Z. T. Miller:—This seems to me a very wonderful result; we are told by the surgeons that such a cure is impossible; I have never seen such a case myself, I mean such a result. If there is any verification of the diagnosis by a surgeon it should go on record; if it is possible to cure an inguinal hernia that has gone so far as to descend to the scrotum, we ought to know all about it.

C. M. Boger:—I wish to remind you that Boeninghausen says that hernia is mostly a curable disease, meaning by internal remedies of course. In confirmation of this idea, I ask why it is that when hernia is cured by an operation, it tends to break out in some other place. I have seen one case of umbilical hernia cured by the internal remedy.

Harvey Farrington:—I cannot give an exact confirmation but I have cured hernia in children with the indicated remedy. I have seen so many things under the action of the potentized remedy that I am almost ready to swallow whole what the doctor has said in her paper. Of course it would have been better and more convincing if she had examined the patient beforehand; the case would not be admitted under the rules of evidence as it now stands. I have seen tumors go down and seen noses straightened by the action of the indicated remedy and to me it does not appear at all incredible but I refer to outside critics.

P. E. Krichbaum:—I believe all that has been said in the paper, but I would like to know whether it is so or not. I knew a man who had been treated for an injured or twisted

side. He got a couple of schooners of the luxury of life and then fell out of a wagon and the accident fixed his injured rib which was probably displaced and he got well, I did not believe that the indicated remedy could cure a hernia, it always seemed to me that it took a truss. I have worn a truss personally for ten years and I think that I have taken the indicated remedy several times during that time but I am still wearing that truss and I expect to wear it yet.

R. F. Rabe:—I think that our president misses the point: it is not claimed that the indicated remedy was given for the cure of a hernia but that incidently a certain result followed, the individuality of the patient corresponded completely to the remedy and the remarkable result followed, and certainly is worth recording. That is the point of the paper.

J. E. Frasch:—A little blue-eyed boy with large head and pointed chin had frequent attacks of bronchial pneumonia; Antimonium tartaricum always relieved these attacks. He had also inguinal hernia which would be reduced when he laid on his back. On the symptom of being angry on awaking from sleep I gave him *Lycopodium c. m.* one dose and the hernia incidentally disappeared.

P. E. Krichbaum:—I may be mistaken but the title of the paper reads: Rupture Cured by the Internal Remedy.

G. P. Waring:—Even in a society of professed believers in the efficacy of the imponderable dose we show some evidence of being materialists. The idea of connecting the action of the remedy with some change in the tissues seems to be hard for some of us to believe in and yet it should not be. The action of the remedy is not directly upon the physical plane but upon the vital force and the vital force keeps the physical in order and why then cannot the remedy acting upon the vital force, through it make extensive changes in the physical. It may draw tissues and muscles together and I do not see why it could not so modify the tissues as to cure a hernia. The vital force can do wonderful things. To think that the remedy goes to a part and does anything is a material idea and seems to be present in the head of some members of this society. Every deviation from the normal

may be corrected by Homœopathy whether it is on the plane of the physical or on the plane of the mental.

W. L. Morgan:—Would a different definition or a different use of terms answer the purpose better? Say that the vital remedy removes the vital obstruction—the obstruction to the function of life. When that is removed the vital force comes in and cures the morbid anatomy. I have in several instances found that the remedy after it had done the work for which it was prescribed seemed to go on and remove physical symptoms for which it was not prescribed and which were not in the mind of the doctor when he prescribed it. I have never pretended that I can move bones with remedies but once when I had given *Natrum carbonicum* in the millionth potency it seemed to move the right nasal bone more into place than it had been, in a very gradual manner.

Nettie Campbell:—If we can cure prolapse of the uterus with the remedy, why can we not cure rupture? I have seen prolapse cured several times with *Nux vomica*, *Sepia* and with *Lilium tigrinum*.

P. E. Krichbaum:—Rupture and prolapse of the womb are two very different things. I can easily believe in the cure of prolapse but not in the other. The last forms a sac in the scrotum; I do not think that that is a good comparison.

H. S. Llewellyn:—If this was going out in the daily papers with big headlines I would not like the effect upon our school; that is one thing. But I never would deny the fact and I do not believe that it is impossible. It should go on record and we should wait for more evidence.

Lee Norman:—I know that it seems incredible but I stand ready to give the name and address of the patient. I did not know what to call this paper and the chairman named it. I believe that it was a genuine effect of the remedy and I do not believe that it will ever return. Every word in the paper can be verified. The sad part is that such a thing is never paid for properly. I certainly would not have cured a rupture for \$73.00 when he paid \$100.00 to get fitted with a truss. We must not be too materialistic. I told him I was

going to write this paper and he said that he was ready to go any time to Dr. Coon and be examined.

H. S. Llewellyn:—Did Dr. Coon examine him before the rupture was cured?

Lee Norman:—No, unfortunately not. He had been treated by an old school surgeon. He came into my office supposing that he had kidney trouble. I worked the case out with repertory and materia medica; it was not an off-hand prescription.

H. S. Llewellyn:—I know Dr. Coon very well and know him to be a conscientious student.

P. E. Krichbaum:—I also know Dr. Coon very well.

Harvey Farrington:—It is too bad that an examination was not made first. Could not a written account be obtained from the surgeon who treated him first or from the man who charged him for fitting the truss.

P. E. Krichbaum:—I believe everything that has been said except that the remedy cured the rupture. The truss was worn during the action of the remedy. Trusses sometimes cure ruptures without the aid of anything else, if the truss was worn, then the remedy did not do it alone. I say that it should not go out from this association that rupture can be cured by the remedy, some fellow will try it and fail and then blame us.

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## A COMPARISON OF THE SKIN SYMPTOMS OF RHUS RADICANS WITH THOSE OF RHUS TOXICODENDRON.

BY R. F. RABE, M. D.

Although Millsbaugh in his *American Medicinal Plants* makes no distinction between *Rhus toxicodendron* and *Rhus radicans* botanically, symptomatically there are certain differences, especially in the modalities of these remedies. *Rhus tox.* is the variety commonly known as poison oak and is a shrub from two to four feet in height with stem erect and devoid of rootlets. *Rhus radicans* has a more or less tortuous stem, in short is a vine, growing to a height of from four to thirty feet or more and is thickly studded with dark

colored rootlets by which it clings to its chosen support (Millsbaugh). Millsbaugh advises that in the making of a tincture equal parts by weight of the fresh leaves of each form be used.

Hahnemannians, however, have made careful distinction between the two forms in their therapeutic application, based no doubt largely upon the masterly treatise upon each of these remedies, contained in the *Symptomen-Codex* of Jahr.

In a general way it may be stated that the skin effects of *Rhus radicans* are more marked than those of *Rhus tox.* but it must be remembered that the majority of the records of poisonings are said to concern the *radicans* variety. Itching and burning of the skin in various parts is common to both and is temporarily relieved by vigorous rubbing. Likewise are vesicular eruptions found in both. *Rhus radicans* seems to produce greater infiltration of the skin with heat and swelling, also tubercles in the skin which nodular infiltrations if large, sometimes slowly suppurate. Under *Rhus tox.* we frequently find vesicular eruptions with small red points, itching and burning and relieved by holding the affected part in water as hot as can be borne, but worse as soon as exposure to cold air occurs. Rubbing or scratching although they give momentary ease, are followed by a marked increase of suffering. In *Rhus radicans* we note marked relief to these sensations by washing in cold water, a modality which the essayist has had occasion to verify. Conversely a warm drink aggravates the unpleasant sensations of the *radicans* patient. In both varieties rubbing the skin will at any time reproduce the itching and burning.

The foregoing represents the differences which a careful comparison of *Rhus radicans* with *Rhus toxicodendron* shows. Such comparison is extremely unsatisfactory for the reason that the original provings as recorded in the *Materia Medica Pura*, Allen's *Encyclopædia* and other works, make scarcely any distinction between these two forms of *Rhus*. Indeed in the majority of instances it is not stated whether the *radicans* or the *toxicodendron* is referred to.



The Symptomen Codex, as before observed, is the only work which makes any differentiation. In "Jahr and Gruner's Homœopathic Pharmacopœia and Posology" translated by Hempel and published by Radde in 1850, the botanical differences are briefly alluded to. Hahnemann in "Die Reine Aazneinittellehre" makes no distinction but speaks of "Rhus radicans or also called Rhus toxicodendron."

This brief essay is presented with the hope that the discussion may throw more light upon the subject and be productive of further facts regarding these two remedies and their differentiation.

#### DISCUSSION.

R. C. Grant:—The subject has been talked about a good deal in our school; some claim that there is no difference between the two and it is certain that they are difficult to distinguish. Millspaugh recommends the taking of equal parts of each of the two plants for the making of the mother tincture, not recognizing any real differences between the two but giving the tincture the benefit of the doubt. If there is no difference I do not see the reason for mixing them; if there is a difference then why mix them. By mixing them there is nothing gained and there may be a great deal lost. The plants are certainly very different in their physical structure. There seems to have been an unfortunate mix of the two in the proving so that I have been in doubt about the matter and am glad to have this contribution from Dr. Rabe looking towards the clearing up of the obscurity that has been over the subject.

Richard Blackmore:—The last thing that Dr. Allen did for me was to differentiate between the two.

Nettie Campbell:—I should like to ask Dr. Rabe if he knows any of the common symptoms of Rhus radicans; I had a case with many Rhus toxicodendron symptoms but the tongue was not the Rhus tox. tongue. I gave the Rhus tox. but did not have much confidence that it was going to help. I think that there is a difference in the tongue of the two; I do not know of any other differences except this.

Harvey Farrington:—I am very glad to hear what



Dr. Rabe had to say about these two remedies. I have a case at present that is a mixture of *Rhus radicans* and eczema. A symptom that is very marked under *Rhus radicans* is occipital headache, which the *Rhus tox.* does not have. In order to get the differences and resemblances use Allen's revised slip repertory.

Z. T. Miller:—A few years ago I had a very marked case of eczema; the patient was a man of sixty years of age and fleshy; lower limbs were entirely raw, skin absolutely off. The abdomen was also very bad. The chest was also in the same condition. I studied *Rhus toxicodendron* and used it for nearly three months without improvement. I then found in the writings of Dr. H. C. Allen that the *Rhus radicans* had more relation to the skin and less to the rheumatic symptoms than had the *Rhus toxicodendron*. On one powder a week of the *Rhus radicans* 45m Skinner, he began to improve right away and in three months he was entirely well.

R. F. Rabe:—I cannot answer Dr. Campbell's question; in the general rheumatic states of the two remedies, the symptoms of the *Rhus radicans* is not nearly so much aggravated by rest but is just as badly off when he commences to move. Aggravation from rest belongs more to the *tox* rather than to the *radicans*.

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### PHOSPHORUS: A NOTE.

BY R. F. RABE, M. D.

Under the rubric "emptiness, weak feeling, goneness, hungry feeling," in Kent's Repertory, page 483, first column, we find among other remedies having the modality "not relieved by eating," *Phosphorus*. Reference to Allen's Handbook of Materia Medica does not altogether bear this out. On page 862 of the Handbook, second column, thirteenth line from the bottom is found the symptom "emptiness: in moving after rising, with uprising nausea; at pit, with weakness: without appetite." Nothing is stated of any non-relief after eating. Further on, under the symptoms of the abdomen that of "emptiness and weak feeling" is given in heavy faced type. Nothing is stated of relief or absence of relief

after eating. In the Guiding Symptoms of Hering, on page 343, under Phosphorus, "appetite, thirst, etc.," is found, prefixed by two bars, the symptom, "hunger: soon after eating, . . . . . ravenous at night, feels faint; with nausea and anxiety about heart recurring several successive evenings, better by eating but afterwards tormenting him for hours in bed." Under the symptoms of the stomach on page 345, "goneness in region of stomach as if stomach had been removed," is given prefixed by two bars and along with other similar statements, but nothing is said of the modality "not relieved after eating." Reference to the Encyclopædia of Pure Materia Medica, by Allen, does not reveal the modality in question, on the contrary, although it is not expressly so stated, the inference which is plainly to be drawn is that eating *does* relieve the sensation of emptiness in the stomach. Thus on page 400, under Phosphorus, symptom number 1207 reads, "a comfortable feeling of satisfaction after eating, that he usually never really experienced." On page 464, under the ameliorations we find "(after dinner) the symptoms." Reference to the Symptomen-Codex of Jahr and to the Chronic Diseases of Hahnemann is equally fruitless. In the latter work, 1846 edition, volume five, page 61, we find under the rubric of gastric symptoms, the following: "Comfortable feeling of repletion after a meal, he never had it before." This is the same symptom mentioned above, found on page 400 of Allen's Encyclopædia. In the original German edition of the Chronic Diseases, published in 1828, the same symptom is not to be found, but on page 72, volume three, we find the statement, numbered 325, "Fast täglich, nach dem Essen, eine Weichlichkeit und Wabbligkeit um den magen, wie Brecherlichkeit." Translated this symptom reads, "almost daily after eating a weakness and squeamishness about the stomach, like nausea.

The following case illustrates forcibly the very opposite of the modality under discussion, as given in Kent.

Mr. G. H. D., age 46, physically strong and the picture of good health, after an active political campaign presented the classic symptoms of a splanchnic neurasthenia. He was

greatly annoyed by an all-gone feeling in the stomach whenever the latter became empty, together with an intense hunger, entirely relieved and promptly so by eating. In spite of a good breakfast this distressing sensation would return regularly at eleven o'clock in the forenoon and occasionally at 5 o'clock in the afternoon. His bowels were regular with perfectly normal stools, but he complained of a smarting of the anus after stool. His sleep was restless, with frequent waking. He was annoyed by much gas in the stomach, relieved by eructations and at times would be conscious of a throbbing sensation in the stomach. His appetite was really canine. Mental concentration was difficult and there was considerable irritability of temper. There was also an increase of thirst. He was accustomed to high living. Sulphur 10m, Skinner, helped a little, but for a few days only. Anacardium 10m, Skinner, did no better. To the symptoms already given there were now added: The sensation of emptiness at the stomach is relieved by eructations of water, which he has drunk sometime previously, and he occasionally brings up undigested food particles into the mouth. Simultaneously with the gone feeling he has a sensation of tightness or constriction just above the epigastrium, necessitating the frequent drawing of a deep breath. *Eating invariably relieves the goneness.* Of course the picture was now complete, and Phosphorus 50m. Skinner, was given. One additional symptom was casually obtained, namely, "hunger at night awakening him."

Complete relief to all the symptoms followed the administration of the Phosphorus.

It seems therefore pertinent to inquire whether there is authority for the symptom as given by Kent and whether it has been verified. The repeated experience of the writer is exactly opposite, so that he has come to look upon the symptom, "emptiness in the stomach *relieved* by eating," as characteristic of Phosphorus.

#### DISCUSSION.

E. A. Taylor:—That paper brings back to me memories of long ago; before I ever saw a medical college I had been

reading medicine for some time. A neighbor boy asked me if I could not do something for a bad backache that he had. There was nothing very definite about the backache that I could see. I made a few prescriptions and he got a crop of boils whereupon I prescribed Sulphur and Silicea. The backache got no better. Then he told me that he would get a terrific empty feeling inside, to use his own words there seemed as if there was no gut in him. He said that he felt better while he was eating but that he could not keep eating all the time. I gave him Phosphorus and it cured the whole case.

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### WRINKLES.

BY MAURICE WORCESTER-TURNER, M. D., Brookline, Mass.

Wrinkles are sometimes valuable symptoms for prescription purposes. Though occurring on the skin, the lowest and yet an important tissue of the body, they reflect, as it were, upon its surface mental and physical conditions which are often of great moment. A scowl, a look of surprise, or even laughter are all partly dependent, for facial expression, on temporary wrinkling of the skin. So too debilitating and wasting diseases are attended not unusually by general wrinkling of the integument particularly marked in the face, especially if loss of flesh be rapid.

Some twenty-five remedies have recorded in their pathogeneses wrinkles on the face and forehead, while nearly forty show dermal corrugations of various parts of the body.

Rapidly developing wrinkles are probably of most value as prescription symptoms, and yet the deep furrows on the face and forehead occurring in chronic affections are of a certain worth and often suggestive of a remedy.

Thus it is well known that in *Lycopodium*, *Helleborus* and *Stramonium* conditions wrinkles often develop on the forehead; with the first in pulmonary, and with the last two in cerebral diseases, and that these frontal corrugations are not only useful as pointing to those remedies but also hint to us of the diagnosis; the dingy, dry, cold, wrinkled skin of

Secale is another characteristic example and has often suggested the selection of that remedy.

Whenever, therefore, it can be determined, even by clinical observation, that so trivial a symptom, apparently, as wrinkling of the skin of the forehead should properly hold a prominent place in the pathogenesis of a remedy it is important to let it be generally known, particularly if it be a remedy which has not been fully proved. Such are the conditions to which the following cases apply.

The history of Mrs. L. includes two or three miscarriages but no full term pregnancy. At the time I first saw her she was forty years old, emaciated, and suffering from a pelvic cellulitis the cause of which I never could ascertain. Recovery occurred under Sulphur. She was subject to attacks of migraine of a most violent type, for which morphine had always been given. The pain in the head came on gradually, attacks lasted two or three days with remission each day after sunrise. With the headache very restless, walking about rapidly and constantly, as this alone gave relief, and she would only stop walking when the pain became very intense and the head seemed ready to burst with the carotids throbbing and the heart action violent. Then she was wildly delirious and with difficulty prevented from injuring herself.

Much empty retching with loud eructations and finally bilious vomiting occurred at the height of the attack. Gradually she would quiet, become semi-conscious, sleep for twenty-four hours and then wake free from pain but with the head sore and generally prostrated.

As the menopause came on she had flushes with the usual accompaniments and became exceedingly nervous and insomniac. developed hallucinations of persecution, heard sounds of people talking about her outside her door, saw lights at night and felt electric shocks, all the time losing flesh and deep wrinkles forming on the forehead. The skin was dingy, she felt dirty all the time and was constantly washing her hands. Information finally obtained from her husband confirmed the suspicion that she was syphiloid as

he was syphilitic for some time before marriage, but supposed he was cured under old school treatment.

After Syphilinum 2c., Jenichen, was exhibited improvement began, mental symptoms, headache, skin conditions, all cleared up and as she gained flesh the wrinkles disappeared. The remedy was given two doses dry each time and repeated when relapses occurred. Later the 1m. and finally the 50m. was required.

The symptoms suggesting Syphilinum were the < from sunset to sunrise; the > of headache by walking; insomnia; emaciation; mental fear of being physically unclean with the frequent washing of the hands, and I would now add, in the light of further experience, the wrinkles.

Wrinkles are not found in the symptomatology of Syphilinum, yet they are marked in many advanced syphilitics and especially show themselves in hereditary (congenital) cases and, since curing this patient, I have made good use of the symptom—deep wrinkles on the forehead. It is often the first suggestion of the remedy to me, as they are in plain sight, and when supported by such characteristics as night <, mental or physical, and the sense of physical uncleanness, are not only indicative of Syphilinum but also confirmatory of these other symptoms.

Another case runs as follows: Mrs. G., forty-nine years old, headache every two weeks for the last ten years. Wrinkles on forehead, numerous, deep, associated with general emaciation, dirty color of skin, face drawn, worried mental state “as if going insane,” washing hands often.

The headache came on in one of two ways. First it might begin in occiput and back of neck, extending through to eyes, or work over the head, and settle in one eye or the other, and that eyeball would be sore. Sometimes it even changed sides. This form would start at about 4 p. m. and be bad all night—sunset to sunrise—and with it there was cold sweat on back, arms, feet, etc.

The other way was for her to wake with the pain at 4 or 5 a. m., with the head drawn back, with nausea and either

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Wrinkles are not found in the symptomatology of Syphilinum, yet they are marked in many advanced syphilitics and especially show themselves in hereditary (congenital) cases and, since curing this patient, I have made good use of the symptom—deep wrinkles on the forehead. It is often the first suggestion of the remedy to me, as they are in plain sight, and when supported by such characteristics as night <, mental or physical, and the sense of physical uncleanness, are not only indicative of Syphilinum but also confirmatory of these other symptoms.

Another case runs as follows: Mrs. G., forty-nine years old, headache every two weeks for the last ten years. Wrinkles on forehead, numerous, deep, associated with general emaciation, dirty color of skin, face drawn, worried mental state “as if going insane,” washing hands often.

The headache came on in one of two ways. First it might begin in occiput and back of neck, extending through to eyes, or work over the head, and settle in one eye or the other, and that eyeball would be sore. Sometimes it even changed sides. This form would start at about 4 p. m. and be bad all night—sunset to sunrise—and with it there was cold sweat on back, arms, feet, etc.

The other way was for her to wake with the pain at 4 or 5 a. m., with the head drawn back, with nausea and either



choking as if a tight band were about the throat, or instead of that bilious vomiting with temporary relief.

Before headache; skin dry; hair dry, tangles and "stands out;" choking on stooping as if throat were closing; weeping; sees a mouse running on floor. During headache: < light; < effort of speaking or being spoken to; must lie down in a dark room; hungry; salivation; much urine passed as headache >. After headache: neck and back between shoulders stiff; subjective trembling; hungry. There was no evidence of venereal taint.

In various parts this case reminds me of Glonoine, Lac caninum, Lachesis, Psorinum and other remedies. Under Syphilinum the attacks not only became less frequent, but also less severe. She received the remedy twice only, two doses of the 2c. each time. Then being much better she decided, because of lack of money (against my earnest request), to stop treatment. There has, of course, been a return of the headache and, as her financial condition is better now, she expects shortly to come for more medicine, when the remedy will be repeated, doubtless with good results.

There are still other cases I could recite, some non-specific, in which the forehead wrinkles have led to the successful exhibition of Syphilinum, notably one of gastric ulcer, and therefore I feel that it is not in any particular group of diseases under this remedy that this symptom is likely to occur, certainly not alone in patients suffering from venereal infection; but the possibility of an hereditary taint of that kind should always be remembered as that may be the reason why cases that are apparently non-specific, drift into states requiring Syphilinum.

Whatever may be the cause of wrinkles which call for Syphilinum it would seem then that they are of prescription worth, and also that there is no reason to consider them specific stigmata.

"Then grew a wrinkle on fair Venus' brow,  
The amber sweet of love is turn'd to gall!  
Gloomy was Heaven; bright Pncebus did avow,  
He would be coy, and would not love at all;  
Swearing no greater mischief could be wrought,  
Than love united to a jealous thought."

## DISCUSSION

Richard Blackmore:—The modality aggravation on being spoken to is an unusual one, not often met with. I have met with it however in a case in which it had lasted for seventeen years under all kinds of treatment. The case was also worse, lying down, at night, with fear of animals, particularly dogs. This last suggested Belladonna. The aggravation on being spoken to I remember hearing Dr. Turner teach us in Boston and it was of use to me.

R. F. Rabe:—I wish to say that Dr. Turner read a paper last March in New York entitled Logical Extensions of Treatment, Suggested by the Remedy which was of extreme interest. It dealt with similar topics, namely objective points or symptoms on which to base a prescription. It followed out the dynamic effects of the remedy in the selection of hot or cold or wet or dry applications; for instance, wet applications would not be agreeable to a Rhus patient. In this paper we have the prominent and obvious objective symptom of wrinkles beautifully brought out and emphasized. The objective symptoms in the symptom totality are of great importance and use if they fit into the general symptom complex and they have the advantage of being easily seen. The prescription should be based on the subjective symptoms mainly but the others are of importance when they fit in. Our provings have not been carried far enough, as a rule, to bring out the objective symptoms and this work of Dr. Turner is of value on that account. Where we have reliable objective symptoms we find them of the greatest use; we all know the Kali muriaticum throat; we know that Natrum sulphuricum affects the lower lobe of the lung especially the left and that knowledge helps us out many a time in a doubtful case, provided always that the subjective symptoms agree. As we grow in experience and knowledge we will find it easier to find the right remedy. The late Dr. Dearborn was a genius in that line; he had a faculty of selecting the right remedy according to certain external appearances. I remember his curing a case where there were numerous little nodular elevations from which a cheesy exudation

could be squeezed; he scarcely asked any questions, but looked at them and said that *Hydrocotyl asiatica* was needed and gave it in the 6x and it cured the case promptly without any return.

E. A. Taylor:—This paper of Dr. Turner's is excellent and is in marked contrast to some of the reports that some people publish about the use of Syphilinum and other incompletely proved remedies. Here we have a careful study of the remedy according to what symptoms we have and an effort to verify and give exactness to what we half-know. This paper gives us characteristic and distinct symptoms whereby we know when and where to use this remedy; not theory, not speculation, not prescribing according to name but distinct and accurate symptoms. The symptom of being worse from being spoken to remind me of a case Dr. Bernreuter of Illinois; the patient was a little girl eight years old who had meningitis; if anyone approached her or talked to her, she would scream out, and say "go away" but if you started to go away, she cried out that she did not want to be left alone. The doctor did as we all should do, he went home and studied the case and found that condition in Allen's Encyclopedia under Arsenicum, without any mark to show that it had been verified. He gave Arsenic and it cured the case. We might keep that in mind along with the symptom ascribed to Syphilinum.

Z. T. Miller:—Was the first case reported in the paper cured? A symptom is mentioned there that I have seen twice; the hearing of voices, talking about the patient, outside the house. I have a patient who says that she hears voices talking to her all the time. She has difficulty in avoiding the suggestion that she gets from them of hanging herself.

R. F. Rabe:—I should look up Anacardium.

Z. T. Miller:—She hears also the voices of distant friends. I had another patient, since dead, who had very similar symptoms.

G. P. Waring:—This paper has been full of interest to me. I have felt that someone in the homœopathic profession,

who could do it, should give us the connection between the subjective symptoms and the pathological changes—a sort of symptom diagnosis. I have at different times tried to persuade Dr. King to do it because I believe that he could do it better than anybody I know of. There is always some connection between the vital force disturbance and the physical change if we could only know it. The vital disturbance precedes the physical change; to trace out that connection would be of great use to us. I believe that there is a vast field of study right there and it would give us the perfection of homœopathic diagnosis. What pathological changes in the brain or elsewhere are connected with the hearing of those voices? When I heard it I said it is connected with sycosis but in what manner I do not know.

The spiritualistic mediums who operate over the country by alleged communications from the other world, are, I believe generally syctic; you will hardly find a medium who is not a syctic. This symptom of wrinkles I have observed myself in hereditary syphilis.

### **SYMPTOMATIC NOMENCLATURE AND ITS RELATIONSHIP TO THE REPERTORY AND HOMŒOPATHIC SCIENCE.**

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Symptoms may be classified as general and particular; common, uncommon and individualistic; characteristic and peculiar; old and recent, reflex and mechanical; diagnostic and pathological; primary and secondary; hysterical and imaginary; habitual, and salutary.

Rubrics are classified chiefly as general or particular and common or uncommon—the concrete symptomatology of the repertory not requiring nor allowing of the special differentiations so essential to the proper study of case symptomatology.

That such qualifying adjectives are essential in the study of symptoms in order that we may properly classify them and decide which are the most important, we shall attempt to prove in the following remarks.

## SYMPTOMATIC NOMENCLATURE

The *Simillimum* is the drug which on account of close similarity of symptoms is the curative agent for the case or for that phase of the case which is most pronounced at the time of prescribing.

*General Symptoms* are those which apply to the patient as a whole:—as general heat or coldness, burning, itching, tingling, trembling, etc., and the general aggravations and ameliorations (modalities) by heat, cold, motion, rest, lying, walking, eating, touch, light, noise, morning, evening, night, etc., in contradistinction to symptoms which affect only one part of the body (head, face, teeth, stomach, extremities, etc.)

It is highly important to differentiate between symptoms of general and particular rank because the first are of greatest importance and the most reliable to base a prescription on.

Very often the generals and particulars will seem to indicate different drugs in which event we should almost invariably be guided by the generals.

One reason for this is, that drug generals have appeared prominently during the provings of drugs on healthy people and are nearly complete; whereas drug particulars have been comparatively less pronounced and much less complete, so that, if we are guided solely by particulars we are very apt to exclude the *simillimum*.

Another reason exists in the fact that general rubrics consist in great part of generalizations from particular drug symptoms—a drug producing a certain symptom in one part of the body being capable of curing such a symptom in any other part of the body even though it has not produced same in such a location during the proving.

For instance a drug which may have produced burning of the scalp and nowhere else, will, nevertheless, cure a burning of any other part of the body, provided it corresponds to the general and uncommon symptoms of the case in every other respect. Therefore this symptom of the drug should be, and usually is, repertoried in the *general*

*rubric "burning"* as well as in the *particular rubric "burning of the scalp"*. Such being the case we would miss finding the simillimum, if we consulted only the particular rubric "*burning of the feet*" in the search for a remedy for such a condition when the remedy that produced burning of the scalp and which was repertoried in the general rubric might be the needed remedy for this particular case.

The rule to proceed from generals to particulars is more extensive than many suppose. Not only should we first compare the generals of the patient with the general rubrics of the repertory, but, having done so, we should next compare the particulars of the patient with the generals of the repertory, also, before comparing them with the particulars of the repertory for the reason advanced in the second preceeding paragraph.

Too much haste in going from generals to particulars accounts for many failures in the repertory work that precedes the prescribing for our difficult cases.

*Particular symptoms*, those pertaining to a single part of the body only—(head, heart, stomach, feet, etc.) vary greatly in importance, some being of rank as high or nearly so as are the generals. Important examples of such are—many of the mental symptoms: sadness, aversion for company or to be looked at or to be spoken to, suicidal inclination, loquacity, jealousy, lasciviousness, nostalgia, fear, anxiety, restlessness, etc.; the desires and aversions for special articles of food; the character of the discharges—menses, stool, urine, expectoration, etc.

In military life there are generals, lieutenant-generals, brigadiers, colonels, majors, captains, privates, etc., each ranking the others in the order mentioned. Symptoms and rubrics rank each other in much the same way and in the process of selecting a remedy with the aid of the repertory the patient's symptoms should be taken up for comparison in their order of rank and each one compared with a rubric of the highest general rank before proceeding to compare it with more particular or lower rank rubrics.

As an example, using *Kent's Repertory* (1908 Edition,) on

page 1306 the general rubric "*Aggravation after midnight*" gives 90 drugs and also sub-rubrics "*aggr. 1, 2, and 3 A. M.*", which last contain but few remedies and are of minor rank.

Page 1218, "*Sleeplessness after midnight*" gives about 50 drugs and is a particular rubric of what might be called brigadier rank.

"*Sleeplessness after 2 A. M.*," on the same page, is a sub-particular rubric of lieutenant's rank and contains only 18 drugs.

Now a patient who is sleepless after 2 A. M. may need one of the eighteen drugs in the corresponding sub-particular rubric or he may need one of the drugs not in this but the brigadier rubric of fifty drugs previously mentioned *or in exceptional cases he may need a drug not even in this list of fifty but one contained in the general rubric "aggravation after midnight."*

And the only way of being positive when there exists the least doubt will be in the comparison of all the generals of the patient with the generals of the repertory and then having written down all the drugs, each of which covers all the generals of the patient, proceed to eliminate from this list by comparing the particulars of the patient with the corresponding general rubrics, and last of all by comparing particulars of the patient with the particular rubrics and a careful study of the materia medica when necessary.

*Common and uncommon symptoms* may be general or particular, old or recent, subjective or objective, etc.

They are of three varieties, first those which are common or uncommon to disease in general; second, those common or uncommon to the disease of the patient; and third, those common or uncommon to drugs.

It is necessary to understand this sub-classification because a symptom common to many other diseases may be uncommon to the disease of the patient and, such being the case, it will take rank as an uncommon and important symptom for this case because *the patient is the chief standard by which the rank of symptoms must always be gauged.*

Also a symptom uncommon from the patient's standpoint

may be common to so many drugs that, even though it must be covered by the simillimum, it is of little value from an individualizing standpoint.

Also a symptom of common rank from the patient's standpoint is occasionally uncommon among drugs, which may make it of value from the drug individualizing standpoint--though rubrics containing but few drugs must always be viewed with suspicion as to their completeness.

For instance, "*Craving for bananas*" is covered by one drug only (Theridion). It would seem that such a craving ought to be a high rank symptom and it might be, were it not for the fact that bananas have become a common article of diet only recently and were almost unknown when most of the provings were being made. Therefore, while of confirmatory value in the presence of other Theridion symptoms, it is otherwise of no value whatever.

Among symptoms common to all forms of disease may be mentioned fever, chilliness, sweat, pain, irritability, etc.

Among those common to certain forms of disease are the rash, dry cough, coryza and conjunctivitis of measles; thirst during fever; thirstlessness during chill, etc.

It naturally follows, if we are to choose an individualistic remedy for each patient, that symptoms common to disease and common to many different drugs will hardly be of much aid to us in choosing one drug from the many which present a gross similarity to the common features of the particular ailment.

*Uncommon or individualistic symptoms* are those which are exceptional and extraordinary and are due to peculiar idiosyncrasies of the patient which cause him to react against disease in a manner peculiar to himself and different from that of other patients.

They are the highest rank symptoms in the case, other qualifications being equal.

They vary in degree of importance according to whether of general or particular rank.

In exceptional cases they may be so bizarre or extraordinary as to have no counterpart in the materia medica



when they cease to be of value, as is the case when they are imaginary or feigned.

While discussing values, it may not be amiss to direct attention to the wide variation according to degrees of intensity. Taking the "*desire for sweets*," as an example only when such a desire is morbid or abnormal does it become a system, the liking for sweets by most children and adults being a natural appetite. Inordinate craving for sweets as well as aversion for sweets are both unnatural and fairly uncommon, therefore of high rank.

Some valuable examples of the uncommon among symptoms are—*thirst during the chill; thirstlessness during the fever; fever with desire for warm wraps; sore throat relieved by swallowing*: or in fact, any conditions which are unusual or opposite in character to what we would logically expect under the circumstances. Such are the symptoms which when elicited make the greatest accuracy in prescribing possible.

At times the only symptoms discernable are those common to the disease and yet, if they are uncommon to disease in general and uncommon to drugs as well, one can usually prescribe with accuracy from the small list of drugs resembling the symptoms. This applies especially to certain forms of very active acute disease of unusual type.

In acute ailments of mild intensity, where nothing especially characteristic or uncommon can be elicited upon which to base a prescription with accuracy, the only remedy to be thought of is *Sac lac*,; and experience teaches that such patients recover more quickly under such treatment than under any other. Medication under such circumstances usually complicates the condition and prolongs the illness.

*Characteristic and peculiar* are terms synonymous with uncommon, the latter being more expressive and better in every way as a symptom adjective.

*Characteristic or Keynote symptoms*, as applied to drug symptomatology, refer to symptoms which have been especially pronounced or striking during the provings or have been found especially valuable from a clinical standpoint—in other words symptoms most frequently seen in cases of ill-

ness needing the particular drug of which they are characteristic.

The burning feet of Sulphur; the restless legs of Zinc; the thirst for small quantities often of Arsenic, and the extreme thirst for large quantities of cold water which is soon vomited, of Phosphorus, are examples of keynote drug symptoms.

Such symptoms, while strongly suggesting the particular drug, should never lead us to prescribe same without a careful study of all the other symptoms in the case for the reason that other drugs have these same symptoms also. Then again there often are other symptoms in the case which are of higher value from the standpoint of the special case, which might indicate another drug than the one with the keynote.

*A great many prescribers lose sight of the fact that it is not drug characteristics which are to be looked for and prescribed for; but rather the characteristics of the patient—an entirely different thing.*

If those symptoms of the patient which happen to be keynotes for some drug are not the most recent, most urgent, and most uncommon symptoms in the case, they must take a back seat for ones which are. And only when the drug associated with the particular keynote fits the rest of the symptoms better than any other drug is it entitled to consideration.

*Old and Recent Symptoms.* Symptoms must always be separately grouped according to time of existence whenever there happen to be two or more divisions of different age and etiology, separate groups usually requiring to be unloaded each with its own special simillimum, the topmost layer being removed before attempting to prescribe for that which lies underneath.

For instance—a patient of the hereditary tubercular diathesis, subject to recurrent malarial disease which has been previously treated with quinine, and who at the present time is suffering acutely with influenza, needs to have the latter treated as a distinct entity and relieved before any at

tempt is made to treat the more chronic condition. After recovery from the grippe, the chronic condition may be prescribed for and the quinio-malarial or the tubercular manifestations relieved, according to which is most manifest at the time. In case the two latter are amalgamated, a remedy that covers the peculiar symptoms of such is in order, and, if properly selected, will usually not only cause a general improvement in a curative direction but also a separation of the morbid elements, when the malaria or the tubercular manifestations can now be treated separately as first suggested.

It should be gratifying to see (during treatment of such a condition) the reappearance of old ailments in active form. Such reappearance shows that remedies have been well selected and the prospect of ultimate cure is bright.

The writer has frequently seen old chills, old warts and suppressed eruptions, catarrhal and gonorrheal discharges, etc., reappear in this way after correct prescribing; and has invariably found the prescribing for and cure of the latter comparatively easy after once being brought to the surface.

Seemingly contrary to what has just been said, it is often necessary during the study of chronic conditions to utilize symptoms long since disappeared, in order to properly understand the case and find the simillimum, the recent manifestations not being sufficient for a mastery of the condition. When this is so, it is always because of an etiological relationship between present and remote symptoms which causes them to belong to the same group.

*Clinical symptoms* are disease symptoms which have disappeared after giving a certain drug and, on this account, are judged to belong to the drug's symptomatology though they have never appeared in the provings. After being carefully verified in other cases, such symptoms become entitled to a place in the symptom lists of the particular drug, being especially designated as clinical in origin.

*Subjective and Objective Symptoms.* The first are often spoken of as being most important, which is a mistake, the

importance of symptoms being judged by other qualifications entirely.

Objective symptoms, when of proper quality, are always most reliable because they can seldom be feigned or exaggerated and are never imaginary. When sufficiently uncommon they invariably take high rank.

In certain cases, where subjective symptoms cannot be elicited or are of a confusing or otherwise doubtful nature, the objective symptoms may constitute the only reliable basis for prescription.

Careful inspection, thorough physical examination, and accurate diagnosis, are essential requisite of a complete totality of symptoms, and without such we can never thoroughly understand the case nor intelligently analyse, group, and rank the symptoms.

Except in very urgent cases, no patient should ever be prescribed for until the condition has been mastered in all details, so far as such mastery is possible. If such can be accomplished in a ten minute consultation all well and good, but there is absolutely no sense nor reason for the usual haste in instituting treatment.

It would be far more profitable for both patients and physicians, if careful, extended examinations of all complicated cases were made during frequently repeated visits before attempting to diagnose and treat the condition.

Examples of a few only of important objective symptoms which are often overlooked or underestimated are: the mapped or indented tongue; fan-motion of the alæ-nasi; cracks in skin of hands, face, lips, nostrils; characteristics of the eruption, the ulcer, the warts, the various discharges; the pupillary reaction; the involuntary motions of children and unconscious adults, etc.

Objective symptoms may be general or particular, common or uncommon, and are ranked in the same way as are all other symptoms.

For instance, wing motion of the alæ-nasi would hardly be considered an uncommon symptom in massive pneumonia, pulmonary oedema or laryngeal stenosis. On the contrary

in other forms of disease in which mechanical interference with respiration does not exist, but where the symptom is due to fundamental irritation of the respiratory center, it usually proves to be one of the important ranking symptoms of the case.

In the first instance almost any drug in the *materia medica* might be indicated, whereas in the second instance probably one of the very few drugs which have caused this symptom during the provings.

*Direct symptoms* are those which bear a direct anatomical or mechanical relationship to some primary, pathological or organic lesion.

Though usually more or less common, they may, in the absence of other more reliable symptoms, be sufficiently uncommon and characteristic to base a good prescription on.

*Indirect symptoms* are those of sympathetic constitutional nature which bear no direct anatomical relationship to the diseased organ or tissue and often no tracable physiological relationship either. They are usually the most valuable symptoms in the case.

An important reason for sometimes differentiating direct and indirect symptoms is that in cases which have been badly mixed and complicated by inappropriate medication the indirect symptoms will usually be modified and altered to the greatest extent, so much so in many cases that no reliance can be placed in them whatever. The direct symptoms under such circumstances are modified least or not at all and, if they are sufficiently characteristic, will often be the only reliable symptoms upon which to base the initial prescription.

These remarks apply to those conditions in which the primary or chief manifestations of disease are local instead of general and not to conditions where the local manifestations are sympathetic or secondary to the general constitutional condition.

*Organic symptoms* are those of a direct or indirect nature which exists as the result of disease of some important organ, such as the liver, spleen, pancreas, adrenal, kidney,

ovary, testicle, stomach, intestine, heart, lung, thyroid, parathyroid, brain, etc.

In occasional cases of organic disease it is extremely difficult and sometimes impossible to find the simillimum, for the reason that the only symptoms discoverable after the most careful examinations may be solely organic and so common as to render individualization impossible.

Under such circumstances the best that can be done will be to prescribe the apparently most similar organ remedy, (of which many are still unproven) often on purely hypothetical or empirical indications. Even by such unsatisfactory methods we will often secure excellent or even brilliant results.

In certain conditions, presenting only low grade organic symptoms of common rank, curative results can often be obtained only with a remedy in very low or crude potency—the plane of the disease being so entirely mechanical, gross, and materialistic as to fail to respond to any other potency than one of similar materialistic nature.

The simillimum for certain heart lesions is crude digitalis and failure to recognise this fact will result in failure to relieve the patient.

When constitutional symptoms disappear after prescribing, without removing or benefitting the organic lesion, such may be due to the fact that the lesion is of an incurable character; or incurable by medicine; or the simillimum may not have been prescribed; sufficient time may not have elapsed; or the potency may not be similar, or an organic remedy *per se* may be needed. Often under such circumstances necessary adjuvant treatment has been overlooked and physiological rest, mechanical treatment or support, or surgical intervention may be necessary to complete the cure.

A chronic recurrent liver congestion, of many years' duration, in an old man, with symptoms of profound biliary intoxication and nothing else that could be discovered, seemed to call unmistakably for *Chelidoneum*: This and other drugs in potencies above the thirtieth were given for

several weeks without benefit, and a fatal termination seemed inevitable. As a last resort *Chelidoneum* 2x in frequent doses was given and immediately improvement and rapid recovery followed.

There have been several attacks since, during the last three years, during which the same remedy failed in all potencies higher than 4x—the tincture in water giving the quickest curative effect.

On the contrary, with but few exceptions of similar nature, the most brilliant results in the writer's experience have followed the giving of this remedy (and others) in potencies ranging from the thirtieth to the c.m.

A lady whose only discoverable symptoms, after repeated examination, were such as are common to thyroid atrophy—gross obesity following soon after cessation of menses in her thirty-fifth year, weakness, dyspnoea on exertion, mental dullness, etc., secured immediate relief of all symptoms and began to gradually lose weight after the administration of thyroid extract five grains daily, prescribed on the diagnosis because there was absolutely nothing uncommon or individualistic upon which to base any other prescription.

*Reflex and mechanical symptoms* are those directly traceable to irritation of a mechanical nature. They need to be correctly diagnosed and classified because it is usually impossible to relieve them without appropriate mechanical or surgical treatment. Even in cases calling for or amenable to medication, the mechanical symptoms being common to the condition are seldom of value in selecting the remedy. The prescription, in order to be curative, invariably needs to be based on the uncommon symptoms of the case.

A few of the more common examples are—errors of refraction, hardened plugs of ear wax, septal spurs and deflections, sclerotic tonsils, adenoids, spinal irregularities, flat foot, phimosis, adhesions about the clitoris, etc. Their possible number are legion and we must be on the constant lookout for them.

Such cases usually need careful prescribing either for



constitutional conditions which preceded the mechanical state or for such when brought into existence by the mechanical defect, and care must often be exercised not to confuse the two groups of symptoms or failure in prescribing may result. The failure to diagnose and apply proper mechanical treatment for these conditions is always a wrong to the patient and a reproach to the physician.

Some years ago a lady consulted the writer for chronic sick headache of many years' duration, having been treated unsuccessfully by many preceding physicians. Pulsatilla seemed clearly indicated and resulted in an apparent cure. After about three or four months of relief, the symptoms returned in worse form than ever and were not helped in the least by any medicine prescribed. Several oculists were equally unsuccessful. Later on, after having discarded medical treatment in disgust, she consulted a truss manufacturer on account of a slight pain in the femoral region which also had persisted for years. The fitting of a truss cured both the femoral pain and the sick headache and she has never been troubled with either since.

A lady with chronic parenchymatous nephritis, given up as a hopeless case by the preceding physician and diagnosed as such in the last stages by the urinary specialist who examined the urine at my request, improved remarkably under such remedies as Sabina, Thuja, Calcarea and Arsenic, and all symptoms disappeared *except the albumin and a chronic painful ulcer* just above the ankle on the inner side of the leg. Remedies prescribed for the ulcer were no more helpful for this condition than the constitutional remedies previously given. After about six months of useless prescribing, a pair of Dr. Cole's Anatomik shoes were ordered with disappearance of the ulcer inside of two weeks. Many cases in the writer's practice of chronic pain of the feet, legs and lumbar region have also been quickly cured by the wearing of these shoes.

The crick in the neck or lumbar region following a false move or strain, which often causes so much lameness and disappears so slowly under medical treatment, can often be



cured in five minutes, if seen during the first few days and properly treated, by one who knows how to locate the mechanical defect and how to correct it. The writer has seen several cases of an obstinate nature, having spinal irregularities and plenty of symptoms, which, after being palliated only by a long course of carefully selected drugs, were quickly cured after treatment of the spine by a specialist in this line of work. He is also convinced from what he has learned of this method, that it is greatly overestimated by its advocates, is often injudiciously used, and is the cause of much harm in many cases.

Even though the Hahnemannian can cure *nearly* everything in the form of disease with correctly selected drugs, he needs to keep his enthusiasm under moderate control, and not lose sight of the fact that there are exceptional cases needing a totally different method of treatment either solely or as an adjunct to his remedies.

*Diagnostic and Pathological symptoms* are common to the particular disease and chiefly of value from the diagnostic point of view only. In complicated cases, however, it will frequently be possible to decide which of the symptoms are common and which uncommon only after having made a correct diagnosis.

Without a correct diagnosis we can never make a safe prognosis or decide with any degree of certainty whether or not the remedy is acting satisfactorily under the circumstances and we will often be unable to prescribe the essential adjuvant treatment without which the remedy may prove useless.

Of what benefit would the simillimum be in a case of dilatation of the heart with valvular insufficiency, if such were not correctly diagnosed and the patient compelled to lay up and discontinue heavy lifting or other arduous labor?

*Primary and Secondary Symptoms.* The usual drowsiness and freedom from pain following opium or morphine is a so-called primary effect, and the sleeplessness and oversensitiveness, usually following later, a secondary effect. The first is often spoken of as due to the drug, and the sec-

ond as a reaction of the system and not a drug effect, which is a mistake.

Some authors have attempted to separate the symptomatology of the provings into primary and secondary groups, ascribing no value to symptoms not resulting from primary action.

*The fact is, that all symptoms traceable to drug action, whether primary or secondary, immediate or remote, are really due to reaction of the organism against the drug and as such belong to the symptomatology of the drug for without such reaction there would be no symptoms whatever.*

Not only do the so-called secondary effects occasionally appear first, following administration of the drug, but they are just as valuable for the cure of disease as are the primary—in fact a large proportion of the most peculiar and uncommon symptoms in the materia medica were secondary or remote in appearance.

Who has not seen instances where hypersensitiveness, sleeplessness, aggravation of pain, mental excitement, or diarrhoea have appeared or been greatly aggravated after the administration of opium or morphine, instead of the sedative effect for which it had been given by some other physician.

*Hysterical and imaginary symptoms* are often difficult to recognize in the beginning and are a frequent source of confusion in the study of cases.

They are noted for their multiplicity; their changeable character from time to time, according to the mood of the patient and her ability to remember what was previously stated, and the utter uselessness of medicine when prescribed on the basis of such symptoms as described in the language of the patient.

For this reason, when there exists the least doubt in the mind of the prescriber, it is often advisable to thoroughly review the symptoms and even to take the case over again, during several different consultations, before prescribing, in order to be certain that none of the sensations and modalities are exaggerated or imaginary

*Even with patients who have not the least desire to mislead the physician or be untruthful in any way, certain of the important symptoms will often be expressed in vitally different language at the subsequent examination. If for no other reason than this, the writer is becoming more and more inclined, with ripened experience, to postpone the initial prescription in many of his cases as long as possible in order to save a repetition of many past failures.*

Hysterical patients are just as much in need of homœopathy as any other class but, in order to secure curative results, the treatment must be chiefly psychic in character; and, when we do prescribe, great care must be exercised to separate the mass of imaginary symptoms from those which are genuine.

The best remedy in the early treatment of most cases, at least, is good, helpful, optimistic suggestion, accurately fitted to the individual case and frequently repeated.

Drugs should be abstained from as much as possible and the patient made to understand that you can help her but that she needs but little medicine and that she must learn to depend on herself more than she has done in the past.

The carefully selected homœopathic remedy should usually be given in single doses and by the physician himself, when necessary, and always accompanied by the suggestion that it is not a bracer or nerve sedative or stimulant or sleeping powder or cathartic, or anything else so foolish and detrimental in cases like hers. She must be educated to believe in her own powers of recuperation and less in the usual harmful forms of medication, and convinced that she needs none of the latter and that when she does need medicine you are going to give her curative medicine and administer it yourself.

These patients should be constantly encouraged to believe in and help themselves and to look on the bright side of things. They should not be allowed to discuss their symptoms with relations and friends and the latter should be given orders accordingly.

If, after having carefully and thoroughly examined such

a case physically, you can tell her truthfully that there is absolutely nothing wrong with her bodily, but that her symptoms are due chiefly to mental depression and nervousness, and can so impress her with the fact that she will believe it and have confidence in your ability to cure her with proper hygienic, psychic, and medicinal agents when necessary, the battle will have been almost won.

The psychic manifestations, if considered at all, should be grouped as "*delusions*," "*hysteria*," "*imaginary symptoms*," "*changeable moods*," etc., etc. and compared as such with these or similar rubrics of the repertory when hunting for a remedy.

The homœopathic remedy will be necessary in order to obtain a perfect cure, but if given carelessly for imaginary symptoms it will be not only useless but harmful.

The routine and indiscriminate use of sac-lac is also harmful in that it interferes with the proper education of the patient and encourages her delusions.

*Habit Symptoms* may complicate others of a constitutional nature or they may be the only symptoms in the case. They frequently result from overwork and fatigue, loss of sleep and anxiety; lack of exercise; overindulgence in alcohol, tobacco, tea, coffee, vinegar or condiments; over eating of certain foods such as meat, eggs, or milk; sexual irregularities, etc., etc.

Often it is only necessary to correct or control the fault in order to relieve the symptoms, sac-lac being given to confirm the diagnosis and demonstrate the curative power of nature.

Certain cases will need remedies antidotal to the causative agent, the bad effects of which often remain after cessation of the habit.

The majority of cases, however, need constitutional medication for the morbidity which has preceded and created the abnormal inclination or appetite when such exists.

The habit factor as a cause of symptoms must always be considered. Many a case of phthisis responds poorly to seemingly well indicated remedies because the predominant

symptoms are chiefly due to fatigue. Such symptoms will often obscure all others and, in order to obtain the true symptoms of the patient, it is often necessary to confine him to bed and study the case over again at one's leisure.

Probably ninety per cent, of the phthysical patients walking into our offices present symptoms seeming to call for Phosphorus and yet, if such is given, it will usually do harm and frequently spoil their only chance for recovery.

The reason for this seeming paradox is that these symptoms are not only common symptoms of the disease but usually fatigue or habit symptoms as well, and not symptoms characteristic of the patient.

Phosphorus is occasionally indicated and the indicated remedy will always cure provided the condition has not progressed too far and sufficient rest in conjunction with other essential hygienic measures is obtained and continued until sufficient vitality has been restored with which to combat the disease, as indicated by the improved condition of the patient in a general way and the return of pulse and temperature to normal during the entire day. Abstention from coitus and avoidance of pregnancy should be insisted on during the treatment of such cases.

*Negative Habit Symptoms* may be present in cases where symptoms result from or are kept in existence by the abstinence from some established habit or the non-indulgence of a natural appetite.

If the symptoms are solely due to such abstemiousness, the indicated remedy will abate the desire and its symptoms. When due to a natural appetite, the indulgence of which would be improper or inadvisable; and, if the desire is abnormal, the remedy will remove it entirely, if correctly selected and continued for a sufficient length of time.

During treatment of a chronic or a serious acute ailment not due to the particular habit, it may be decidedly injurious for the patient to abstain, especially if there be suffering or strong inclination as the result of so doing. We can easily overshoot the mark in certain cases by attempting to cure a habit and a disease, not directly due to same, at one time.

The sudden withdrawal of Digitalis, Strychnia, and other similar agents in the beginning of homœopathic treatment of serious heart lesions will usually result disastrously. Such should either be continued or withdrawn gradually while giving the indicated remedy when the patient has been under their influence for any length of time.

A phthisical patient who had abstained from tobacco for two years, exhibited Ignatia symptoms constantly but failed to respond to this or to other drugs in a satisfactory manner. He frequently complained of the craving for a smoke and finally, as a last resort, when everything else had failed after long continued effort, he was allowed to smoke three cigars daily. Thereafter he responded nicely to Ignatia whenever his symptoms called for it, making a rapid and permanent recovery and gaining forty pounds in weight in less than three months.

A woman with severe grippal pneumonia failed to respond to well indicated remedies—a new drug being called for by a change of symptoms at each visit and the outlook was bad. After the discovery that she was a morphine fiend and allowing the hypodermic to be used when necessary for its quieting effect, she responded satisfactorily to remedies and made a rapid recovery.

In the same way small amounts of alcohol must often be used in conjunction with the indicated remedy when treating serious acute ailments like typhoid or pneumonia in patients who have been addicted to its constant use when well, in order to avoid a fatal termination.

The entire deprivation of coffee, tea, tobacco, alcohol, etc., etc., will in certain cases of long established habit be more than the patient can stand and, if persisted in, will at times produce complicating symptoms that will seriously interfere with the curative treatment of the case.

*Salutary Symptoms* are manifestations of a mild, more or less troublesome nature which appear during the treatment of a chronic ailment, following the administration of a deep acting remedy (possibly days, weeks or even months thereafter).

They are the result of curative reaction of the organism induced by the remedy. Frequently they are old suppressed symptoms returning to the surface—old friends, though not always recognized or fully appreciated as such.

They are often of short duration and mild in character and, unless very painful or prolonged, should not be prescribed for or interfered with in any way.

They should be carefully differentiated from symptoms due to other influences and can often be identified by the fact that the patient is otherwise feeling greatly improved and does not mind the symptoms very much.

Careful study of these symptoms will often show that they are covered by the remedy already prescribed or that they are so common in character that no one remedy will be indicated to the exclusion of others. In both instances *sac-lac* should be given until positive and unmistakable indications develop calling for a repetition of the original drug or the selection of a new one.

The aggravation of symptoms often following the indicated remedy in too high a potency will, when severe, occasionally need to be modified by a few doses of the same remedy frequently repeated and usually in different, lower, or medium potency in order to save unnecessary suffering. When aggravation follows the too frequent repetition of the remedy the proper thing to give is *sac-lac*.

Even when a new remedy is called for later on in the treatment of the case, *it should not be given until the symptoms have ceased changing in character and have become settled, positive and definite in their indications for the new remedy to the exclusion of the old one.* Many cases are unduly retarded and often spoiled by being in too great a hurry to change the remedy or potency.

With the exception of many acute conditions and occasional chronic conditions in which the action of the single dose may be very short lived, experience teaches that the single dose of the appropriate potency at infrequent or long intervals is always followed by the best results.



The following case will illustrate certain of the facts discussed in the last few paragraphs.

A young married man complained of the following symptoms of many years' duration:

8. Catarrh, watery discharge; worse open air. P. 331 Kent, *Calc. p.*, *Phos.*, *Sul.*

Sleeplessness first two or three hours after retiring.

3. Extremely sensitive to cold. P. 1311, *CALC.*, *Carbo. veg.*, *Con.*, *Nat. m.*, *PHOS.*, *Sul.*

4. Choreic twitching face and head. P. 1310, *CALC.*, *Con.*, *Nat. m.*, *Phos.*, *Sul.*

5. Incomplete erections. P. 693, *Calc.*, *CON.*, *Phos.*, *SUL.*

7. Diminished desire. P. 708, *Calc. p.*, *Sul.*

6. Quick emissions. P. 707, *Calc.*, *Con.*, *Phos.*, *Sul.*

1. Craving for salty and sour things. P. 488, *Arg. n.*, *Calc.*, *Calc. s.*, *Carbo veg.*, *Con.*, *Med.*, *Merc. iod. flav.*, *Nat. m.*, *Phos.*, *Plb.*, *Sul.*, *Thuj.*, *Verat.*

2. Aggravation from milk, colic, flatus, etc. P. 1325, *CALC.*, *CALC. S.*, *Carbo veg.*, *CON.*, *Nat. m.*, *Phos.*, *SUL.*

9. Especially fond of bacon and smoked meats. P. 486 and 488, *Calc. p.*

If symptoms and drug lists are read in the order of numbering, the reason for selecting the remedy by this, the exclusion method, will be readily seen.

*Calc. phosphate* 45m, one dose, *February 25, 1909.*

For about two weeks following the administration of the remedy he felt miserable, developed a very severe cough and was finally confined to bed. All of his new symptoms were covered by *Calc. phos.*, so a few doses of this remedy were given in the 30th potency with quick relief and recovery inside of two or three days.

Two weeks later, March 22, 1909, he reported that the catarrh was bad again and that he was beginning to feel a return of the same symptoms. *Calc. phos.* 30, one dose, with quick relief. A week later he reported feeling better than for years. He continued to improve, appetite increased, catarrh less troublesome, sexual symptoms slightly better,



increase of weight, sleeping at once on lying down at night.

*Sac. lac.*

May 3, 1909. Soreness at base of tongue, left sided, worse when swallowing, worse during night, very troublesome for several days. Otherwise feeling fine. No other new symptoms or modalities could be elicited.

*Sac. lac.* Reported several days later that the medicine acted like a charm, symptoms entirely gone.

May 13, 1909. Fresh cold.

Coryza, thin, copious, watery acrid, worse in warm room, better in open air.

Frequent sneezing. Suprorbital pain, sore, bruised.

Loss of taste.

Cough, slight, worse in warm room, better in open air.

Otherwise feeling splendid.

*Sac. lac.* Reported next day that medicine had cleared up all the symptoms.

May 24. Fresh cold, severe cough and catarrh.

*Sac. lac.*

May 25. Not feeling well, cold is worse, medicine did not relieve him this time as previously.

Cough spasmodic, paroxysmal, dry, tickling, worse after 4 P. M. and in evening.

"Seems to come from stomach."

Keeps him awake at night.

Catarrh, thin and watery but thick and tenacious part of time, whitish or yellow.

Hawking thick yellow lumps.

Pulse 90. Temperature  $100 \frac{1}{5}$ .

Urine offensive, stale, decomposed.

Despondent, dissatisfied, discouraged.

Feels better in open air.

*Pulsatilla*, 1 m. one dose. Reported thirty-six hours later that he slept well after the medicine and that symptoms had all disappeared and was feeling splendid again.

Considering the fact that he has always been subject to colds; that his mother and sister died of pneumonia (tubercular diathesis) and that Tuberculinum is in many respects sim-

ilar to both Calc-phos and Pulsatilla, being a deeper acting complement of each, it will probably be advisable to give him a dose of Tuberculinum sooner or later in a medium potency in order to remove the cold catching tendency and further improve the case.

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### ALLIUM CEPA.

BY GUY B. STEARNS, M. D.

Our fundamental knowledge of drugs must come from their provings though our practical working knowledge is derived from their therapeutic verifications. A thorough knowledge must come through both channels.

A great many medicinal substances have been fairly well proven but are practically unknown, because they have not been verified clinically. Others have been verified along some particular lines and have gained a reputation for certain local or special uses, while their broad general actions have been undeveloped. The unknown value of such drugs can only be discovered by a thorough study of the original provings, best in the narrative form. For to study drugs from the materia medicas, where the symptoms are separated and arranged in anatomical groups is like studying drugs from the repertory. The symptom groupings and sequences are lost, and the resulting drug pictures are without composition or color scheme.

Allium cepa is a remedy which has not been developed along some very important lines. In all the clinical lectures I have heard or read, it is recommended principally as a coryza remedy, with its classical picture of bland lachrymation and acrid nasal discharge, > in the open air and < in a warm room, especially if associated with hoarseness and painful cough with a feeling as though the larynx was torn out with every paroxysm.

It is further recommended for neuralgia of the stump after amputation where the pains are characterized as fine and threadlike; and Kent recommended it in hay fever and ear-ache; but I find no reference to it in conditions of the digestive tract where it produces abundant symptoms. Prob-

ably every one is more or less familiar with the digestive disturbance which onions produce in certain individuals. Burning behind the sternum and in the stomach, with a flat greasy taste. Sensation of a load in the stomach with eructations and later the passage of offensive flatus. This usually appears soon after eating and lasts a long time. A desire for acids is developed and raw onions are made more palatable by the addition of vinegar. Raw onion is a great appetizer and in some, increase hunger to a point best described as ravenous. Ravenous hunger is a grand characteristic of the drug. Also burning. This is best described as a warm or flushed sensation. One prover describes this as a sensation of glowing warmth in the face lasting a couple of days after eating a raw onion. Others mention warmth in different parts of the body. It has caused burning during urination, with frequent passages of urine. Probably the strongest characteristic of all, is aggravated in a warm room and better in cold open air. All the symptoms with the possible occasional exception of the cough are better out of doors. Cold relieves some of its symptoms as toothache relieved by cold water. One of the provers became extremely anxious, restless and beside himself, while another became much confused on attempting mental work. It is of interest to note that oxalate of lime crystals appear in the urine after eating onions and further observation may show *Allium cepa* to be a remedy in the class of patients who suffer from oxaluria. In two cases in which I have given it successfully for digestive symptoms, the patients were of the neurasthenic type and oxaluria frequently accompanies neurasthenia.

The symptoms group themselves so as to resemble in some respects *Pulsatilla*, in others *Lycopodium*; *Nux vomica* and *Natrum mur.* are less closely related.

In looking over my records, I find I have occasionally given *Pulsatilla* or *Lycopodium* when *Allium cepa* was indicated and it was after having failed in a case with *Pulsatilla* and *Lycopodium* and while studying the provings of *Allium cepa* that its similarity suggested itself. When its modalities

are present, to wit, great hunger, even shortly after eating, craving for the air and great amelioration of its symptoms in the open air, even at times their total disappearance only to return again on going indoors, and glowing warmth which may be constant or intermittent and most frequently local the case is clean cut—less prominent as modalities are < after eating and > from exercise.

These brief observations represent some verifications which I have made and which so far as I have been able to find have not been heretofore reported.

The following case I append for the purpose of illustration:

Woman, 34, nurse. Three weeks ago ate lobster salad and drank buttermilk; next morning had severe headache and violent vomiting which did not relieve; ever since much gas comes immediately after eating, with dizziness, headache and nausea—better from eructation which is at times explosive. Bloating feeling and constipation; no urging but feeling as if she had a stool she would be O. K. Cutting pains in the stomach immediately after eating. Ravenous appetite; want to eat all the time, even though she feels she has eaten too much. Wants to eat again in a few minutes. Constriction of lower chest and desire for deep breath. Craves raw fruit and vegetables. Craves air and when outside is O. K. Worse as soon as she comes into a warm room. Gas seems to get in one spot and cannot move and restricts breath. *Lycopodium* failed. *Allium cepa* 200, three doses cured.

New York City, 119 W. 82nd Street.

## **SOME CHARACTERISTICS OF CHELIDONIUM MAJUS.**

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

*Chelidonium Majus* the common Celandine is a plant of the poppy family, with the milky juice, regular flowers and many seeded pod which are characteristic of that genus. It grows profusely in gardens and in moist waste places, especially in the damp earth at the foot of old walls.

The branching stem is from one to four feet in height,

the leaves are pinnate or twice pinnatifid, the small yellow flowers are arranged in a sort of umbel, and the seed pods are long and slender. The plant blooms all summer.

For medicinal purposes a tincture is prepared from the whole fresh plant. The action of the remedy is most marked upon the liver, and nearly all the symptoms produced by it are traceable to that organ or to some sympathetic affection, as for instance, of the right lung.

The mental symptoms are chiefly those of depression and apathy with great disinclination to any effort. Sometimes there is the feeling of having committed a crime, or the patient fears that he will become insane, and there is a low form of delirium associated with the pneumonia cured by the drug.

Dread of effort runs through the whole remedy. The sense of physical weakness and weariness is so marked that the patient has a horror of motion but fresh air relieves this to some extent.

Another marked characteristic of *Chelidonium* is the tendency to jaundice, yellowness of the whites of the eyes and the skin, especially that of the face. The skin is dry and harsh and itches badly, especially on the arms, back and legs.

Most of the symptoms produced by this remedy are referred to the right side, and as has already been said, are the direct or reflex effect of the abnormal condition of the liver.

The headache is chiefly right sided, associated with vertigo, pain over and through the eyes and soreness of the eye balls on motion. There is a drawing pain, chiefly right sided, extending from behind the ear to the neck and shoulder-blade, and that sensation of a tight band around the forehead which is found also under Carbolic acid, Nitric acid, and *Mercurius*.

A peculiar symptom of the head is a sense of coldness in the occiput rising from the nape. This is worse during motion, better during rest. The headaches are worse from heat, in contrast to other conditions of the patient, which are relieved by heat and taking hot food.

Pain beneath the right scapula is one of the keynotes of this remedy. One case in which the pain seemed the only symptom, was cured by the remedy in a few days, after it had lasted for some weeks. The pain was dull and tiresome in character, and was apt to come on if the patient wrote or sewed.

This pain under the right scapula is very characteristic of the digestive disturbances and affections of the liver and gall bladder which *Chelidonium* relieves.

We have violent pain going from the stomach through to the back and right scapular region, associated with vomiting, thickly coated tongue, bad taste in mouth and foul breath; or the pain extends from the right scapula downward and across the umbilical region and is associated with a sensation of pulling or constriction as by a string.

The characteristic tongue of *Chelidonium* is thickly coated yellow with red edges imprinted by the teeth. The breath is apt to be offensive and the patient is annoyed by enutations which taste like juniper berries

The pain and distress in the stomach is generally relieved during and for a short time after eating, especially by the eating of hot food which the patient craves.

A very stubborn case of indigestion presented the symptoms of great fulness and pressure in the abdomen, and hard pains extending to the left scapula, all symptoms relieved during and for an hour or more after eating. Several remedies were tried in vain, but at last on the symptom 'ame ioration from eating' *Chelidonium* was given and brought speedy relief.

This symptom of *Chelidonium* is especially worthy of note, contrasting as it does with the marked aggravation after eating which is found under most of the ordinary remedies useful in digestive troubles.

*Pulsatilla* has a bitter taste in the mouth and a gnawing in the stomach on first rising, both better for eating, but the nausea and pain which are characteristic of the drug are distinctly worse after eating, especially after eating fats, and in accordance with the sluggish nature of the remedy,

the aggravation usually comes on an hour or more after taking food.

*Phosphorus* has amelioration from taking cold food and drink, with vomiting as soon as the food becomes warm in the stomach, while the *Arsenicum* patient vomits at once after eating or drinking.

In *Nux Vomica* we find some relief of gastric pain from hot drinks, but there is generally a marked aggravation after eating with pressure and spasmodic pain extending to the *inter-scapular* region. This as a rule comes on immediately after eating, and is frequently attended by persistent efforts to vomit, with transient relief when at last the efforts are successful.

*Lycopodium* is another remedy to compare with *Chelidonium* because it is also right sided and has a marked action on the liver. Distention of the epigastric and abdominal regions is very troublesome, coming on after the taking of a very little food, so that the patient feels satisfied and cannot finish the meal. There is much rumbling and gurgling of flatulence and a good deal of sharp pain, especially on the right side.

The stool of *Chelidonium* is apt to be diarrhoeic, thin, or pasty, and bright yellow, although we sometimes find the whitish stools so characteristic of jaundice: and there is considerable itching of the arms. At times we have also constipation with a slender stool like that of *Phosphorus* or the conditions of constipation and diarrhoea may alternate.

Desire for hot drinks which agree, is a characteristic symptom accompanying the diarrhoea.

The right sided tendency of *Chelidonium* extends to affections of the throat and chest. There is a sensation of pressure on the oesophagus which impedes swallowing, a feeling that the parts are swollen, worse on the right side.

The cough is paroxysmal with a rattling in the chest which suggests *Ant. Tart.* and is worse in the morning, at which time there is much expectoration hard to dislodge and seeming to come from deep in the lungs. This rattling is worse from changing position and on walking.

There is dyspnoea, short breath and feeling of oppression and weight in the chest such as is found in *Phosphorus*.

Chelidonium is often useful in a right sided pneumonia with symptoms of deranged liver and the characteristic pain under the right scapula. As a rule, too, the pleura is involved and there are sharp, stitching pains, worse for respiration and motion. The aggravation from motion is so general that one might be misled into giving *Bryonia*, but the latter is better from pressure and lying on the affected side, while *Chelidonium* is worse for touch.

*Belladonna* has a right sided pleurisy with pain worse for touch, motion or jar, but here the flushed face, and general violence of symptoms will help to distinguish.

Other remedies particularly useful in right sided pneumonia are *Iodine*, *Lycopodium* and *Sanguinaria*. The first has a high fever and a dry cough with a sense of constriction of the chest, and aggravation from respiration. It is especially useful in pneumonia of scrofulous subjects.

*Lycopodium* is more apt to be useful in sub-acute pneumonia, where there is difficulty in breathing, and the patient is worse lying on the back. Flapping of the *alae nasi* is characteristic as is also the 4-8 o'clock aggravation of the cough: and abdominal distress with much flatulence is almost sure to be present.

*Sanguinaria* is also a remedy for sub-acute pneumonia, where the patient is better lying on the back, and there is much pain in the right breast, extending to the shoulder. The muscles of the chest are sore to touch and respiration is difficult and painful.

It is interesting to note that while amelioration during and after eating is rather general under *Chelidonium*, the reverse is true in some of the respiratory troubles relieved by the drug, for we find that the dyspnoea and asthma are distinctly worse after eating.

The muscular system comes in for its share of affections. There is a great deal of soreness and stiffness of the muscles especially in the nape of the neck, the arms and shoulders. The pains vary in location from the fingertips to the



shoulders, but there are almost always symptoms of hepatic disturbance associated with them, as there are also with the drawing pains, lameness and paralyzed feelings which are found in the lower limbs.

Sweat sometimes comes on with the pains, but does not relieve them as it does not under Mercurius.

When administering Chelidonium, it is well to remember that its action is limited by coffee, wine and acids.

### GUAIACUM.

BY P. E. KRICHBAUM, M. D.

This is one of Hahnemann's antipsoric remedies, affecting every tissue of the body. Guaiacum is a neglected remedy. In my opinion there have been many cases brought back to health slowly and indirectly by such remedies as Nux vom. Rhus. Merc. and Psor. when Guaiacum would have directly cleared up the whole train of symptoms.

It is pre-eminently a remedy for gout and rheumatism, if the symptoms agree. A typical Guaiacum patient, if there be such a thing, is one of dark complexion, tall, angular, large frame, with a not over active mind or body. Stupid at school, never learned very rapidly nor entered heartily or enthusiastically into play. They are usually termed lazy. Can be only temporarily enthused—over anything. Would rather sit and dream—dreams by the hour. Growing pains are complained of in childhood. Unless this growing Guaiacum child is properly looked after in youth, puberty may bring Consumption, Gout or Rheumatism.

I have dwelt to some extent upon the Guaiacum youth, that we may be able to foresee and provide for the after picture, when the joints become involved. As was the boy so is the man. He sits yawning and stretching for hours. Is so exhausted that he dreads to move. Dissatisfied, impatient and fault-finding with everyone. His whole body feels drawn up and contracted. His sleep does not refresh him, and it takes most of the forenoon to pull himself together. Feels better in the afternoon, when he is liable to have some fever.

Weakness runs all through this remedy. His thighs are too weak to support his body. He becomes too tired to sleep or sleeps only in a restless way with disturbing dreams.

There are actual contractions in all affected muscles, whether of eyes, legs, uterus, or bladder. These contractions prevent motion. Incipient, and localized Tuberculosis in patients that are always chilly, even by a warm fire. They sweat about the head, have dilated pupils, and lassitude.

Dry cough with loss of breath. The cough comes from tickling in the pit of the stomach. In advanced tubercular cases, the patient coughs and hawks up copiously a fetid pus. Excretions are all intolerably offensive, from the bowels, nose, ears, bladder and uterus.

Stiches in the region of the second, third and fourth ribs. More often the left side and when there is aggravated by inspiration. The difficulty is more from contraction than from inflammation. There may be no fever. Pleurisy, when Aconite and Bryonia fail to relieve the stitching pains.

Abscesses in any part of the body, bones or muscles; in Rheumatism or Tuberculosis. Quinsy in tubercular, rheumatic or mercurialized patients, the tonsils are swollen, red, burning and very sensitive to touch, aggravated by heat. Burning is the most pronounced symptom. *When curative in Quinsy, Guaiacum produces a sweat, as the first indication of relief.* It will abort more cases of Quinsy than any other known remedy. Why? Because Quincy is apt to attack persons who have a tubercular or psoric tendency.

Ozanum says, it combines the properties of Bell, Apis. and Baryta Carb. It has the erythematous or inflammatory angina, with the bright redness of Bell, the oedema of Apis. and the phlegmon with tendency to suppuration of tonsils of Baryta Carb. and Apis.

*All the affected parts of Guaiacum are sensitive to touch and aggravated by heat,* whether the pain be in bone, muscle, or fibrous tissue, but general heat is soothing.

Sticking pains in the tonsils, sticking pains in the head, ears, bladder, urethra, chest, everywhere. These sticking pains come in the teeth, when biting. The teeth appear too

long. The whole mouth is red, sore, burning, and sticking, the pain takes away all desire for food. The tongue is so thickly furred white or brown, as to interfere with taste.

Neuralgia on the left side of the face, which comes on in the early twilight and lasts all night. With this there is drawing in the muscles, sticking pains, the mouth is dry.

Glaucoma where the eye is tense, and the upper lid contracted. (Causticum has ptosis.) In cases of laryngeal inflammation in which there is dyspnoea with violent beating of the heart. The patient awakens short of breath, palpitation that shakes the whole body, sudden dry cough, frequent and repeated until a little mucus comes.

Constriction or actual contraction with burning, runs through every affected organ and tissue. The stomach feels as if there was a band around it which interferes with breathing. The abdomen feels contracted or drawn, with pinching pains, relieved by passing flatus. The bladder is constricted, causing frequent urination, with continuous desire to urinate, even just after evacuation. The urine is horribly offensive. In fact so are all the secretions. whether from the tonsils, lungs, bladder, uterus, bowels or from abscesses. Do not give Psorinum because of this offensiveness of the discharges and the added fact that the patient may be chilly, take the patient as a whole.

Guaiacum promotes suppuration of abscesses in soft or hard tissue, with offensive discharge; do not forget the sensitiveness, and aggravation from local heat. The remedy affects the joints producing rheumatic and arthritic pains. It acts upon the fibrous tissue causing pain from the least motion. This aggravation is from actual contractions. The joints are painful and intolerant of pressure, can bear no heat. The chest pains may involve the articulations, in fact the pain is frequently located in the articulations of the ribs.

Suppuration of bone in tubercular or syphilitic patients where there is the sensitiveness and the aggravation from heat. Caries of bone. Guaicum promotes the spontaneous breaking up of gouty abscesses.

I have by no means exhausted it, or given all the

symptoms of this noble remedy, but if anyone is hereby inspired to study Guaiacum in its entirety, I will feel that my paper has not been in vain.

Briefly summing up, I would say, do not forget the contractions, the offensive discharges, the sensitiveness to touch, the aggravation from local heat with the desire for heat in general, the temperament, the rheumatic, gouty and tubercular patients, the slowness of comprehension, and dread of motion, the fault finding and dreamy nature with desire for sleep, and you will have a picture that will point you to the administration of Guaicum.

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## BUREAU OF HOMŒOPATHICS.

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**DISORDERED VITAL PROCESSES MUST PRECEDE  
PHYSICAL SICKNESS. HOW AND WHY?**

BY G. P. WARING, M. D.

"In the healthy condition of man the spiritual vital force, the dynamis, rules with unbounded sway. The material organism, without the vital force, is capable of no sensation, no function, no self preservation. When a person falls ill, it is only this spiritual, self-acting vital force, everywhere present in his organism, that is primarily deranged, by the dynamic influence upon it, of a morbid agent inimical to life. . . . . It is the morbidly affected vital force *alone that produces disease* so that the morbid phenomena perceptible to our senses express at the same time all internal change. . . . . They reveal the whole disease, . . . . , and considered as a thing separate from the living whole is an absurdity that could be imagined only by minds of a materialistic stamp." Parts of Sections 9, 10, 11, 12, Organon.

The above quotations from the philosophical study of Hahnemann may be elucidated by the following outline:

FIRST—Health is the normal activity of the vital force—a state of order.

SECOND—*Sickness* is the *abnormal* activity or distunement of the vital force—a *state of disorder*.

THIRD—*Cure*, or a return to health, is a *restoration of order*, to the vital force.

In the discussion the following facts are apparent:

FIRST—Vital disorder is primary, physical sickness secondary.

SECOND—The causes of sickness must be on the plane of the vital force to be effective.

THIRD—Sickness, or disordered vital force, is caused by an instantaneous impulse, or a series of impulses; hence to cure, an agent must be used which will be capable,

solely and only, of changing the disordered vital force into orderly activity.

And the conclusions obtained are:

FIRST—The susceptibility of the patient to sickness lies within the vital force.

SECOND—A cure cannot be permanent until all of the disorder-producing causes, operating upon the plane of the vital force, are eliminated. Cure includes recovery, but recovery may fall far short of a cure.

THIRD—The means employed in this process of elimination and restoration becomes a remedy consistent with the principles and practice of Homœopathy.

To discuss at any great length the foregoing extracts, statement of facts and conclusions, in a paper to be read before an International Association of the best Hahnemannian homœopaths in the world, is most likely unnecessary; however, it is both interesting and profitable to state fundamental truths, embodying our faith in great principles, clearly and frequently, lest we forget.

The creeds and doctrines of most religious and fraternal sects, are committed to memory and repeated audibly as a form of devotion. If I should repeat myself, and some good things said by others in this paper, there will be abundant reason for so doing. If a concise ritual of the creed of cure given by Hahnemann were to be repeated at the beginning of every session of all Homœopathic societies, a great majority of the members would have an opportunity to discover that they were more heterodox than orthodox, saying nothing about a large portion who should be classed as infidel.

What is this vital force—this great autocrat of the human body—the essential topic of this discussion? When this question is presented, as it often is, I have for years repeated this beautiful bit of descriptive English from the pen and heart of an acknowledged genius in the Homœopathic school—Dr. T. H. Hudson.

“What is the vital force? What is life? What the difference between life and death? Weigh a live man—strike him dead; shed no blood, weigh him again. He weighs no

less. Something gone but nothing lost—nothing but life, and life weighs nothing. A world of difference, but scales don't measure it. The tenement is here; the tenant gone. The house remains; the keeper is away. The walls, the windows, the furnace that supplied the heat, the furniture, all here. He who looked out at the windows and fanned the fire is off upon a journey. He does not return. The building is not retenanted. It falls into decay; resolves itself into its primal elements, returns to earth and air and water; blooms again in flower, ripens into fruit and grain, feeds again the animal world, and again composes some part of the human body; aye, of a thousand human bodies.

“The trend of all earthly things is upward and toward a climax. The seed toward the plant. The plant toward the flower. The flower—the fruit. The fruit reproducing seed. First in creation the mineral, next the vegetable, then the animal world. First, the lower, then the higher orders of animals; then the body of man bearing in its bosom the deathless and immortal, the spark unquenchable from some fire eternal.

“The osseous, muscular, vascular, and nervous systems separated each from all the others and kept in place, forms each a fairly good picture of a man's body. United they form the body complete.

“But back of bone and brawn, blood and brain, brick and mortar, is this vital something, the man, the real man; the house keeper, the house-dweller, the superintendent of supply and waste, of income and outlay. He who while gazing idly out of the window, yet with electric touch moves a mighty engine to throb, and throb again, and send the genial warmth to every room and recess of that wonderful building, the human body.”

Life works upon a plane infinitely above our comprehension—the plane of infinity, our comprehension being limited by our faculties, they being but finite; we cannot comprehend the infinite. Sicknes and death—life's enemies—acts, must act, upon the same level with life.

Health, one of life's attributes, moves in the same sphere.

Disease, the enemy of health, can move in no other. Otherwise health, occupying a superior or different plane, could not be attacked by disease. Moving in contrary directions upon the same level, they meet, they join battle. The smoke, the banners, the blood, the din of battle are tokens that reach our senses of sight and sound, show us the course and progress of the fray and enable us to ally our forces with those of health and enable her to win a victory. The weapons, our homoeopathic remedies, which we employ, must not only be of superior mechanism, but made to carry in to the plane of the vital force upon which the battle is fought. Otherwise, falling short of the mark, they fail in their mission. They must be specially prepared, charged with dynamic power, potenziized and aimed with precision, being selected by law.

Hahnemann says, "In the healthy condition of man this vital principle animates and controls the body and maintains all its organs in order and harmony. Deprived of this principle the material organism—the body—is incapable of sensation, action or self-preservation. How the vital force causes the organism to display morbid phenomena, that is, *how* it produced diseases, it would be of no practical utility to the physician to know, and therefore, it will forever remain concealed from him; only what is necessary for him to know of the disease and what is fully sufficient for enabling him to cure it, has the Lord of Life revealed to his senses."

Surely the *How* and the *Why* of all this creation and care of the material body, we at most know but little of, nevertheless, we do know, that when there is perfect order there is health and when disorder reigns there is sickness and suffering.

Two important factors are involved in this order and disorder of the vital force.—The patient and the remedy. A practical presentation of this relationship will do much to illustrate the "*How and Why*."

The patient most truly has an important part, much more so than most of us realize. In a way we know and understand the relation between the patient and good health.



but neglect to instruct and impress the patient as to his part.

Based upon this fault a natural error results in expecting too much from the remedy. What the remedy can do is limited and of short duration. What the patient can do in getting well and maintaining health is limited only by death itself.

What the patient can and should do might fill a volume as large as the Unabridged Dictionary. What the remedy can and must do may be stated in a paragraph.

The patient's part requires that the habits and environment of every day life shall be consistent with, support and not interfere with, or antagonize Nature's effort, through the vital force, to restore and maintain health.

From the philosophy of homoeopathy what is understood by the remedy?

Sickness has just been defined as the vital force in disorder, cure being a restoration to order, consequently a remedy must be the agent employed capable of changing this disorder into an orderly state. Not the disorder of the material organism, but the disorder of the vital force.

The vital force when restored to normal activity begins instantly the vital process of normal function, upon which depends the restoration of the material organism.

The thought and teaching of the philosophy of Homoeopathy is this: The restoration of the vital force is an instantaneous change or a series of such changes—the direct action of the remedy.

The restoration of the material organism is a continuous process of hours, days, months or years, the direct action of the vital force.

The remedy has much or all to do with the former, but primarily nothing whatever to do with the latter. The active force of the remedy is immaterial in character, must be so to act upon or impress the immaterial vital force. Action in this plane of being is by instantaneous impulse, not by continuous contact, as in the material plane. The notion that the remedy, when administered, remains somewhere in the human economy to act for a stated time is an error based

upon materialism, and has little part in homoeopathic truth. With this common error rests the folly of too much dosing and too little waiting on the restored vital force to do its part. This error of expecting the remedy to do more than restore the vital force leads many a good doctor to think and say that "the remedy failed."

The indicated remedy never fails in curable cases, but the doctor fails continually when confused by this common error. He gives repeated doses of the single medicine, or changes the remedy too soon, saying nothing about alternation or the compound tablets which are not entitled to the back-door entrance to homoeopathic practice.

Therefore, the remedy in curing the sick is solely and only such an agent as will by instantaneous impulse restore the vital force to normal activity. Any agent capable of producing such an impulse becomes a remedy.

The homoeopathic physician adheres to the law of drug selection and secures his remedy. If, however, the Psychotherapeutist, the Christian Scientist, the Divine Healer, or the Christ himself, cures the sick, the means used must be an agent capable of restoring the vital force—an instantaneous impulse, the immaterial character of which no one questions.

It is a folly to deny, especially in many cases of mental and nervous complaints, that there are curative agents outside of the field of drugs. The rapid growth of the no-medicine cults, which are treating the sick, is a natural result of such folly. The highest ideal of the physician, being *to cure the sick*, every known remedy should be at his command, then there would be no room for the no-medicine cults thriving all about us.

The patient's part in the cure, the second factor, as previously outlined, begins immediately following the administration of the remedy and continues until all symptoms of the sickness are permanently removed this being the only evidence of a cure.

The impulse of the remedy has been given, necessary to restore the vital force. The remedy can not do more so

long as the vital force is in order. If disorder, for any reason, recurs, a repetition of the same remedy or a new one is indicated.

The vital force once restored, the processes of normal functioning are established, and if the patient's habits and environment do not interfere and antagonize a cure must result in all curable cases.

But that little word "if" "if the patient's habits and environment do not interfere or antagonize", speak of a world of sorrow and disappointment. Almost endless sorrow to the patient and paralyzing disappointment to the doctor.

To live a life in conflict with Nature's effort to maintain health is a slow but certain suicide. The demands of society, fashion, business, the false habits of eating, sleeping and breathing, the damnable curse of the drugging habit, including intoxicating liquors and tobacco, the false and wicked sexual habits of both the married and the single are a few of the many flagrant and constantly increasing barriers to a permanent cure.

As first, if acquired during a patient's lifetime, these obstructions to a cure may be only exciting causes of disorder, and if eliminated order may be restored without a remedy. Later, however, a chronic state develops, becoming in itself a predisposing cause. This is a constitutional state—a culmination of all the wrong doing and wrong living of the race in violation of certain fixed laws upon which health depends.

This Hahnemann called psora, and whether as a race defect or acquired during the patient's lifetime, it becomes a serious obstruction to successful treatment—an obstruction which must be corrected and eliminated before an ideal cure can be expected.

The removal of these obstructions, when only exciting causes, is wholly the patient's part of the cure. The doctor who aims to bring about an ideal cure should not and likely would not, prescribe until the patient's life is adjusted, as far as possible, to the requirements of health. Placebo and a corrected daily life is the first and best prescription in

such cases. If symptoms disappear permanently no treatment is needed. In case a medicine had been given to agree with the symptoms and the exciting causes removed at the same time, with the same result as above, the doctor will be fooled, not knowing the cause of the cure. That is not all of such foolishness. If he reports the case, he makes fools of us, who read of a typical cure. We, of course, do not know of the exciting causes, as they are seldom reported. Because of the doctor's neglect and the patient's folly in not removing these exciting causes, the no-medicine treatments are fast increasing in number and power. Christian Science, Mental and Divine healing, etc., secure their results largely, if not entirely, by eliminating from the patient's daily life indiscriminate crude drugging and other habits inimical to health.

The removal of the predisposing or chronic causes is quite another thing. When psora is once established no superficial means can do more than palliate. Hahnemann, after twelve years of persistent study, experiment and observation, gave the first solution of this difficult problem. A remedy as deep acting as an inherited constitutional miasm must be administered. This is the doctor's part of the cure, and his success will be in proportion as his practice is consistent with the philosophy of Hahnemann's antipsoric treatment,

The carefully selected remedy will do its part in curable cases. The reaction will be established which will eliminate psora and its offspring, syphilis and sycosis, *providing the patient's part in the cure is faithfully performed.*

#### DISCUSSION.

C. M. Boger:—All cures are essentially Homœopathic, however effected. The paper said practically the same thing but there is a slight modification that should be made to that statement. The nearest approach to a cure not homœopathic is a cure made by mental suggestion. I have come to the conclusion that mental suggestion cures by obsession. What takes place in such a cure is mental obsession. It is sufficiently strong to bring about a change which is a recovery but is not a real cure. If you hypnotize a patient

and affect them so that their symptoms disappear at least for a time, it is not a homœopathic cure but it is a recovery effected by obsession. You have implanted your intentions upon the subconscious mind of the patient with the result that the symptoms have disappeared. If you watch them carefully you will notice them take on a slow retrograde process which ends in degeneration. I had this impressed on me lately in a case of exophthalmos. The patient went from one doctor to another travelling over the country but getting no better. She finally fell into the hands of a man who treated her by mental suggestion and vibration. He placed her in a chair and sitting in front of her repeated a regular formula made especially for her case, telling her the manner in which she would get better. During the two weeks of daily treatment, the palpitation became reduced to a normal beat. The pulse fell from 112 to 80 and the goiter went down.

But he ventured too far; the lymphatics began to throw off a discharge through the lungs and the process became so intense that she began to spit blood rather freely: she became weaker and that continuously. She finally had to go to bed.

Then I took her and she is now able to go about a little and is very slowly gathering strength. She has had only two prescriptions in five months. I have not tried to reduce the goiter. The principle remedy was Pulsatilla. She has also had her constitutional remedy which I saw in the beginning but did not give her at first. It was Phosphorus. Her lungs were approaching such a state of disintegration that I was afraid to give her Phosphorus at first, but she received it later. She is still slowly improving. Her skin has changed from dark brown to normal color and she is able to walk a short distance. She has now gone to visit a friend. The impression made upon her mentality resulted in this retrograde process. All cures, so called, made by mental suggestion are of that character. They will finally run into a retrograde process in spite of more mental suggestion.—The psora has not been eliminated from the system, it has

been suppressed only. It cannot be removed by mental suggestion.

That the patient is better of certain troublesome symptoms under mental suggestion is no proof that cure has taken place or indeed no proof that she is better. It is not a cure.

It might be said that it is mere quibbling to say that the patient is not cured although so much better. Not at all. Primarily tuberculosis is a suppression of the psoric taint. In order to cure such a case you have positively to eradicate the taint. As I said in my paper there is plenty of debatable ground where we can exercise our faculties and investigate. We do not know yet how it is that the antipsoric remedy takes a patient down to the line where death is on one side and life on the other.

R. F. Rabe:—A paper such as this should be read and digested, something which I have not had the time to do. One point was spoken of that is worthy of comment. He said that anything capable of influencing the vital force is to be regarded as a remedy. It is capable of restoring order. When we come down to the consideration of a tangible thing like cancer, we can see that it is a physical alteration that has been preceded by some disturbance of the vital force. It has been shown that traumatism plays a very important part in the production of cancer. Very early in its history, an examination of the tissue will show that it begins in cancer nests, consisting of epithelial cells with their nuclei and in those nuclei minute, endogenous, new formations which are readily seen. Diefenbach has come to the conclusion that traumatism is the cause of carcinoma wherever found. The hot clay pipe may and does serve as the cause of epithelioma of the lip, produced by traumatism. Certain food stuffs may, by chemical action produce traumatism and act as fomenters of gastric carcinoma. The agate lining of the granite ware used so much for cooking utensils may by their gritty particles produce carcinoma of the same organ. But all these causes overlook the fact that some thing must precede the carcinomatous formation. Such traumatism is

absolutely innocuous unless the vital force has produced such an alteration in the tissues as make them suitable soil for the production of cancer.

The disturbed vital force makes the soil and the traumatism acts as an exciting cause only. This brings us to the question of the remedy. We acknowledge that our homœopathic remedies can do comparatively little when the cancer is actually developed; little can be expected then. But it is quite possible that by close observation the disordered vital force might be detected and a remedy applied before the development of the cancer and thus prevent its development. The more the symptoms are those of the patient and less of the carcinoma the more may be expected of the remedy. Symptoms are much more apt to belong to the patient in the early stages than they are later. Hence arises the necessity of a correct prescription to all those light disorders of the vital force which if allowed to run might even-tuate in cancer.

This brings us down to the consideration of the X Ray and Radium. It is perfectly well known that these agencies have produced epithelioma; it is an established fact. That being admitted, it does not require a great stretch of the imagination to see that the X-Ray and Radium may be the homœopathic remedy to certain forms of carcinoma. This leads to the further consideration of the method of its use. Should we administer it as a homœopathic remedy in the form of potency or by a direct exposure to the rays? Is it an evidence of the working of the law of similars or is it only a mere suppression?

In my own mind I believe that in certain kinds of cancer where it has wrought a cure that it is an exhibition of the working of the law of similars. I believe this because it has produced just such growths in the healthy.

R. E. S. Hayes:—I think that Dr. Waring's paper was a grand one and his conclusions perfectly sound. I am glad to see the distinction made between the relief afforded by mental suggestion and a true recovery as brought out by Dr.



Boger. Mental suggestions are merely mental traumatism brought about by robbing the patient of free will.

G. P. Waring:—The paper did not state that all cures were homœopathic but it did say that these cures were consistent with Homœopathy. The goiter case spoken of was evidently not a cure at all and so has no bearing upon what the paper was talking about because I referred to cures only. Antipsoric remedies may do injury to a case and should be given with caution and in a low potency unless for palliative purposes. Very often cures may be effected by the removal of exciting causes, more indeed than in any other way. We may suggest to our patients that a certain way of living or a certain way of thinking is productive of ill-health and in that way mental suggestion may work a perfect recovery.

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### THE PHILOSOPHY OF PROTECTION.

BY FRANK W. PATCH, M. D., Framingham, Mass.

If there is any one axiom of the homœopathic method that is established more firmly than another in the minds of those who are accustomed to think of the nature of disease from the Hahnemannian point of view, it is, that disease becomes serious relatively as it manifests itself interiorly and more benign as it seeks the surface of the body. Hahnemann demonstrated the truth of this theory so conclusively that no one has ever attempted to refute it. To be sure plenty of good thinkers repudiate the whole homœopathic platform; others, less coherent, professing to accept it, have carelessly allowed important links of the chain to lapse into disuse through careless neglect. But, I repeat, no consistent thinker who has investigated Hahnemann's claims without prejudice, and carried out his injunctions in practice, has failed to become deeply impressed by the wisdom of his findings regarding the protection to the individual through the external exhibition of symptoms during the progress of disease.

This principle seems equally potent in either acute or chronic diseases. Suppression of the eruption of varicella



or of the chills of intermittent fever are followed by disaster to the patient, in some degree, as surely as cauterization of the chancre in Syphilis or the use of an impelling unguent in Scabies. The principle holds good under practically all circumstances and impresses us strongly with two prominent and well known facts, *first*, that all disease is really internal disease, *second*, the folly of attempting to combat disease with external remedies. This much seems assured, yet in the consideration of the subject there are a few minor points that have not yet been made as clear as the major premises and these may have been responsible for some of the failures to appreciate the force of the principle itself on the part of those who have accepted Homœopathy only as a half truth. For instance, one of these facts is, that while the external symptoms may protect an individual from more serious and dangerous internal manifestations, they do not necessarily keep him from being a very uncomfortable patient and often a desperately sick individual.

The external manifestations being, usually, the most graphic and even violent of the symptoms of a given disease it is hardly strange that those who have not realized the full import of the nature of disease as elucidated by Hahnemann, should hasten to suppress the immediately evident condition and substitute a more subtle yet eventually more dangerous enemy. These things are illustrated in a more graphic manner in acute sickness than in chronic conditions; perhaps for this reason we are sometimes prone to feel that when we have succeeded in bringing an eruption to the surface through the action of a remedy that we have accomplished the major part of our task. But we usually find, to our sorrow, that we still have to deal with a sick individual and that all our skill will be needed to select his curative remedy, which may, or may not be the one that caused sufficient upheaval in the system to bring out external symptoms.

Then, too, in instances where the external symptoms are especially violent any relief from them, even through non-homœopathic suppression brings such great comfort in

the beginning, that the patient will be *sure* to misinterpret the meaning and the physician *may* do so. Here lies a great danger of confusion unless one is thoroughly versed in the "reason why" of the various steps of his practice. I am sure most of you are thinking that all this is very trite, it is so, indeed. All homœopathic truth is getting old, yet even old things may still be useful.

There is another thought connected with this subject which may serve to modify in some measure the wrath of the disciple of Hahnemann against his brother who uses a local application: not that it will in any way justify such practice, but it will serve to make it easier for us to see why some of our confreres have been led away from the straight and narrow path and wherein they may seem to justify themselves in their more popular methods.

The variability of the human body and the ills to which it is heir is, at bottom, the real difficulty. The dissemination of Psora throughout the race and the consequent diminution in the former virulence of this pestilence, the secondary reason. If we had, in all instances, to deal with the dramatic results of suppression that may often be seen in intermittent fever or epidemic Scabies few followers of Hahnemann would ever doubt the wisdom of following strictly in the path marked out in the beginning by those who blazed the way for us. But, as a matter of fact, this is seldom true today. In its passage through countless numbers of human beings the generic virus which we recognize as the psoric miasm has evidently become, in many instances, a very different thing from the virulent miasm of Hahnemann's day. It is often so sublimated that its course may only be detected by a real adept in the recognition of the stigmata left in its wake.

Chronic disease has become a complex manifestation of evil; subtle, far reaching, invading the higher centers of life. It is seldom now that we can give a single remedy, observe an eruption on the skin follow, conclude that certain protection to the vital centers will actuate, see the external manifestations gradually fade and declare the patient well with a comfortable feeling that we have done something worth

while and that only health awaits our client. A more common experience is to observe some slight eruption follow our carefully chosen remedy which soon disappears, without especial modification of other symptoms, or we do succeed in bringing to the surface a lusty and itching eczema, only to find that we have called into being a monster with which we are unprepared to cope to the satisfaction of our patient who reviles us for our shortcomings.

I remember prescribing, many years ago, for a most comely young woman afflicted with an obstinate constipation. This was wholly relieved after a carefully chosen remedy but was replaced by a disfiguring eruption on the face and nose which, to my chagrin, I was never able to wholly conquer. It was clearly due to insufficient skill on my part, but was none the less disappointing. You can imagine the state of mind of my patient who, had her revenge in marrying a physician of the opposite school. The appearance of the eruption in this instance served to bring relief to one, more internal condition, it was a source of protection, undoubtedly, as far as it went, but its production alone could not bring complete health. Neither would its suppression by local application, as must have been done subsequently, bring any great catastrophe in its wake. What suppression would do in this case was to cause a certain alternation of symptoms but without reaching any vital center in the individual's life for many years. A better selected remedy following the first one would probably have brought about a cure. Maltreatment, however, simply substituted one form of discomfort for another.

A physician without a knowledge of Hahnemann's philosophy could not be expected to recognize the relation between the two groups. This is an example of one of the myriad minor manifestations of Psora so prevalent in the world today, not active enough to cause the involvement of any considerable part of the body in the first instance, nor yet vital enough to bring great disaster in its suppression. Following the characteristic course of all chronic disease yet passive in its nature, differing from the virulent type in the same degree

that a mild case of scarlatina, gently skimming the surface of the child's body, differs from the dreaded scavenger, bearing the same title and description that comes occasionally, sweeping all life before it. It is undoubtedly true that in a great many instances Psoric disease has become modified by its passage through many generations of human beings in the same manner that the toxins of modern laboratory production are modified by a similar, artificial process. Consequently it is not, in every instance the hydra headed monster so graphically described by Hahnemann and existing today, we may say, in isolated examples as deep seated, virulent Psora. Consequently, while the above explanation, is not in any sense an attempt to justify the use of local applications or other suppressive measures, it may explain one of the chief reasons for the growth of such use among physicians and at the same time render us more lenient in our judgment of those who are still in the dark as to the true nature of disease and the laws by which it manifests itself in the human body.

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### THE UTILITY OF DIAGNOSIS.

BY E. A. TAYLOR. M. D.

Diagnosis occupies a unique position in our mode of procedure. It gives to the homœopathic physician two separate and distinct factors in the management of a case both of which are valuable aids in the adjustment of the derangement though paradoxical as it may seem one is the antithesis of the other, for the utility of diagnosis consists in two distinct and widely divergent values, a positive and a negative.

Following the usual custom we shall consider first the positive value of a diagnosis and here the first great step is to determine whether a given case is medical or surgical. If the latter, what humiliation and chagrin for the doctor and what needless suffering, delay and possibly death for the patient may be averted by the timely appreciation of the real condition and the indispensable services of the surgeon. Everyone with much experience must have met with cases

where misunderstanding was fraught with mortification to the doctor if not also for the patient and all too often the unexpected occurs and we are left with a lingering legacy of regret, as we ponder over the problem of the patient who has passed and sadly sigh as we think of what might have been, had we only made a correct diagnosis and called the surgeon. Of course, there will be some difference of opinion as to what constitutes a surgical case and some may take extreme and untenable positions; but morbid enthusiasm, extravagant assertions and unwarranted optimism will neither cure a patient nor condone a crime and Hahnemann says: "When one has to do with an art the end of which is the saving of human life any neglect to make oneself thoroughly master of it, is a crime."

A pleural cavity filled with pus diagnosed "pneumonia," a case of osteomyelitis treated for "rheumatism," a gangrenous appendix called "typhoid fever," a large vesical calculus treated for "cystitis" are a few of the mistakes that we have observed where the surgical aspect of the case was not recognized, much to the detriment to both patient and doctor. Surely the surgeon is indispensable when needed and we shall never know when to call him unless we make a diagnosis. Diagnosis, then, enables us to determine first of all whether the case is medical or surgical. And enables the surgeon to proceed with the proper treatment. It is the basis of sound surgical treatment, but it has nothing to do with the selection of the indicated remedy. It has, however, much to do with the practice of medicine even in medical cases, for without diagnosis there can be no intelligent prognosis and few people would be willing to trust their lives in the hands of a doctor who has no conception of the general classification of their malady and no definite opinion as to the outcome. Knowing then, what we have to deal with, we know better what to expect and this has much to do with the success of the doctor.

A young physician was greatly worried and depressed because he was unable to cure, what he supposed to be a simple fever, in four days. He had promised the family

that the boy would be well in a few days and now he said they were dissatisfied and discouraged and so was he. Upon examination the case proved to be typhoid, which was explained to the family, and the doctor conducted the case to a successful termination. He was an excellent prescriber, yet he would have been dismissed from the case because a wrong diagnosis had led to an erroneous opinion of what to expect and this is one of the great essentials of the successful practice of medicine—to know what to expect in a given case.

I was called to a case that seven different old school doctors had failed to help all agreeing that it was catarrh of the stomach probably misled by the recurrent attacks of vomiting. It was a case of tabo—paralysis, which I diagnosed as such and although I did no more for him than the other doctors, and he died under my care, yet the family are still my patients and have sent me many others, just because a correct diagnosis led to an intelligent understanding of the case and the prognosis foretold the inevitable result. Thus physician and family knew what to expect.

A case of Addison's disease with a similar history of several doctors and erroneous diagnosis had a similar ending under my care, my treatment being no more successful than theirs, but having made a correct diagnosis I knew what to expect and the family appreciated this to the extent of still retaining my services.

In hysteria and allied neurotic conditions what adequate conception of condition or management can one have without a correct diagnosis?

A patient in the Cook County Hospital, Chicago, had a temperature which fluctuated rapidly between subnormal and 108°F. Associated phenomena led the clinician in charge to diagnose his case malingering, thus saving the County the expense of boarding him all winter. He confessed that he had successfully deceived several hospitals and thus secured many weeks' board by his dextrous manipulations of the clinical thermometer and feigned ill health. The diagnosis

corrected all this. When we come to the distinctive feature of our school the most vital point of all, the selection of the remedy, the diagnosis has only a negative value, but this, if utilized to its fullest extent is of inestimable value, for it will prevent the plagiarism of pernicious principles, which too often stain and stifle the purity of our practice, bringing disaster to the patient and discredit to the doctor. If I were to tell you that many who claim to be Hahnemannians are using iron for anemia, quinine for chills, and sulphonal for sleeplessness, you would be horrified and think the statement incredible, yet the principle is the same as that of the Isopathic practice, which prevails to an alarming extent in certain places, especially in Chicago. What is the difference between giving iron for anemia and Tuberculinum for tuberculosis, or Diphtherinum for diphtheria, etc.?

I recently heard a doctor state before a medical society that "To fail to give Tuberculinum in every case of incipient tuberculosis, is nearly criminal." I have one rule for allopath, isopath, or homœopath who attempts to follow Hahnemann's law, it is this: Make your diagnosis and select the remedy, then ask yourself the question, Would this remedy be equally well indicated if the diagnosis were changed? If it would not, then the prescription is a bad one and another remedy should be selected. This rule carefully followed would dispel the drugging of allopathy, dissipate the delusion of isopathy and correct the thoughtless trend of some homœopaths who seem to forget that the selection of a remedy depends upon the distinctive features of the totality of symptoms and never upon a diagnosis, a dyscrasia, a myth or miasm.

Hahnemann's clear teaching is all sufficient and should not be converted into a caricature by his professed followers and this rule would preclude the possibilities of prostituting Hahnemann's greatest precept.

A summary of our subject then gives us the following statements regarding the utility of diagnosis.

Diagnosis has a positive and a negative value. The positive value consists in knowing whether the case is medical or surgical. If surgical, the diagnosis is the basis of



treatment. If medical it gives the physician a comprehensive conception of the concourse of morbid phenomena, enables him to make an intelligent prognosis, inspires confidence in the doctor and enables physician, patient and friends to know what to expect. It takes cognizance of the dangers of infection and contagion, adapts the entire management to the exigencies of the case, sees clearly the solution of many otherwise obscure problems, and gives a grasp of the situation which could not otherwise be obtained. But over and above all diagnosis gives us a negative value, which enables us to formulate a rule whereby we may test the accuracy of the prescription, by a process of exclusion and by eliminating the diagnosis we distinguish the symptoms\* of the patient from the symptoms of the disease, which will prevent much pernicious prescribing, inspire coherence within our school and blend the benefaction of the immortal Hahnemann with the benediction of all mankind.

#### DISCUSSION.

R. F. Rabe:—Hahnemann tells us to know that which is curable in disease and that which is curative in medicine; this is merely another way of expressing the facts in this paper. The important point is to always bear in mind that the technique of diagnosis differs entirely from the technique of prescribing and never to get the two mixed up. It is owing to some confusion of the two, as I believe, that has led some good Hahnemannians to disregard diagnosis to too great an extent. I will not differentiate them now.

We should always try to make a correct diagnosis of any condition that we are called upon to treat, not to aid us in the prescription but in order to know what we are doing and to establish the record of our cures upon firm ground.

I will recite a little case that came to my knowledge some time ago. The son of a physician of Jersey City was ill for some weeks with what seemed to be typhoid fever but that diagnosis was not born out by the physician in attendance. He complained of fatigue, pains in the abdomen and some diarrhea. Under treatment, he recovered but did not get entirely well. He had a tendency to have pains of a



dragging nature in the abdomen. The boy was finally taken to New York to one of our homœopathic diagnosticians and clinicians. He gave the boy a most thorough examination, including analyses of the urine and blood. It was complete from top to toe but he could find nothing to throw light upon the cause of that pain. Finally he was brought to me and I took a hand at examining him. My examination disclosed nothing; of course I could hardly expect to find anything after the failure of the expert. I then proceeded on lines of prescribing entirely but the boy got no better. A second prescription acted no better than the first. Finally the boy's father took the patient to an X-Ray expert. A skiagraph was taken and lo; it disclosed a fallen or prolapsed stomach. It was way down below the umbilicus. They put a belt on the boy and that was the end of his trouble. That illustrates how easily it is to make a mistake and how important a correct diagnosis is. As soon as that cause was removed the boy recovered without any medicine. No medicine could cure him so long as that mechanical condition remained.

Nettie Campbell:—Wherein did the belt cure the boy? Something must have caused the ptosis of the stomach; how could a belt—purely mechanical in its action cure the condition that caused the stomach to get out of place? I have seen several cases of displaced organs apparently cured by belts and other supports but the condition came back.

R. F. Rabe:—The belt is still being worn. We must recognize that certain conditions are mechanical pure and simple and require mechanical means to relieve them. He may have had symptoms of a dynamic nature at one time but he did not have them when he began to be treated. The after results of that condition whatever it was, was purely mechanical and no remedy could help it. It is the same when you have symptoms arising from a floating kidney. It is useless to prescribe for a reflex symptom like that. You must anchor the kidney first, and then you will get a cure. Even the cause of a floating kidney is often mechanical nature and not in itself any more than its results, amenable to internal medicines.

R. E. S. Hayes:—I do not see how a mechanical appliance or force can cure gastropotosis; I have cured one case with the remedy.

W. L. Morgan:—Was your case, Dr. Rabe, due to prolongation of the ligaments?

R. F. Rabe:—I do not know. It was lower than it should be and caused the symptoms that the boy had which the internal remedy did not cure and which were cured by the use of a belt. It was on the same principle that you would apply a splint to a fractured arm. No one would expect the internal remedy in any potency to draw the displaced ends of bone together. You would not surely give *Symphitum* or other remedy and use no splint in such a case. The use of mechanical means in such case is logical, it is common sense and it is scientific.

H. S. Llewellyn:—Why did not the diagnostician find out the trouble?

R. F. Rabe:—No man could diagnose that condition certainly without the X Ray. It might be found out by the test of filling the stomach and then making out its outlines by percussion but not with absolute certainty. That is the point; the same is true of tuberculosis. The X-Ray will show tuberculosis of the lungs weeks before the diagnostician can do so. This man is a careful diagnostician, yet he made a mistake.

W. L. Morgan:—We have a man in Baltimore who diagnoses such cases by putting an electric lamp down the stomach.

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## BUREAU OF OBSTETRICS.

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CAROLYN E. PUTNAM, Chairman.

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### REMEDIES USEFUL IN OBSTETRICS.

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

My experience in obstetrics has been spread over many years of general practice. My cases have not counted up to thousands as have those of many others, but were thinly scattered over many years. My object always was to conduct every case to an easy, safe and natural delivery in the natural way and avoid the use of instruments and allow the patient to return to normal health.

The time between cases, when not pressed with general practice, gave me opportunity to study the morbid condition of the past cases and look up the remedy that was homœopathic to that case and be prepared to use it when I encountered a similar condition again. By this method of collecting material the use of repertory and Johnson's Therapeutic Key have been of infinite value. When studying them I feel confident that I am in consultation with the combined wisdom and experience of the wisest and greatest intellects of the medical profession, past and present, verified by the results of their works.

In the early stages of labor there is very often gastric disturbances, nausea and maybe vomiting, where Ipecac will be the indicated remedy. Then, even with slight indication, it is well to give Ipecac 200, or higher, as it is very apt to be the indicated remedy in case of hemorrhage in later stages and will have prophylactic influence on the hemorrhage if given early and will often forestall dangerous hemorrhage. Then watch carefully for any unnatural morbid conditions, symptoms and modalities, then, if by recollection a remedy is clearly indicated, give it, but if necessary search a good repertory or a work on Materia Medica until sure of the remedy that is homœopathic to the case. Give it high, give it time; don't hurry; don't get impatient, don't get

scared and start a stampede, but keep cool. The strain, stretching and bruising in the process of labor always produces a traumatic condition in which Arnica is always indicated and should be used one dose high, then, after thirty-six hours, there is a condition which sets in resembling putridity with putrid odor from the discharges, which will be overcome by a dose of Hepar-sulph in a high potency. Other remedies I have seldom found necessary in normal labor, but other morbid conditions or miasms may be present and require a remedy selected to fit the individual case, which I will illustrate by relating two cases in my own practice.

Writing from memory. During 1884, I was called to see Mrs. B. who expected to be confined in a month. She was small, very slender, long, very black hair and eyebrows. Everything relating to gestation was normal, but she was in an advanced stage of pulmonary tuberculosis and much emaciated. The husband and family doubted her living to the time and I undertook the case to do the best I could for her comfort. When the expected time arrived I was notified that labor had commenced. I found her with cold, damp skin. She wanted the covers off; she wanted to be fanned all the time. She had difficult breathing, with pain all along the back from occiput to coccyx, every indication being that life was surely ebbing away and that there was no time to lose, but manual delivery was not to be considered. There could be no question about the remedy indicated by the symptoms and I immediately gave Carbo. veg. 200; in three minutes she whispered, "stop fanning," in three more she whispered, "cover me," in ten minutes more, in an audible voice, "my back is better." and showed signs of life returning, with sensible uterine activity which gradually increased for about forty minutes, with a minimum of pain or straining on the general system. The uterine forces expelled both foetus and placenta almost without pain and in place of exhaustion she appeared refreshed and animated. I gave Arnica 200; the next day as she was doing well I gave Hepar-sul. 200. Involution went on normally and rapidly until the tenth day, when tuberculosis finished its work and she passed quietly away.

In this case may be seen how charcoal, an inert substance when potentized and suitable to the case, has power to alleviate present suffering and arrest the hand of death for many days.

The child was taken to another town by its grandmother and lived four months, but I never learned the cause of death.

October 22, 1907, about two years after I had quit attending obstetric cases, I was called by telephone to see Mrs. K., who I knew was expecting to be confined in about a month, stating that she had a cold and supposed it to be gripp and not labor. I went at once and on arriving soon found it to be labor well advanced with most intense pain in the lumbo-sacral region in periods of about five minutes, with very little uterine action or downward pressure. After watching the character of the pains and all the symptoms I was led to think it a lesion of the nerves in that region causing the trouble and comparing the symptoms with those of several remedies found the total indications were for *Hypericum*. I gave her a dose, in the c. m.; in fifteen minutes all pains in the back had entirely ceased and a great uterine activity and strong downward pressure with but little pain had set in. It was genuine, strong labor. As the nerve force had been engaged with the lesion in the back it had neglected to attend to dilation of the outer parts in time for the very quick delivery and as a result there was a very badly lacerated perineum. The little boy was all right and the placenta followed in a very few minutes, and I was there without instruments, but very soon left the case with a hastily employed nurse and went to my office, got the necessary instruments and returned before the sensibility had returned to the wounded parts. I inserted a tampon above the lacerated parts, then cleansed the raw parts with a dry linen towel, put four stitches in the vaginal portion and four deep sutures in the outer part without any washing or use of water to the parts; used no antiseptic or other dressing, but the secretions that came freely when the tampon was removed, which continued to serve as the only local dressing, gave dose of *Arnica m.* (1000).

October 23rd. No swelling, but little soreness, good appetite and good temper. Gave a dose of Hep. sul. cm.

October 24th. No swelling, inflammation, odor or much soreness, with evidence of healing by first intention.

October 25th. Doing well in every way.

October 26th. The healing process seemed to be nearly complete and the patient in the best of spirits.

October 27th. All working so perfectly that further visits seemed unnecessary. Both the lady and the baby have been in excellent health ever since. I can confidently recommend the use of Hypericum for such reflexed pains in such cases. I can not think it caused the laceration, but it restored natural order and the strong vital—voltage, and the organs were in an advanced preparation to respond to the pressure. The Arnica counteracted traumatic inflammation and promoted healing. Hepar sulph. prevents putrefaction, suppuration and foetid odors so common after confinements.

It is well to find the indicated remedies and then there will be but little fever, fewer bad cases, fewer operations and no blood poison following.

#### DISCUSSION.

R. E. S. Hayes:—I simply wish to remark that it is wonderful how our remedies work during and just before the labor, I have been practicing ten years; the first two years, I had a great many confinements and used the forceps in a number of cases. Now I have been practicing eighteen years and have never used the instruments once and only three or four cases where I have had to use chloroform because I have had such excellent results with the remedy.

Julia C. Loos:—It might be well to suggest in connection with this paper that there is one point about it that might be misleading. There is no reason to suppose that every case is going to be so affected by labor as to need Arnica or Hepar sulphur and therefore it is not well to use them as routine remedies. It is a bad habit to use any remedies as a matter of routine. With that one exception the paper represents very fully the work of our remedies.

W. L. Morgan:—It does sound very much like routine

practice to recommend these remedies as I have done. The reason that I do it is because I have rarely found a case that required any other remedies at that time. You very rarely if ever come across a case of labor in which there is not more or less traumatism of the soft tissues and while there is no odor at first yet after a few days a bad odor is sure to come. Then a dose of Hepar sulphur will abate it immediately. I have never had a case where the odor continued after a dose of the Hepar high. This is a great relief to the patient and nurse to have this odor disappear. In lacerations I have found that the use of antiseptic washes really objectionable on account of the irritation caused. They seem to me to have a retarding effect upon the healing. Even water is objectionable. The healing goes on much better when the parts are bathed in nothing except the natural secretions. This is true of other kinds of traumatism besides that of obstetrics. I do not say that it is always Arnica and Hepar that are indicated, it is apt to be those but it may be any other. Always conform to the symptoms.

### **ANAESTHETICS IN LABOR.**

BY JOS. FITZ-MATHEW, M. D.

The pains of labor (normal) are not necessarily great, but depend on the susceptibility of the patient. Although these pains are experienced at the hour of the contractions, the latter are often attended with little or no pain, if the patient be not hypersensitive and apprehensive.

I was called in the night to a woman aged 40 years; primipara. Found her walking the room, wringing her hands in anguish and declaring she could not live through it. She was so sensitive, she would not allow me to touch her, or be placed on the bed. Waters had discharged. Aconite 30. After a few doses at short intervals, in about 15 minutes, I placed her in bed, found a vertex presentation, and from this on, labor proceeded regularly, with scarcely a complaint. Contractions regular and strong, and at the last we had the full force of the voluntary muscles with hardly an outcry.



Finding the placenta resistant, I gave Pulsatilla, and in a very short time it was expelled forcibly.

When a few years ago Abbot's H. M. C. C. anaesthetic was introduced, prospective mothers were jubilant at the prospect of a painless labor. Called to a confinement, I found the patient expectant of receiving, at the hands of the "up to date" physician, and insistent upon having, the H. M. C. C. Mrs. R., primipara; at 8 A. M., os being dilated size of half dollar, 1-100 gr. H. M. C. C. was given by Dr. R. Vertex presentation. Up to 1 P. M. patient remained somnolent, pulse 60, arousing at intervals to ask for water, or if spoken to, answered. Labor proceeded slowly and regularly, patient slightly conscious of the contractions, until the head descended to the floor of the pelvis, when the contractions became short and too feeble for expulsion, the auxilliary force of the voluntary muscles being suspended. As there is a tendency to cyanosis under this anaesthetic, I had to deliver with forceps, a few drops of chloroform being used to complete anaesthesia.

Mrs. T., age 29 years, primipara. Os fairly dilated, vertex presentation; contractions feeble. This patient insisted upon having the H. M. C. C. When told that I might have to use forceps in consequence, she replied "I don't care if you do". Gave Pulsatilla at first, with some improvement, but left alone for a few moments, the patient rushed out of the house by a back door. Was brought back in a great state of excitement, insisting upon having H. M. C. C. I gave her 1-200 gr., which I had to repeat later, without the full effect which usually follows. Well on in the second stage, contractions became so feeble they did no good, so I prepared for forceps. Chloroform produced great excitement and loquacity. It was given *ad libitum*, but the patient's struggles were so persistent that it was with difficulty I applied one blade of the forceps, and then the old nurse (a non professional) was "knocked over", and completely enervated, and I was left holding on to the blade, the patient's limbs thrashing me like flails. The husband, giving the chloroform under my observation, was very shaky. It



was in the middle of the night, in an isolated situation; no chance of getting help. Answering the husband that his wife felt no pain, I waited for the effect of more chloroform, but got no improvement. Then I managed to get the second blade *in situ*, and delivered, fortunately without any laceration. At the next *accouchment* of this patient, I had a very similar experience. There is a remarkable resistance to the action of anaesthetics in these cases.

In multipara, where the uterine contractions in a roomy pelvis are sufficient for delivery, there is less danger of having to use forceps, but in primipara, where there is always more or less inertia, the suspension of voluntary muscular contraction, which, together with the uterine, should exert a pressure of approximately 40 lbs. to the inch at the supreme moment, the use of H. M. C. C. is sure to require the use of forceps. I have in some cases, however, by giving only 1-200 gr. got a natural delivery.

Laceration is a serious injury, which cannot always be avoided. Where there is a complete rupture of the perineum, I doubt if the belly of the muscle is ever properly united, and it gives way again in a subsequent *accouchment*. Hence the use of an anaesthetic which inhibits the assistance of the voluntary muscles is most objectionable. Also where there is danger of *post partum* hemorrhage, and in plethoric patients, it should not be used. I have not always succeeded in taking the case properly, but generally I succeed in relieving the patient's apprehension and sensitiveness by a well chosen homœopathic remedy, which is of itself, as shown in case I, the best of anaesthetics; and when necessary in the third stage, a little chloroform acts well. I have found, however, considerable difficulty in dealing with patients whose minds have been set upon having this H. M. C. C. Argument and opposition, in the case of a naturally obstinate woman, during labor, is of itself an evil. A great deal of tact and judgement is required in such cases. In this age there is a great rage for everything that is new, and so many women regard childbirth as an infliction, they have not the true maternal instinct, they want to sleep through the ordeal.

## THE OPHTHALMIA NEONATORUM PLEDGE.

BY CAROLYN PUTNAM, M. D.

Some months since, I chanced to read in an old school journal a report of quite an animated discussion relative to the "Ophthalmia Neonatorum Pledge."

"The Ophthalmia Neonatorum Pledge" as probably most of us know is a pledge to be required of all physicians, by the state, relating to the application of an Arg. nit. solution to the eyes of all the newly born, to prevent the possible 25 per cent of blindness caused by ophthalmia neonatorum.

The article referred to, read as though quite vigorous measures were being adopted by the society with the *above* subject under discussion, for the purpose of bringing the matter before the state.

It was also proposed that it would be a good measure for the state to *dispense* the silver solution to all physicians, in the proper proportion of strength for such application.

The article brought to mind a case I had treated some years ago, which did not prove to be an Arg. nit. case, and I wish to relate the case and hear from others in regard to their experience in that class of troubles.

Case—Mrs. S., Age 21, was my patient before and during her first pregnancy 3 years previous to the affliction I am about to relate; at this time I had thought her sycotic and on indications given Nat. sulph. with good effect, her general health being much improved.

During the 8th month of her 2nd pregnancy I was called to treat what seemed to be a very acute catarrhal trouble.

The patient thought she had taken a severe cold.

Discharges were profuse and greenish yellow, Nat. sulph. seemed to clear it up promptly and I thought her well, but in a week or so false labor pains set in and examination revealed the most profuse and the most tenacious vaginal discharge I have ever seen. It clung in such persistent masses to the hand that it seemed almost impossible to get rid of it.

Recalling Hahnemann's teachings regarding Thuja in

primary gonorrhea, Thuja 1m. was given internally and the dilute tincture applied locally, and with Caullophyllum later for the persistent false pains, the patient became normal going two weeks longer which brought her to term.

Labor was normal, of unusually short duration, and the baby a large boy, fine and sound save the eyelids which were swollen like complete hemispheres, and very shortly a very profuse purulent flow from the eyes set in.

Knowing full well how quickly such cases run to perforation of the cornea, Thuja 1m was given with local application of dilute tincture, and I lost no time in calling in consultation an oculist in whom I had confidence.

The Thuja given caused the thick greenish-yellow discharge which had only been oozing from the eyes, to run in streams down each cheek.

I thought this augured good improvement and a recovery, but as the parents were much alarmed at the increased flow I was very glad when the oculist arrived.

His treatment was cleansing thoroughly with instillation of dilute formaline applying Argyrol to the everted lids and dressing with compresses of gauze saturated with calenduline, dressings to be changed 3 times daily. Arg. nit. 2c internally.

I could not trust a nurse with so desperate a case, so I took charge as physician and nurse and dressed those eyes diligently for three weeks with a result of secretion drying up and returning, always returning though not *quite* so great in quantity as at the beginning.

The cornea remained bright and unaffected, but discovering that the lids were thickening, I became much embarrassed and with a feeling that Thuja was right resumed the original treatment. Thuja 1m internally dilute tincture locally.

Green pus again streamed down the cheeks, but in three days I was able to dismiss the case.

What relation has the O. N. Pledge to such a case?

Is such a case ever an Arg. nit. case or was Hahnemann

right in his teachings regarding Thuja in primary gonorrheal affections?

Would not the application of the Arg. nit. solution spoil our cases?

#### DISCUSSION.

Carolyn E. Putnam:—I have no regular paper upon this subject but I wanted to introduce it for some discussion about it. It is a question whether it is the best thing to do, whether it is consistent with homœopathic practice to do it, whether it is not harmful and finally whether it is a real preventive for infected cases.

The homœopathic treatment is certainly effective in this disease especially if applied in time. I do not think that it is the practice of Hahnemannians to use any application in this terrible disease except sterile water.

R. F. Rabe:—The essayist divides the paper into treatment and the pledge; as to the treatment, that is another question. The O. N. pledge as it is called for short, was started some months ago at Elmira, New York, at a meeting of the New York State Medical Society. Dr. Wheelor brought the matter up as one of great importance and almost all the members at that meeting signed the pledge. Its whole origin and purpose was merely to reduce the percentage of blindness that afflicted all civilized communities, by the adoption of some preventive measure. Inasmuch as the Crede method of the instillation of a weak solution of Argentic nitrate was known to be the surest means of preventing this dread disease all physicians were asked to sign a pledge that they would instill it into the eyes of all infants born under their auspices as a prophylactic. That is the whole sum and substance of the O. N. pledge. I signed it without hesitation because it is not a question of Homœopathy at all but merely a prevention. If Calendula would prevent blindness we all would use Calendula no doubt. If the silver salt will do so much good and prevent a certain number of cases of blindness why not use it? Here again you should not put individual experience against collective experience. We have to take into consideration the hundreds of cases that

have been treated at maternity hospitals and by and in the light of such experience we know that the treatment has been effective. Treatment after the infection has taken and the disease started is a different thing.

Dr. Coffin:—Is it right to compare cases in the maternity homes with the cases in private practice? While it may be true that the silver nitrate solution does prevent ophthalmia neonatorum, I would not want to pledge myself to use it as a matter of routine without the right to use my judgment. It does not seem right to me to use this treatment in all cases.

R. F. Rabe:—Can you ever feel perfectly confident that the disease is not going to happen in any given case even in a private family?

Z. T. Miller:—If I was a father of a baby and the obstetrician came into my house and took the baby to the window and put silver solution in the baby's eyes and I should ask him what he was doing and he was to reply that he suspected me of having had gonorrhea and while he did not know such to be the case yet he believed it sufficiently to make it his duty to treat the child by dropping a poisonous mitral into the child's eyes I would feel it my duty to kick him out of the house. That is the inference that the O. N. pledge makes; it puts all men under suspicion. If you have a case or if the mother has recently suffered from gonorrhea then that is different. But I cannot see any common sense in this universal treatment made arbitrary by a pledge to do so and so without the right to use your judgment. It seems to me to be an imposition. In ninety-nine cases in a hundred it is not necessary because there is only about one per cent or less of babies born with ophthalmia of this kind.

R. F. Rabe:—Why not save the one per cent?

Z. T. Miller:—I would save it and I do save it by homœopathic treatment. You save it by going for it when you see the signs of it. A gentleman wrote to me that he had contracted gonorrhea about the time that his wife became pregnant and he wanted me to go to his house and examine his wife and see if she had the disease. I went but I felt like a fool; I had no reason or excuse to offer for examining

her. I could not tell her that her husband wanted to know whether he had given her gonorrhea or not. When the baby came I had the nurse on the watch and I was on the watch myself. In three days it manifested itself; then we got busy and that child's eyes are as good as anybody's.

C. E. Putnam:—There is one point to be considered in such instillation. If the child's eyes did become sore, in many instances the doctor would be accused of having made the eyes sore because he put something in when they were well and they became sore.

J. B. S. King:—A pledge like this savors somewhat of puerility. A pledge is an effort to substitute some external written bond in the place of judgement and reason; it is a thing for drunkards children, and mentally incompetants to sign, not a thing for rational men. If this universal, prophylactic, treatment of the eyes of the new born be a good and desirable thing let it be so stated, and physicians can hear and judge of the truth of it. I will sign no pledge to be good and do as the Board of Health want me to.

We all want to do the best thing for our patients; why then should we sign a pledge to do it?

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## **PROPHYLAXIS, SURGICAL AND HOMOEOPATHIC, IN ITS RELATION TO THE PUERPERAL STATE.**

BY RUDOLPH F. RABE, M. D.

That modern aseptic surgical technique has wonderfully reduced the frequency of puerperal infection is a fact which admits of no dispute. To the credit of bacteriology, pathology and hygiene, be it said that these sciences have paved the way to this happy state of affairs. Although the Hahnemannian conception of disease is justly held by us to be the true one and although this takes no account of bacteria or the toxins presumed to be elaborated by them, there is nothing in the philosophy of Homœopathy which, in the slightest degree even, conflicts with the mandates of modern surgical science. However much we may doubt and we very much do doubt the importance of bacteria as causative elements of

disease, nevertheless we cordially admit their presence in disease processes and gladly avail ourselves of the bacteriologist's classifications and differentiations of the various bacteria.

Whether they cause them or not, certain forms of bacteria are invariably present in certain forms of puerperal infection and their preponderance in a given infection determines, from the bacteriological standpoint at least, the character of the particular infection in question. By infection is here meant any agent capable of causing or transmitting a disease process in or to another and such interpretation is entirely consistent with the facts as we find them. The circumstance that the streptococcus is found in a given case of puerperal infection simply denotes the character of this particular infection and to us as Hahnemannian physicians nothing more, but at the same time it does not blind us to the recognition of such a state or deny us the use of measures towards its prevention. After all, it matters little to us what the poison or sick-making force may be if we as practical physicians can thwart it.

We all agree that, in order for any disease producing factor to operate on the organism a suitable soil must be present but we cannot in a given case with any certainty foretell whether such favorable soil be present or not. We can only generalize by making the statement that the highest possible standard of good health is the most resistant to the inroads of disease, from whatever cause. Whatever increases this standard we cheerfully accept, and anything which preserves this standard from assault we ought to gladly employ, provided always that such measures are in harmony or at least do not conflict with our principles and correct practice based upon them. In this prophylaxis therefore, there is no good reason why we should not avail ourselves of the teachings of present-day midwifery by employing the methods of aseptic surgical technique both as they apply to the patient and to the obstetrician. This means the employment of sterile dressings, instruments and so far as may be, sterile fingers; the sterilizing so far as can



be done, of the vulvar outlet and adjacent parts and the application if for any reason necessary, of sterile water only to the patient herself. In short, everything and anything which may come in contact with the necessarily injured surfaces of the woman's genital tract must be sterile, so far as it is possible to make it. In this matter of sterilization of the hands at least, since these obviously cannot be boiled, any method which will render them surgically clean is admissible and not to be rejected simply because to some misguided individual it appears at variance with mistaken notions of homœopathic practice. Cleanliness and Homœopathy make good bedfellows, no matter whether the former has been created by simple soap and water or by the latest synthetic product of the pharmaceutical chemist's art.

Homœoprophylaxis is another question and relates altogether to the patient herself. Whatever is abnormal in her must be corrected so far as it is possible for medicine to do by the correctly chosen remedy. Health restored means resistance to disease increased or what is the same thing, the phagocytic power of the white-blood corpuscle enhanced, whether this power be measured in the terms of opsonic therapy or not. Recent investigations by Watters & Stevens have shown that the opsonic index is actually raised by the action of the suitable homœopathic remedy, internally administered.

The intention of this brief essay is to add something if possible toward the reconciliation of those thoughts widely at variance, which now and again manifest themselves in more or less caustic language in our journals and papers. Some minds appear to be so constituted that they balk almost unconsciously at the thought of expressing homœopathic principles in the language of modern scientific investigation. Homœopathy because true is science itself and need fear no other correlated truth.

#### DISCUSSION.

C. M. Boger:—This is an exceedingly interesting subject from every standpoint. The most difficult cases of the kind to manage are those in which the infection takes



place before the child is born. The infection takes place before birth, not from the physician, nor from any contamination at the time of the labor. Perhaps the actual infection took place several weeks before labor; they are desperate cases. Another point of great interest to us is in regard to sepsis and anti sepsis; the latest developments in that line are the production of a culture from the patient herself and the producing of the anti-bodies and then injecting these last into the blood. Our friends at Rochester do that now. An allopathic physician hearing of this took the first train and appeared at the earliest moment in Rochester. He had pus drawn from him and the antibodies prepared and was injected with them. It cured him in an exceedingly short time. He thought that it was a wonderful cure but I know that Lachesis would have cured him also in a short time. It is crude Homœopathy, very close to Isopathy.

Z. T. Miller:—This has been one of the questions that puzzled me; infection at child-birth is a very peculiar thing; babies are born under the most unfavorable circumstances, in back alleys, on dirty beds with all the surroundings dirty and filthy, and yet neither the mother or the child has the least trouble. Then on the other hand infection comes with the strictest care and under the cleanest management. Every practitioner meets women who have irritated and tampered with themselves for weeks and weeks for the purpose of bringing on a miscarriage, sometimes with bad results but frequently without any apparent injury. I remember one woman who had for three months placed a catheter in the womb to the depth of four inches and then used a tent. There was no asepsis in the tools that she used; she got well. In our section of the country where there are many furnaces and mills they know nothing about asepsis nor about infection. I have been called with the request that I would bring my tongs with me. An old lady had been acting as accoucheur for three days; only a slight correction was needed when things went right. Many of the people of those classes think that if you change or clean the bed sooner than the ninth day after the baby is born you are in-

viting disaster to both mother and child. I know of a woman from Michigan who came here and was confined; her mother had given her the parting message to that effect; she obeyed the mandate yet she made a quick recovery-

Time and time again you see such things and it makes you doubt whether there is not a good deal of nonsense about all this talk of sepsis. The scientific doctors who are generally the theoretical doctors say that you should not make any effort to deliver the placenta; you must not do this, you must not do that. I have never in thirty years, hesitated to deliver the placenta if it did not come promptly. I have never had a case of puerperal infection in my own practice.

P. E. Krichbaum:—Along the same line I can give testimony in regard to my work in Kentucky in former years, The people there never sent for a physician unless the midwife or old grandam had failed in the case and you generally found a difficult or complicated one. I have been called to a case where the patient had been in labor for four days. One case that I reported to this Association was in labor for nine days, wearing out every body connected with the case. The hand of the accoucheur was 12 x 14. Repeated examinations had been made in anything but an aseptic manner. The finger-nails of the examiner were as long as hawk's claws and dirty in the extreme. I delivered the child with forceps; the baby was washed in the dishpan and I was served with bread made in the same pan. This lack of attention to cleanliness is not peculiar of Kentucky by any means; I have met the same thing within four miles of Montclair. I do not believe that the cause of sepsis has been discovered; I do believe in cleanliness and so far as possible in asepsis but if a man does not want to use it I do not think that he is doing any great harm. Of course we should be as careful as possible,—I have delivered with rubber gloves, it did not hurt me and it pleased the patient but I am glad to say that I believe that nature takes care of women even if such care is not used. Whatever the cause of sepsis is, it certainly is not dirt.

I was called in to see a servant girl who had had a pimple on her foot and had scratched the head with the result that

her leg was swollen to the knee. In this case there was no special dirt; the girl was clean but there was the sepsis. I gave her Silicea and in three days she went to work again. My experience has not made me afraid of sepsis: In all my work in Kentucky, I had only one case of sepsis and that was from a retained placenta. The temperature was 105°F. The midwife assured me that everything had come away. I found that such was not the case and curetted her bringing away a large piece of placenta. I gave her Bryonia and she got well; she would have died without the curette.

R. E. S. Hayes:—I know of an institution where abortions are performed and probably considerable care is taken to have competent surgeons. They have about one death a week there. I do not think that the manner of death in sepsis is understood.

Nettie Campbell:—My experience has been such that I would not use rubber gloves for anything except to throw them away. It may not have been the rubber gloves but in a case that I was called in to see they had been used and the woman died from puerperal fever—.

C. M. Boger:—What would you do about rubber gloves in a case of mucous patches?

Nettie Campbell:—I would manage to get along without them just as they did for centuries before they were invented.

W. L. Morgan:—I was once called to a case where a midwife had been in attendance. I was unprepared, and had only my pocket-case with me. I found a woman being confined at the full term but two weeks before she had fallen over the rim of a wash-tub and had killed the child. It had been macerated all that time and was so soft that the finger met with but little obstruction. The discharges were fearfully offensive and the skin of the child was of a greenish-yellow color and came off in patches; it was a desperate case. An allopathic physician was called in with me and after examining her said that there was no hope of saving the woman. I delivered her of a nine pound child; no placenta followed, no cord; the secundines seemed to be degenerated into a blackish mass. The uterus contracted after

a time and gradually came down to where it ought to be after labor. Things looked a little better. The indications were for Lachesis and I gave it in the 30th, two doses a day. The only antiseptic that I used was old fashioned soap and water.

R. E. S. Hayes:—To get the odor off the hands, wash first in cold water and then in hot.

Carolyn E. Putnam:—I have known of cases where the dead child was carried for weeks without any putridity or decay until there was nearly complete absorption of the placenta. How is it that they do not always decay?

H. S. Llewellyn:—Because canned goods keep better than those which have been opened.

C. E. Putnam:—In the case I spoke of the bag of waters broke.

H. S. Llewellyn:—Even then the leakage is outward and the child may act as a plug to prevent the entrance of outside infection. Putrification depends entirely upon the exposure. Anyhow the paper was all right; the doctor made plain the difference between the cases that have been discussed here and those that he was speaking of. He spoke of the precautions before labor and that is right; the point is that we should want to make our patients as safe as possible no matter what views we hold as to the cause of puerperal fever. We are not warranted in running any risk whatever.

I would not go so far as to use chemical antiseptics because I believe that there is a risk of doing more harm than good with them; I do not believe that you can apply drugs to the mucous membranes without producing drug effects. Keep as far as possible free from drugs and dirt and you will be doing all that you can to prevent sepsis in your puerperal cases.

W. B. Boggess:—Would anybody dare to go to a case of confinement while attending a case of scarlet fever without antiseptic measures? I would not like to do so. There is a risk of serious infection there and it ought to be killed. We should never take it for granted that the patient will be able to resist an exposure to an infection. I cannot see any excuse

for taking any chances whatever. Soap and water are not enough to kill infections. I would want to be boiled if I had been treating a syphilitic ulcer or a case of erysipelas before going to a labor case. No drugs on the patient but you had better put them on yourself.

Richard Blackmore:—It is my problem to get myself clean and to keep myself clean. I have had no case of infection in one and a half years of maternity hospital work. That freedom from trouble is due to the prophylactic measures that Dr. Rabe has spoken of in this paper. Rubber gloves are all right; it is extremely unphilosophical to get a prejudice without reason. Forceps I do not use very much but if I do use them I take care that they are perfectly clean.

Nettie Campbell:—I reported a case last year that I went to from a scarlet fever case and remained in the house from eight o'clock to six thirty in the morning. It was a bad case of scarlet fever. I went home and at twelve that night was called to a confinement case. I went and made an examination without a thought of the scarlet fever. When I thought of it, I was frightened because I had been taught not to do such a thing but there happened not to be any bad results. I wore the same clothes that I had on all day at the scarlet fever case.

W. B. Boggess:—The Lord takes care of some people, in spite of anything they do. Also I would like to call attention to the fact that the old school doctors treat many people and they get well; also that hundreds of sick people have got well without any treatment at all. But that does not make it right to give lots of drugs nor not to give any at all. Let us not take unnecessary risks because we have escaped the results of our carelessness or ignorance so far.

R. F. Rabe:—This discussion has taken the usual turn; nothing was said in the paper about treatment and all the discussion relating to treatment and the relation of cases was beside the purpose. The trouble is that we generalize from a particular case. One thing happens to us and to us only and straightway we want to regulate the universe to that measure. In order to come to a wise and just conclusion

you must consider many cases rather than one or two; if you look over the records of hospitals where there are the greatest number of cases you will find that puerperal fever is a preventable disease. It may not have occurred in your experience but it may occur with the next case you have, but it need never occur at all if you take certain precautions and that is the point. The records of hospitals and of maternity institutions are not based on the experience of any individual but on thousands of cases all over the world. That means something and against the results and conclusions of such records, individual experience cannot stand for one moment. There is no contest between Homœopathy and cleanliness. As to rubber gloves, they can be sterilized and the human hand can hardly be. It is puerile to object to rubber gloves without reason except that a bad case occurred when they were used. Dr. Hayes speaks of an abortion-producing hospital and I only remark that men engaged in illegitimate traffic cannot be relied on for anything much less for carrying out proper aseptic precautions. The paper is not in the least inconsistent with anything that belongs to Hahnemannian Homœopathy or good common sense.

We do not know anything about the personal equation the resistive power of a given case. It may be very strong; it may be very weak; the surroundings may be dirty and the sources of infection numerous but the power of the patient may be such that no harm occurs. We admit all that, but that is no excuse nor an admissible defence for dirt, filth or carelessness in the doctor or in the patient. It should be enough for us to know that absolute surgical cleanliness gives us the best results in the long run. Why not abide by it? I would not take any poisonous chemical and touch my patient with it; I should be equally unwilling to touch them or to allow them to be touched with any poisonous dirt. Going from a scarlet fever or an erysipelas case to a confinement is most assuredly a very dangerous thing and the fact that it has been done once with impunity should not lead anyone to take that fearful risk and render him or herself morally if not criminally responsible for a death if a

death should take place. How many women have lost their lives from erysipelas during the puerperal period? Let us avoid such a risk. It is most true that here an ounce of prevention is worth a pound of cure.

P. E. Krichbaum:—If I was understood to say that I was in the habit of using poisonous chemicals on the women I would like to have it corrected. I meant only on my own hands.

R. E. S. Hayes:—I object to going on record as not being in favor of strict antisepsis. I want the stenographer to put this down.

### **SOME OBSTETRICAL EXPERIENCES OF ONE OF THE VETERANS.**

BY M. H. C. WOODRUFF, M. D.

Commencing practice in a small country town, as a pioneer, woman physician, it was in unusual cases, among the poor or foreigners, that my services were oftenest called for.

It was not a common practice to engage a doctor, but when something unusual occurred, one must be found willing to go at the last stage or after hours of ineffectual efforts.

Mrs. Ellen B. A large Swedish woman had been in labor for fifteen hours. I found the head (of infant) in evidence, vertex in right iliac fossa. Pains very severe, patient making strong efforts, accompanied by trembling and clutching of hands.

A. C. E. administered sufficiently to stop her efforts and by directing external abdominal pressure, and at same time making internal manipulation between pains, succeeded in replacing the arm and directing the head towards the outlet. Gave Pulsatilla 3x in water every fifteen minutes, and in just one hour, vertex presented and labor terminated properly. This was the third child, weighed 12 pounds. Mother made good recovery. Arnica 30 after labor.

Mrs. Wm. K. Age 38 years. Had been in ill health for three months, no treatment. Membranes ruptured the day before I was called, the cord had descended in a loop about



eight inches. Had been in pain about eight hours. Head large, vertex presenting, the cranial bones easily indented. Patient complained of feeling cold, pulse weak. Friends were giving Camphor by olfaction. Delivered the child with forceps, had been dead some hours. Head measured 20 inches around its shortest diameter, weight ten pounds. Mother made good recovery. Ars. 30.

Case of twins. Mrs. Edward M; age 29 years. Had been in labor 36 hours before sending for help. Said she could not bear another pain. (Cham. 30) Examination did not reveal the position. Gave Puls 3x every fifteen minutes and relieved the bladder and bowels, after which I found a vertex presenting. Child born normally, followed by a profuse flow, as of membranes ruptured, found a breech presenting and in half an hour the second child was born. First (female)  $7\frac{3}{4}$  pounds. Second male  $7\frac{1}{8}$  pounds. Two placentas. Uneventful recovery.

Mrs. Robert McN., age 30. Another case of twins. Delivered normally about 9 P. M. of one twin, then pains ceased. Still a large firm uterus was evident. Emptied bladder and bowels, no pain, nothing presenting. Patient felt weak, gave Puls. and she slept till 3 A. M. Awoke with pain, membranes ruptured, and a vertex presented, which was *unusual with twins*. Second child delivered at 4 A. M.. Seven hours after the first one. Both placentas were adherent and severe hemorrhage followed. Caulo. 1x; China 3x and manual delivery of the placenta. Recovered without fever. Arnica,—Sep.

Mrs. Henry H., German. Had convulsions and forceps delivery with two previous children. Nine days before labor, patient had seizures, and I was called. Gave Gels 3x from all the symptoms I could gather from the family. Patient did not respond to it. Convulsions lighter but continued. Patient put her hands on thighs, when pains were on. Gave Cimicif. 3x which relieved pains and patient was able to express her symptoms. Urine not albuminous. Continued Cimicif. twice daily, had her receive enema every day keep the torpid bowels clear. On the ninth day labor came,



and terminated without any convulsions. Milk secreted for this child for the first time. Mother recovered with better health than previously.

Mrs. Abram L., age 34 years. Had dropsical swelling of limbs, abdomen, and hands, also had whooping cough; this was the third pregnancy. I was not called until the confinement. She had taken castor oil for a preparation. Cough loose, not paroxysmal since pains came on, gave Puls. No presentation, but dilatation progressing. In three hours (4th or 5th dose of Puls 3x) child was born,  $5\frac{3}{4}$  pounds and in one hour, second one was born also with a vertex presentation  $4\frac{1}{2}$  pounds and in ten minutes the third boy was born  $5\frac{1}{2}$  pounds, also vertex. All boys and all lived. There were two placentas, the first child had one, second and third children had one with two cords attached. Cough stopped, after delivery. She received Arnica 30 three times a day and Collinsonia later for rectal condition. Had no afterpains. Recovered with good health.

Fanny D., unmarried, no one engaged to attend. Oedema of limbs, hands, face, patient in a stupor when I arrived. "No pains but jerking." Drew some urine, which was highly albuminous. Os uteri closed tightly, surrounding tissues firm, seizures increasing in frequency and strength. Sent to a confrere for help; he sent an Allopath. After consultation, decided to use Barnes dilator which was done. After emptying bladder and bowels I applied forceps in upper strait. Dr. D— gave the anesthetic, did not like to deliver, for good reasons. Vertex was brought to perineum and the instruments removed. When the head was at the outlet, patient bore down just as in normal labor, child born at 6 A. M. dead. Placenta delivered by the Crede method. Slight seizures for two hours afterward then no more. Ars. 6x and later Merc. Patient had a gangrenous spot on *sacrum* which sloughed off and the spot healed. Albumen disappeared from urine in two weeks. Douches of antiseptics for two weeks. No laceration of perineum. Recovery in 22 days.

Mrs. Thomas P., 24 years. Primipara. In labor several

hours, the doctor who had been engaged was out of town. I found vertex presenting, and dilatation but no progress. Head very large and hard, I applied forceps ineffectually. The foetal heart sounds could not be heard and there had been no foetal movements. Friends urged me, "Save the Mother!" (No other doctor could be found to help me.) I then used vectis, removed two cranial bones, used blunt hook for shoulders, delivered without laceration. Male child weighed 12 pounds. She has borne children since, under fruit and vegetable diet and good homœopathic care during pregnancy, no difficulty was encountered in the other labors, Calc. caro. cc for scrofulous tendency, Puls. 5c for excessive appetite.

Seven miles over hills and dales, was called and went, (after two other doctors had refused,) to a pregnant woman who had "vomited blood for two hours!" Found patient (age 42 years, 10th child,) in a dripping perspiration, making strenuous efforts to bear down, and begging me to use the tools. Only neighbors for help. Vertex wedged in the pelvis; between pains succeeded in applying forceps, and delivered an 18 pound male child, dead. The mother died two hours afterward, from internal rupture, evidently of gall bladder. She was as yellow as saffron one hour after death.

As a Christian physician, I believe the power to help and to heal is a gift or talent bestowed from above, and *especially* upon those who have made all possible effort to be prepared for any emergency.

What have I that I have not received? Such cases are accepted as a call from Humanity.

I have all confidence in pre-natal treatment and the remedies for constitutional dyscrasia.

The fruit and vegetable diet after the fifth month, with suggestions in regard to fresh air and proper breathing and bathing and above all mental control, together with the needed remedy have carried through cases which have been diagnosed as *impossible*.

I have had all kinds of presentations, except a face:— Nine cases of puerperal convulsions, one lost, called only in

extremis; ten cases of twins; one of triplets; sixteen of placenta previa, and all varieties of the ordinary cases.

The largest child I ever delivered weighed 18 pounds *dead*. The smallest child, seven months of gestation weighed one and one half pounds, lived to grow up.

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## EFFICACY OF HOMŒOPATHIC PRESCRIBING During Gestation in its effect on Dyscrasia.

BY ROSALIE DE LA HAUTIERE, M. D.

On all sides we hear of *Trusts* and *Graft* in the commercial and financial world. The murmuring of the oppressed is gathering in volume, until some day its mighty roar will rock this fertile country of ours like an earthquake. The result — we are grateful for the veil that screens the future. As homœopaths we have a mightier foe than these to combat. A veritable giant HE, who stalks through the length and breadth of the land, crushing here, oppressing there, until all humanity feels the pressure of this tyrant's heel, and is unable to rid itself unaided, under the old order of things. I am purposely avoiding two miasms, syphilis and syphilis—preferring to dwell on the most frequently met with in my practice—Psora.

This hydra headed monster had carried all before it, rejoicing in its power, its glory undimmed until the advent of Hahnemann, who alone, after years of study and observation discovered and disseminated the one unfailing law of cure, *Similia Similibus Curantur*.

With swift, unerring aim this new eliminating power goes home, weakening the enemy of humanity. It writhes in its pain, lies prostrate for a time, again lifts its head to strike back, again it is subdued, and on and on the war is waged until finally the battle is won by our David.

Only the Hahnemannian Homœopath fully appreciates the tyrant to be dealt with—in handling Psora.

The subject of this chair Obstetrics, brings us within the most sacred chamber of life; in view of this we regard the presence of Psora in a far more serious light, for the

handling and eradicating of it in the mother means health and happiness to the child.

At no time is our law of similars more fittingly applied than during gestation, nor does the patient respond more readily to the indicated remedy than during this interesting period. Could the time be more opportune, than when the circulation courses so rapidly, through the various channels of the system?

The onward march of the life stream receives an impetus through the requirements of the new life that is being formed, nourished, and born of it, consequently it gathers morbid matter, some of which is expressed exteriorly, providing the vital force is sufficiently strong to do so, or a derangement is observed within.

It is very important for the physician to have the patient under his watchful eye during the period of gestation, so as to note any deviation in health, and to resort at once to our wonderful armamentarium.

All the faculties of the future mother are on the alert. She is particularly susceptible to her surroundings, whether the atmosphere be of a high or low moral tone.

How necessary it is to have the patient subjected to the best influences.

Each class—whether rich or poor should receive our best attention. Our advice and medical aid in either case, should bear abundant fruit on the moral well being of the future citizen.

In the home of affluence, impress the future mother with the sacredness of her duty to her offspring. The stewardship must be accounted for.

Oh! the wonderful influence that can be exerted on the unborn; if mothers but realized this, what moral giants this world would see. Prevail upon her to seek God's sunshine—read the best. Correct as far as lies in you—any dyscrasia presenting—especially the mental.

In the home of the humbler, working woman, let her see that we need the hardy sons of toil, they are the salt of the earth. See that she rises above her drudgery, make her feel

she too is queen in her own sphere, she will become more contented with her lot—and bless her doctor for his kindly interest. We doctors too often forget, how eagerly our patients look for an encouraging word from us—how a smile lingers for days with them, and makes life less burdensome to the sufferer.

We followers of the immortal Hahnemann, realize the importance of individualizing. No two patients are alike, though they be pregnant. The Modalities come into play, and our remedies do a noble work.

Only by a careful study of each case separately, do we arrive at a satisfactory conclusion.

Patients come to us from the other school sick and discouraged. They have been honestly prescribed for according to its methods, and they have been told that conception for them is an impossibility, or if it does occur—abortion would result; but under our unfailing law of cure, they are made strong and normal, and now wear the proud title of mother. The latent force required is the stimulus, Homœopathy as Hahnemann taught it—to set the clogged wheels in action, in other words, the removal of our arch enemy Psora.

With this result—the clearing away of the mists, and we behold the creation of a human life nearly perfect.

Under such conditions, gestation is a period of ease—its final act is one of almost painlessness.

Before stating an interesting case in verification of above, just a word on the question of diet.

This is an important subject—well worth our earnest consideration. The fruit and vegetable diet—when agreeable to patient—is the most satisfactory.

When the all important hour arrives, the accoucheur has less work to do, as the tissues are more elastic.

The nausea and vomiting so common, also so distressing to the patient, find an able friend in our remedies.

Keep the patient in a cheerful frame mentally—also keep before her, her great destiny as woman, maternity.

L. A., April 7th, 1908, Mrs. P., age 26, married 7 months.

Mind. Mentally dull for 2 years—desires solitude—depressed—cries easily.

Head—headaches for 7 years off and on. Eye—astigmatism <from eye strain <excitement <music.

Throat—Tonsillitis 3 years ago.

Menses—irregular—some times every two weeks—again every 3 weeks.

Matured at 16—flowed 3 weeks.

Four years ago—flowed 5 weeks.

Four years ago—suffered from ovaritis.

No medicine locally—

Taken much medicine to regulate periods.

Measles at 8 years of age.

Sulphur as a Spring tonic.

She is now <from a warm room, it causes headache.

Hands and feet cold—reaction quick.

Light covers on bed, year round.

Hunger at 10 A. M.

Strong desire for salt during the last 6 years.

Desires—strong tea and coffee—“strong enough to stand on.”

Highly seasoned foods; small meat eater, likes candy and sugar.

Pelvic pains continually. Her former physician discouraged conception. Said if it did occur—abortion would result. Advised an operation to break up adhesions. Husband had about made up his mind to consent to it when he came to me. I strongly advised against it until we had seen what Homœopathy would accomplish.

Some years ago patient met with an accident—falling from a car, no doubt causing the above condition.

Natrum mur. cc.

24th, Menses 3 days later than usual.

Sleepy all the time.

Not hungry at ten.

Has eaten less salt, although desire is as strong.

Placebo.

28th, Improved—no backache—no headache—has used eyes more at sight seeing—no aggravation from this.

June 17th. Placebo.

June 13th. first severe headache since beginning treatment. No menses since April 12th.

Morning sickness after breakfast—sour vomiting—Retains the food that is taken one half hour after vomiting.

When very tired there is a return of the backache but not otherwise. Generally after washing.

Desire for salt—Cold hands and feet—

Sulpur 81 m.

July 2—Desires salt.

Headache in left temple, last three days.

Sleepy all the time.

Backache in sacral region.

Bowels irregular.

Hungry all the time.

Depressed to-day.

Placebo.

July 16th. Feeling very well—no nausea nor vomiting.

Worrying some—thinks something is going to happen.

Sleepy about noon—worse at 3 P. M.

Bowels move every other day.

Arsenicum cc.

July 20th. Poisoned some days ago, from eating ice cream. Feeling better to-day.

Restless at night, worse before midnight.

Pain in left groin—worse walking.

Rhus. tox. c. m.

Aug. 17th. General condition good—is quite active; for pain in left groin she used Iodine, for which act she received a sharp reprimand from me.

Inclined to cry—but controls herself.

Placebo.

Sept. 2nd. General improvement—Cheerful—

Appetite good—meat sours on the stomach. Principle diet vegetables and fruit, butter and eggs.

Placebo.

Jan. 9, 1909. Delivered of a fine boy, weighing 10 pounds. Labor short—Saw her short time ago—she is in splendid form—rosy and healthy—plenty of milk—boy weighs 20 pounds.

What about abortion, adhesions, etc?

Put the little pellets to work—they and patience accomplish wonders.

### PUERPERAL TYPHOID.

By CARRIE E. NEWTON, M. D., Brewer, Maine.

The symptoms of typhoid fever closely resemble those of puerperal sepsis, and, while a diagnosis is not necessary so far as selecting the remedy is concerned, the physician should always think of typhoid when fever appears during pregnancy or in the puerperal state.

In the earlier months of pregnancy the diagnosis of typhoid is more easily made than when symptoms appear at the puerperium which resembles a septic condition.

The text-books on obstetrics give little information concerning typhoid fever as a complication of the puerperal state. Some books merely mention that its occurrence in the early months of pregnancy nearly always produces miscarriage, and some authorities class it under puerperal fever and treat it as a septicaemia.

In the ordinary obstetrical courses in our medical schools typhoid is merely given passing notice, and the young physician is likely to be puzzled by the first case that may come early in practice.

In looking about for literature on the subject of this paper, the report of a case was found in the Transactions of the American Institute of Homœopathy for 1907, and having in mind the treatment of a case that is to be reported I was shocked at the treatment of this other case as reported by a man who claims to be a homœopath to a body of men and women who stand before the world as homœopathic physicians.

That the difference may be shown in results obtained by



rational and irrational treatment, a comparison of the two cases mentioned will be given.

The first case is the only one of puerperal typhoid that I have seen or heard of in this vicinity, where, until three years ago, typhoid epidemics were frequent and severe.

In March 1904 I had under my care a multipara pregnant for the fourth time, whom I delivered on the 23rd of the month of a healthy nine pound girl. The patient complained then of not having felt well for a week or ten days before the confinement, but the symptoms were supposed by the patient to be only such as often precede the termination of pregnancy and were not reported.

The birth was normal excepting a slight perineal laceration which was repaired at once, and the principles of asepsis were carried out as fully as was possible in a tiny, untidy, crowded tenement, and no complications were expected.

A few hours after delivery the temperature was 101.1° and pulse 104; lochia normal; after-pains severe, and a dry, hard cough causing pain in the head and abdomen, for which *Bryonia* 200th was prescribed. On the following day temperature was about the same. A renal enema and warm saline douche were given.

On March 25th, patient was comfortable, pulse 100, temperature 102.2°. Urination became painful and difficult with weight and dragging sensations in bladder, urethra swollen, urine high colored. Backache, lumbo-sacral pain relieved by pressing against the pillow or hands. *Sepia* 55m.

March 26th, abdomen swollen, tympanitic; uterus flabby; abdomen was swollen in a peculiar "lumpy," rigid manner. Fever about same, lochia paler, bladder symptoms unchanged. Uterine and vaginal sterile douches were given, and *Cantharis* 200th, was administered internally.

March 27th, temperature lower, stools enormous in quantity, accompanied by much flatus. Afternoon temperature higher, bladder symptoms better. *Secale* 500.

March 28th, condition about as on 27th. Stools copious, yellow, offensive with much flatus, less pain and tenderness in abdomen, lochia normal.

Having feared a septic condition from the first appearance of the fever, but noticing now a few rose spots on abdomen, and also from the fact that there was then existing an epidemic of typhoid, I began to feel that this might be a case of typhoid, and I called in counsel. The consulting physician diagnosed typhoid and advised Rhus to be given, but Podophyllum was the simillimum, and the 19m was administered with most satisfactory results. The fever gradually disappeared and as there were no other symptoms, the patient begged to be allowed to sit up. Almost the only nourishment consisted of the fruit juices. The patient was discharged on April 10th, needing no further attention.

In reviewing the treatment of this case I regret the use of the douches, as they were uncalled for, and Secale was not indicated.

Judging from the temperature and the date of appearance of the rose spots, the fever had probably been running for several days before the confinement.

The baby was bottle-fed during the existence of the fever, lactation was not discontinued, and later the baby was returned to breast feeding.

The second case will be considered only briefly.

Patient a primipara, healthy, surroundings favorable; fever appeared twenty-nine days before expected confinement. A normal birth occurred about five days after first symptoms appeared, with patient partly unconscious.

Retention of urine followed; aching in limbs; tympanitic abdomen and high temperature. A uterine douche was followed by chills with increased fever. An eminent specialist was called, but he found no evidence of sepsis, nevertheless he washed out the uterus with antiseptics and packed it with iodoform suppositories, and gave a guarded diagnosis of typhoid fever. The diagnosis was later confirmed by blood test.

In addition to the "carefully selected" remedy the name of which is not given in the report, five-grain doses of sulphocarbolate of soda were given for "septicaemia." This was followed by hypodermic injections of antistreptococcus

serum, and in spite of the fact that repeated examinations of the uterus showed no evidence of disorder, the local treatments were persisted in.

Malignant endocarditis was suspected, peroxide douches were given and the serum injections continued. Formaldehyde was administered by intra-venous injections, followed by chills, and later improvement, but disregarding the amelioration the serum was repeated as a "preventative measure." More chills and collapse were treated by saline injections, and embolism with hemiplegia and collapse added to the distressing condition. A second embolism soon followed the vigorous and heroic treatment of the first, and death relieved the poor patient of the martyrdom, for martyr she was to such diabolical methods of therapeutics.

The physician who reported this extraordinary case calls attention to several surprising features of the case:—1. The wonderful vitality of the patient to withstand such high temperature and severe chills. 2. The extreme malignancy of the disease. 3. The absolute improbability that the infection came from the parturient canal. 4. The large amount of antistreptococcus serum injected, fourteen packages of 20cc each having been used, without abscesses resulting. 5. The satisfactory results obtained from the subcutaneous injections of fifteen pints of normal saline.

These are indeed surprising features to physicians who practice a rational therapy.

The physician closes his report with the remark that he knows his paper "will be subject to criticism if not to ridicule by the ultra homœopaths who never use anything but the attenuated remedy, and who, according to their own confessions never lose a curable case. I wish that I had their sublime credulity, but alas! I have not."

What a crying pity that he had not the knowledge and the credulity and the best adjuvant of all the common sense of the "ultra homœopaths."

Admitting that the latter case was more serious from the beginning than the first case reported, on the other hand this patient had more favorable surroundings and more

skilled nursing than the first patient could have in her humble home with only an untrained but faithful nurse.

Case 2 was positively diagnosed as typhoid on the fifth day after confinement, yet the totality of symptoms was ignored, the patient herself was not prescribed for, but the most violent measures possible were employed, and treatment was directed against a condition that did not exist, and against an organ that was not in a distressed state. Undoubtedly most of the severe symptoms were produced by the methods of treatment and were not a part of the original disease.

Let us remember that, no matter what the disease, be it puerperal typhoid or septicæmia; or any other disorder, we must treat our patients on the totality of symptoms with the simillimum. This is the only rational way to heal the sick.

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## HOMŒOPATHY IN THE MATERNITY ROOM.

BY RICHARD BLACKMORE, M. D.

By the time one takes his knowledge of *Materia Medica* into the maternity room, he has developed an abiding faith in the efficacy of homœopathic therapeutics.

At first he is slow in applying the symptomatology much farther than to give *Belladonna* for a "rigid os," which after all is poor prescribing, since *Caul.*, *Gels.*, *Verat vir.*, *Ant. tart.*, *Cimic.*, *Nux vom.*, all have rigidity of the os uteri more prominently than has *Belladonna*.

Such tentative experiments as this do more harm than good. Occasionally, however, they may lead to a closer study, more careful analysis of symptoms, and repertorial guidance.

The argument that labor is a mechanical condition, and therefore peculiarly the province of manipulatory procedure, has many upholders who forget the fundamental vital force behind, which may or may not be misdirected. While this vital force is not misdirected, the case is a normal one, and the "*vis medicatrix naturae*" to be relied upon.

There is a proportion of cases in which abnormalities from a variety of causes, remain unobserved during gestation, and one's first discovery of something wrong is at full term, chiefly in the direction of presentation.

It is in these cases that a fuller, more complete, knowledge of our *Materia Medica*—or rather a better knowledge of homœopathic therapeutics—is of service, for the materialistic obstetrician hails such cases as his particular opportunity. A chance for a podalic version is not to be thrown aside too lightly, since the operation is not extremely difficult, is undoubtedly impressive, and very properly the thing to be done by one who knows no better.

One who has listened to the advice of his elders with open mind and attentive ear, willing to learn from their riper knowledge, knows there *is* another way, provided the case be not advanced to impaction of a part or rupture of membranes. He will remember that his teacher in Obstetrics said "Pulsatilla, and Pulsatilla high in such cases." Later, if he be a student, he will have read the same doctrine in a thousand places; and when it comes his misfortune to see a case of abnormal presentation, he will recall "Pulsatilla, and Pulsatilla high."

Such was my experience in two undoubtedly transverse presentations in one week; both multipara; both Scapula Right Ant.; both on the eve of impaction after long difficult labors. In neither was there rupture of the membranes. To each Pulsatilla was given in potency with the happiest results as to normal cephalic presentation and uneventful delivery.

In cases which are not classed arbitrarily as abnormal, but in which the patient is suffering tremendously, the homœopathically indicated remedy has a large sphere. Our materialistic confreres say that "a certain amount of pain is inseparable from the condition," counsel the patient to be calm, and "nature will do the rest," etc., etc.

Such was the following case, only the remedy was seen in time, and given in potency.

A primipara in labor had been allowed to run along until

exhaustion was impending; much disturbance of her nervous equilibrium had set in, she was very cross and impatient, could not stand the pains. There was "hour-glass" contraction of the uterus. She received a dose of Chamomila, which relieved all the untoward symptoms, and led to a normal easy delivery in a short time.

These accounts are not remarkable to one who knows, and believes in, his *Materia Medica*, nor to any of my hearers. They *are* remarkable to those unacquainted with the power of the carefully selected homœopathic remedy. One of my maternity home nurses commented on my consulting a repertory during the progress of a case. The same nurse said to me at a later time "I haven't seen you use forceps in over a year." Is there any connection between the use of the repertory and the non-use of forceps? I believe there is.

(Since writing the above, I have been obliged to use forceps, but the case was a primipara with an antero-posteriorly contracted pelvis, and a large, full term child. It required an hour of the hardest kind of work to deliver. Such are not cases for a remedy.)

In the treatment of hemorrhages, one finds loyal and trusty friends in his medicine case. I recall a case which flowed excessively after an uneventful delivery. In a way this was not unlooked for, since the uterus had been tremendously distended by an excessive amount of liquor amnii. The blood was hot, red, and discharged in gushes. Belladonna was without effect. Presently the patient took on a cool, waxy appearance and the pulse became weak and thready. She complained of vertigo and nausea. Ipecac 1m stopped the hemorrhage *at once*. Of course one is to be ready with such measures as hot, sterile, saline irrigation, elevation of the foot of the bed or table, massage and compression of the fundus uteri, etc., but so far such cases as have fallen to me have responded to the remedy.

Hemorrhage is one of the dreaded complications of the puerperal state, and may be of various sorts. Still, carefully managed cases need not be alarming. Usually there

is some constitutional cause which might be corrected in an extended observation, should such be possible.

Fortunately it is not very frequent. Although no complication is more dreaded by the practitioner; nor is there any in which his poise is more necessary; he should hold such a mental attitude as to enable him to differentiate between cases where mechanical interference is proper, and those which may safely be left to the action of a remedy.

In *post partum* hemorrhage (with which the writer's experience has chiefly lain) the cause is usually lack of tonicity of the uterine muscles, which prevents the walls efficiently closing down upon the patulous, uterine sinuses left by the expulsion of the placenta. Some bleeding is to be expected immediately after the delivery of the placenta, and this is probably advantageous in relieving the previously engorged uterus. Much more should hardly occur, except in rare cases, provided the fundus uteri be grasped at once after the birth of the child. It is my habit to have the uterus so grasped and held and never lost sight of until all danger is past. Moreover, I usually wait some time, even up to half or three-quarters of an hour before expelling the placenta, and then using the Crede method.

So far, the patient does not complain of pain, provided the direction of the parturient canal be borne in mind and followed, and as before stated, those cases of *post partum* hemorrhage in my experience have come from a lack of power in the uterine muscle. How many more (or less) might have occurred, had a different method of proceeding been adopted, I do not know. What I *do* know is that with the above outlined method, and an occasional dose of medicine as the exigencies of the case and the symptoms of the patient demand, they are not common. It is needful to be ready for them, however, and one must be always on the alert.

To this end, one's knowledge of remedies likely to be useful should be frequently reviewed, and perhaps no better *resume* of the matter exists than is presented on page 406-7-8, third edition, "Gurnsey's Obstetrics," the careful consid-



eration of which is recommended. An indispensable article in the writer's obstetric bag is "Yingling's Emergency Manual." This book, with its repertories and brief synopses of the various remedies, is invaluable to the obstetrician.

The obstetrician should study the chronic miasms—Psora, Syphilis and Sycosis; for upon him rests a large part of the duty of gradually restoring the human race to its pristine perfection, free from disease taint. How often we see children ushered into the world who are simply crying for a deep acting, constitutional remedy! Too often the physician contents himself with such an examination of the child as shall enable him to pronounce upon the integrity, or otherwise, of the external genitals, anus, stump of cord, etc. It is my opinion he should do more, and by an occasional dose of the appropriate remedy, seek to remove a miasmatic taint. His knowledge of the miasms should be kept fresh, the appropriate remedies, including the nosodes, constantly gone over; and, as Dr. Stuart Close said in one of his admirable articles, "he will have an abundant reward in seeing a generation of fine sturdy children grow up around him whose passage through the evils of childhood will be made wonderfully easy, in comparison with others not so well cared for in this respect."

Dr. Holmes advised beginning the making of a gentleman with his grandfather. So in building constitutions; begin early and be not discouraged if you find one life is not enough to do all you wish. Others will take up the task where you shall be obliged to lay it down. When we *shall* have laid down our burden, may it be said of each of us—

"And so he walks his quiet ways,

With that content

Which only comes to sinless days

And innocent:

A life devoid of fame or praise,

Yet nobly spent."

#### DISCUSSION.

Julia C. Loos:—Several of the points that we have just heard so beautifully shown in this paper deserve to be em



phasized. One is the dynamic relation; it is true that we do have a mechanical process going on in the parturient woman but we have something more. There is a power in control of that operation and very often it works out differently from what it would if it were purely mechanical. Therefore a treatment based upon pure mechanics, is necessarily inadequate and sure to go wrong and not to give the best results. This was very well illustrated by two instances that came into my mind as I listened to the paper. I delivered a woman in her first confinement where the labor was slow, tedious and long because of a narrow pelvis. I was in attendance a long time with very little progress going on. It seemed to me that it would be necessary to use anesthesia and the forceps; I sent for another doctor and asked her to bring instruments, but by the time she arrived it had become evident that instruments would not be needed. The doctor waited and when the child was born expressed surprise that there was no perineal tear.

Twice after that the woman became pregnant and was confined in a hospital; the result was that the second child was destroyed and the woman suffered with a milk leg and other disability. It is presumable that the mechanical treatment was as good of the kind as could be obtained anywhere and the asepsis was likewise unexceptionable. The next time she was advised by the doctors in the same place to have an early or premature delivery brought on. That child was lost and she was told then that she could not be delivered of a living child; and yet there was a child four years old and well, a living proof that she could have a living child. The learned doctors—learned in mechanics—advised her that she had a narrow pelvis and could never have a living child. They advised her never to become pregnant again. If they knew anything about the dynamic forces of nature and had taken them into consideration they would have known different.

Another woman in her first pregnancy had a show of blood on Sunday. I saw her on Monday and found a tightly closed os notwithstanding the pains. I tried for eighteen

hours to help her with remedies. She was becoming worn out and I was not getting results. I sent for a consultant, one who is credited in the town with being an expert obstetrician: his advice was to give morphine and to stimulate the heart. I did not want to do it and asked him to take charge of the case. He followed his method and assured me that all would be right. In the morning she was about the same; next evening about the same time there was only a very slight dilatation. On Wednesday, about 4 a. m., the child was delivered dead. The placenta showed marked degeneration. The woman was left in the hands of Allopathy. She had a serious time; was in bed four weeks with much suffering and many troubles. The doctor who attended her had expected that everything would be all right in the morning, because to him there was nothing but rigidity of the os, and relaxation, he thought, would cure the condition. I had watched that woman for some months and I feared a difficult case, and it was there. It was not merely a mechanical condition but a dynamic force to be regulated. I have heard Dr. Gladwin tell of a case in which an arm protruded from the vagina at the beginning of labor as they thought. Under remedies the arm was withdrawn and two weeks later natural delivery took place. The condition of the patient during pregnancy is often an index of what we may expect at the end thereof, and there are remedies to be used. If our remedies do not do what we expect at the time we may look out for trouble and that was the state in the case just spoken of.

A woman in the third pregnancy was not well all during the time that she was carrying the child. The difficulties at the labor were the consequence of that. There was hemorrhage beginning before the child was expelled. She complained of faintness, ringing in the ears and there was pallor before the child was out of the vagina. We had the results of hemorrhage to treat; puerperal fever followed. Six months later she was still very anemic. We may put it down as the rule that when our remedies do not act satisfactorily during the pregnancy, we are going to have trouble

at the labor. Dr. Blackmore speaks of the use of bags; it is not a bad plan, and if used they will often prevent the necessity for using the forceps. The time that elapses between the delivery of the child and that of the placenta is very variable, and here we have again a question of the dynamic force of the system. The uterus has been worked hard during the delivery of the child, and nothing is more natural than that it should take a period of rest, so if it does not come immediately do not be in too much of a hurry to have it out. There is no rush so long as the patient has no symptoms. I wish to commend this paper of Dr. Blackmore's, it has a great deal in it.

Dr. Rabe:—I have listened with great interest to this paper. The writer appreciates the relation that exists between mechanical measures and Hahnemannian Homœopathy. Last year I recited in the course of a paper read before this Association a case of chronic interstitial nephritis, occurring during pregnancy. At the labor the child was normal in position and presentation. Symptoms that seemed to be septic developed and called plainly for Gelsemium and it was administered; she revived and all went on again for a time. In an hour all had come to a stop again. Why, if the remedy was truly homœopathic to this case, did it not go on. It showed me a prognosis from a homœopathic standpoint. I knew then that I was dealing with a mechanical condition. Chloroform was used and the forceps applied. It was as I expected for I found the cord was wound around the child's neck twice. If I had waited upon the remedy the child would not have been delivered until doomsday. There is a case where Homœopathy stepped out and surgery entered.

An old inflammatory focus in the pelvis was found to be present during a normal labor and there appeared a mild pelvic peritonitis. There was nothing characteristic about the symptoms except that she had a hot profuse sweat over the abdomen, which was without effect upon the symptoms. The remedy for such a condition is *Tilea*; it promptly relieved that condition. Farrington speaks of this remedy in

his *materia medica*. Some of you may meet just such a case and this is worth remembering.

C. M. Boger:—Obstetrics meets so many questions that it seems bootless to discuss any of them. When you think of convulsions, exhaustion, infection and all the disorders that the condition is susceptible to if you have any sense at all it makes you think and know that the conditions are not except in a small degree mechanical. With all these conditions there stands out above all the individuality of the patient. When you remember that a case of eclampsia may be cured with *Nux vomica* because attended with symptoms of the chest which are a main feature of *Nux*, when you remember that a serious hemorrhage may be stopped with *Aconite* you can easily see how much the individuality of the patient has to do with it. Never wait so long that a woman becomes exhausted. When I see that a woman is becoming exhausted, I do not say that as nature will attend to this in five or six hours that I will wait but I help her with the forceps. This is the best thing to do whenever you see that you can save the woman's strength by it. I do not advise their frequent use but only when it is evident that strenght will be saved by them. If exhaustion is allowed to prostrate the patient you never know what evil thing will take hold of her; perhaps hemorrhage without any reserve strenght to stand it, perhaps infection is coming on or perhaps she has pus in the tubes and by saving her exhaustion you prevent the danger of rupture. Perhaps as a result of the exhaustion appendicitis may result and so on all the way down through the list. It pays to save the patient's strenght all the time. I have been in active practice for twenty-one years and never seen death from confinement in that time. I have seen plenty of deaths from other causes.

I remember a case a number of years ago where a young man had gonorrhea and I could not persuade him from getting married. His wife contracted the disease and also became pregnant. She went into confinement in this gonorrheal condition and in three days after labor she was dead. The death was from the pus infecting her abdomen. When we

look on all the things that woman has to go through it is wonderful that she stands it so well; much depends upon keeping up her strength.

Richard Blackmore:—I have seen the cord around the neck so often that it is a thing that I expect every time now. I have had to get the cord and clamp it pretty quickly. Infection I do not know anything about so far. I had such an object lesson after leaving school, that I have been afraid of it ever since. My predecessor lost a case of a prominent citizen of the town; it was a clear case of carelessness, dirt and negligence. The woman died. Ever since that I have been scrupulously clean even under the most adverse circumstances. Recently I have been in the slums and have delivered a premature birth. There was nothing around that came within a thousand miles of being clean. Certainly the environment was bad but the woman recovered all right. I took a nurse with me and had her clean things up a little. In the maternity home with which I am connected we do not have any trouble and do not know what infection is.

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### CLINICAL CASES DEMONSTRATING THE HOMŒOPATHIC LAW.

BY NETTIE CAMPBELL, M. D.

Mrs. Mc. was called in the evening and found a most severe hemorrhage without seemingly any cause. The patient had menstruated regularly up to six weeks before this. I have delivered many women in confinement with far less loss of blood than this case presented when I first arrived. For 4 hours I tried to check it with remedies but failed. There was no dilatation and the os was not patulous; from the suddenness of the attack, the profuse discharge, its coming without apparent cause, the blood clots forming in the vagina it seemed to me to be a case of placenta previa. I knew such a hemorrhage could but result in the death of the foetus, and decided to bring on a premature labor. For to leave the patient to be subjected to another attack in her weakened condition, coming on as it would do without any warning, would be placing her life in danger.

I packed the vagina tight with gauze and left it for twelve hours, then removed it and found a very slight semblance of dilatation. I re-packed and in six hours was 'phoned to come in haste as there was a severe hemorrhage. I removed the packing and found a little more dilatation, again re-packed, giving the remedies as I thought I saw them indicated.

The patient said: "Dr. with every pain I believe there is a gush of a teacup of blood." I was very nervous but as I was visiting in a rural district where there were only men and all allopaths, to call in consultation I decided to fight it out alone, fearing they would say just what you might expect with a Homœopath and a woman. When they get in a tight place they have to call on a man.

The patient will never be paler when dead. I hastily removed the packing and found dilatation almost as large as a 25 cent piece, and the placenta filling the os uteri. I passed my finger vigorously around the inside of the cervix tearing the placenta away, and the hemorrhage stopped almost immediately, and the foetus hardly an inch long enveloped in its membranes, and almost perfect in outline was expelled.

I knew the placental membranes were not all expelled, but advised them to be content without a currettment and trust to the remedies.

I douched the vagina night and morning with sterile water and the fourth day gave Sepia because of the pains going from before back, and because of the moth patches on the face, and the dragging down feeling she had experienced when up and around.

The membranes were expelled and a very bad retroversion of the uterus was corrected before the next morning.

Mrs. S. mother of seven children.

Patient is exhausted and run down in health caring for her husband who was buried the week before.

Labor was slow and tedious, there seemed to be no expulsive power, although dilatation seemed to be complete.

To save the patient's strength, I delivered by aid of the forceps.

After the natural expulsion of the placenta, which took place in a few minutes, there was a severe and alarming hemorrhage. If I relaxed my grasp of the uterus a few seconds, it would flatten out like a pancake. I ordered the nurse to give several remedies as seemed indicated, but with no amelioration of the symptoms.

Hands and feet cold; pulse lost, face pale as a cadaver. Patient gasped, "raise the window: *fan*; I feel as if I would faint."

China c m controlled the hemorrhage at once.

I am sure I made a mistake in not giving it before delivery. I believe it would have caused contractions of the uterus and brought about a normal delivery.

Mrs. F. primipara pregnant five months and rejoiced at the thought of becoming a mother. There were slight hemorrhages at intervals which the remedies and rests in bed seemed to control. I received a telephone call one evening to come at once, and found the patient suffering a profuse hemorrhage caused by the excitement of a big fire across the street. There was some dilatation of the os and pains every three minutes. At a glance I saw a picture of Ipecac, as follows: 1st, hemorrhage of bright red but blood clotting in the vagina. 2nd, gasping respiration. 3rd, with each pain there was pain in the region of the umbilicus also. 4th, nausea and vomiting of frothy mucus with every pain, then drowsy until the next pain.

I was dismayed when I found my Ipec. bottle 1 m. practically empty, only three little granules which I loosened and carefully poured in a teaspoon of water for fear of loosing them, and gave all at one dose.

The patient, slept after this for one hour, although somewhat disturbed by the nurse getting her bed in a more sanitary condition. An examination revealed the fact that I had a case of placenta previa. The placental membranes filling the os uteri. After removing them by means of the



placental forceps, the dead foetus about six inches long was expelled without a pain or any more hemorrhage.

Mrs. S. mother of six children. The bag of waters broke Friday morning but the pains were ineffectual. Patient had no appetite and seemed disgusted at the thought of food, constantly spitting and slight nausea. Was called again Sunday noon. Os was well dilated but no expulsive power and few symptoms.

I finally observed with every pain there was a dyspnea which seemed to check the pain. This symptom and the nausea led me to prescribe Lobelia 1 m. and labor ended with the next pain. Because I failed to see the indications for the remedy when first called, the labor was prolonged and the patient caused to suffer unnecessarily.

Mrs. M. mother of fifteen children. I was telephoned for at midnight. The patient suggested that I make an examination, as the bag of waters had broken two hours before I arrived, but the pains were 20 minutes apart.

As I made the examination I remembered I had spent the day from 8 A. M. to 6:30 P. M. at the bed side of a patient suffering with scarlet fever in a very malignant form. I thought the harm, if any, was already done, but I was not to blame because I was not notified of the nature of the case when called, so decided to keep still and watch results. The patient was a typical brunette in complexion, olive skin, black hair and eyes, but Pulsatilla type in disposition, mild, easy, tearful, thirstless, craving fresh air, and also pickles at every meal. Puls. c m caused the pains to come every three minutes and in a very short time an eight pound boy was born. In a few minutes the placenta was expelled as far as vulva, and hard pains kept up for two hours. The patient said they were the most severe she had ever experienced in the sixteen births, but the placenta was no nearer being expelled at the end of two hours than at the first, and I told her I dared not try to remove it, as there was still the seventeenth child in the uterus; no remedy made any impression. I could feel an hour glass contraction, not at the cervix, which was relaxed, and not in the least con-



tracted, but towards the body of the uterus. I learned she had always been given ergot at each confinement, that her menstrual periods had been protracted and watery; I then prescribed *Secale c m.* I placed a powder on her tongue and before I could walk to the dresser to put the bottle in the case, she exclaimed, "Oh, Doctor!" and there was the second fine boy and the placenta was expelled a few minutes later.

The mother said, "Dr. whatever you gave me out of that bottle acted like lightning. I had hardly closed my lips on it until I could feel things 'flop over' as it were, and the child was born before I could tell you." Such surely was the case, as there was but one placenta (divided by membranes) and two cords. The half of the placenta belonging to the first child was expelled after its birth as far as it was possible for it to be, and here the hour glass contraction took place. *Secale c. m.* overcame the hour glass contraction, drew this half of the placenta back and caused a normal presentation to take place at the second birth. Although I watched for serious results from the scarlet fever infection none developed, and all the disinfectants I used were soap and water.

Mrs. G., mother of six children. Labor progressed in a gratifying normal manner, and a ten pound girl came into the world screaming vigorously and kept it up for more than an hour.

The placenta refused to come away, and as there was no hemorrhage to speak of I waited nature's time.

The mother was suffering with a cold that seemed to point to *Pulsatilla*, which I gave hoping that it would expel the placenta but it did not. I then put the child to the breast hoping this would help expel the placenta, but this was ineffectual. After this the baby hushed its crying and sneezing and up to the third day showed no more signs of a cold. The nurse said, "we never know there is a baby in the house." This showed the value of the indicated remedy upon the child given for the mother's cold and the expulsion of the placenta, although it did not expel the placenta.

I carefully washed my hands with soap and water and found an hour glass contraction on a portion of the membranes in the very fundus of the uterus. Some no doubt would have become impatient and torn it away, trusting to nature to expel the fragments of membrane, but I always value the safety of my patient more than my time, and hunt for the indicated remedy to do the work. I questioned her till exhausted. At last she said, "Dr. I tell you I am free from pain, only a little in my back going through to the front. I gave Sabina c. m. I think in less than two minutes the placenta was expelled without the loss of a fragment of the membranes five hours after the delivery.

#### DISCUSSION.

P. E. Krichbaum:—I am reminded of a case that I had on the 15th of this month, a case of twins; the pains were severe and the membranes tough and had to be opened with scissors. The patients pulse was eighty when I left her but she seemed all right. In ten minutes after I reached home I was called to come back as quickly as I could. They supposed that there was a third child being born; the pains were greater than during the delivery. I did not wait to give any medicine but removed the clots which were very large and then gave Ipecac afterwards.

R. C. Grant:—It has been called to my attention by two physicians that in active post-partum hemorrhage a small napkin or small tampon saturated with chloroform and thrust into the vagina will stop the hemorrhage as quickly as if you had corked it up with a cork. Strange to say the chloroform does not injure the mucous surface of the vagina according to my informants. I have not used it in that way myself so cannot speak from experience. I believe, and it is my experience that the indicated remedy if given promptly will control post partum hemorrhage, but I do not believe that any head is going to contain all the remedies that might be called for, and it is a fact that you do not have time to look up a remedy in such cases as these. Your patient would be dead. It is therefore well to know of some means by which the loss of blood can be promptly stopped.

Nettie Campbell:—It is not my habit to use anything in the vagina unless it is sterile water in a few cases where there are shreds of decaying membrane in the vagina.

### AN OENANTHA CROCATA CASE.

BY VOLNEY A. HOARD, M. D

The following was the most severe case of puerperal convulsions in my experience. A primipara of 32 years of age, whose general health had always been good, and who had had no trouble during her pregnancy until the last week when the urine showed a small amount of albumin but no other symptoms, Labor began at 6 p. m.; on my arrival two hours later, found the patient complaining of occipital headache—black spots floating before the eyes, and a strange feeling as she described it. She immediately went into a very severe convulsion. Chloroform was administered, and with the instruments a still-born, well-developed child was delivered. From the beginning of her labor, July 15th, at 9 p. m., to July 17th, at 1:40 p. m., she had twenty-eight convulsions. She remained in a comatose condition until July 12nd, five days, and did not regain full consciousness until the afternoon of the 23rd. From the time of delivery the convulsions were coming every one-half to three-quarters of an hour; pulse was growing weaker, lungs oedematous, and respiration very irregular; the outlook was anything but promising. Belladonna, Hyoscyamus, Stramonium and Cuprum were given at different times, but did not seem to cover the case and did no good. She had nausea with the convulsions, and marked twitching of the facial muscles.

On working the case out with the repertory given in Yingling's "Emergency Manual," which I always carry in my obstetrical bag, we found *Oenantha* stood highest, and turning to the text found it described this particular case as if it had been written from it, as follows: Extreme restlessness and anxiety before, and followed by deep coma after the spasm, rapid convulsive twitching of the facial muscles: face livid and turgid; hurried labored breathing: *nausea and*

*vomiting*; pupils dilated, foaming at the mouth; pulse small, feeble and irregular. The next move was to get the remedy. It was in the small hours of the night and we knew of no one who had it. On visiting the drug stores, found the tincture of *Oenantha*, which was being pushed by a western pharmacy as a remedy for epilepsy. Of this we gave one drop dose every fifteen minutes for a few times, then every half to one or two hours as the convulsions grew less frequent, which they began to do almost immediately. The following morning we found the remedy in the one thousandth potency and changed to that, giving a dose after each convulsion. July 19th, *Hyoscyamus* 30th was given for the following symptoms: convulsive twitching of the respiratory muscles, talking continually, laughs and then weeps, face flushed and then pale, eyes not closed for twenty-four hours, snaps her fingers frequently, desires to be uncovered, strikes at her herself and at the bed. These symptoms improved gradually, and on the 21st *Hyoscyamus*, one-thousandth, five powders, was given. From this time she gradually improved and had no other remedy, except a dose of *Lachesis*, and later a dose of *Sulphur*. Since this time she has been perfectly well, and four years from the date of her sickness gave birth to a strong, healthy child, and had a normal labor.

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### CLINICAL CASES.

BY H. W. SCHWARTZ, M. D., Sendai, Japan.

RETAINED PLACENTA.—Mrs. Z., an American, aged about 25, stout of build, with black hair but a very white skin, primipara, was delivered after a labor rather slower than normal, though otherwise without incident, at 5:30 p. m., Friday, August 21, 1908. After a couple of hours I tried by gentle massage over the uterus, and slight traction on the cord, to bring the placenta, but without avail. All night I waited and worked, and in the morning I returned to my office for the only homœopathic counsel available, my books and journals. I had no rest that day, for when not busy caring for my other patients, I was either

studying or at the bedside of Mrs. Z., trying some remedy which I hoped was indicated. I had, and have, absolute confidence in the law of SIMILARS, but I began to lose confidence in my ability to apply the law.

I remember how in my Allopathic days I thought I must give Fluid Extract of Ergot at every confinement, and I had but one retained placenta, which I in good Allopathic style had removed. I wondered if it was due to my use of the ergot that no other such cases had fallen to my lot, and I thought of trying it in this case. How I longed for a few moments talk with some of you, who have had much more experience in Homœopathic practice than have I. I believed that you could tell me what the right remedy was, and I was certain I would then get the desired result. I was especially anxious, as this happened at the most noted summer resort in the Orient, and where about a thousand foreigners, missionaries, merchants, military and civil officials, travelers, etc., from Japan, Korea, China and the Philippines were staying.

There were several physicians, but I was the only homœopath, and disliked bringing any reproach upon my beloved "pathy" quite as much as upon myself. It was not long, however before the news was out, and I was conscious that there was a spirit of expectancy, anxiety, curiosity and perhaps criticism, on the part of the community. I knew that one of the physicians there was, a short time before, quite severely criticised for allowing a placenta to remain eight hours before removing it. As there was neither fever nor bleeding, I was certain that there was no immediate danger, and as the patient and her husband had perfect confidence in me, I could in a measure be independent of public opinion; but as the day wore on and I could not find the indicated remedy I began to lose courage, and actually resorted to the old way of administering ergot, without effect.

That evening I went with my Yingling's Manual, and after searching in vain for guiding symptoms, I read what Yingling said, that in the absence of definite symptoms give Pulsatilla, so I tried that, and after giving several doses lay

down for a little rest. as I was nearly done out. In the morning I went to the bedside of my patient, and found the placenta expelled from the uterus, but lying in the vagina and easily taken. I had no means of knowing at what time it had been thrown out of the uterus, but it had been 36 hours from the time of the birth till the removal of the after-birth. No unpleasant symptoms or complications arose and the patient made a good recovery. Then she began to hear of several who had known a long period of invalidism to follow a forcible removal, so that every one was congratulating my patient on the happy outcome.

Mrs. W. A Japanese, aged about 30, mother of several children, miscarried at about the third month. I was not called at once, but as the flow continued rather more than normal, and there was considerable nausea, I was asked, several days after the miscarriage, to prescribe. They were positive that "everything" had come away, the placenta as well as the foetus. Ipecac was given with considerable relief to the patient. A day or two later I was informed that "something large" had passed, and they were alarmed. Upon examination it proved to be the placenta, which had been retained for eight days, with not the slightest ill effect. I do not believe she would have made a better recovery had I used the curette. Surgery could not have improved matters, for she is now, several months later, in perfect health.

While at the summer resort mentioned above, I had a case of threatened mammary abscess. A mother nursing her infant, in a hot night perspired quite freely; soon after dropping asleep, it turned suddenly very cold, with a cold wind, which penetrated the poorly built summer cottage, and this mother awoke with a very bad cold. Soon the right breast began to throb, became slightly red and swollen, and very painful. The fever was not high, but constant. Bell. gave only slight relief; Phyto. was no better; Puls. and Bry. were each given a trial, and the breast was tightly bandaged to relieve the weight. It was also rubbed and emptied as far as possible of the milk, but do all we would, we could not remove the trouble.

In response to the request of the husband, I called one of the Allopathic doctors who was there, in consultation, and he very positively and confidently declared that it was simply impossible to prevent suppuration, and by my efforts I only delayed and made matters worse. The thing to do, he declared, was to poultice and hasten suppuration, and freely open the abscess. I was not of the same mind, and the patient was frightened at the thought of an operation, with perhaps weeks of suffering and expense, and so they were willing to let me continue my medication. With these remedies, and the external application of ice, which was agreeable to the patient, we in a few days had the satisfaction of a perfect recovery, no fever, no pain or swelling, and not even a lump in the breast. I had the additional satisfaction of knowing that I had made several very warm friends, not only for myself but for Homœopathy, which I am even more anxious about, if possible, than making friends for myself, for I actually believe that the law of Similars is a part of my religion. Any way it is next to my Christianity, if not a part of it.

One of your number in writing to me said, "Your isolation, though differing in degree, is sadly similar to that which we Hahnemannians all encounter in our efforts to maintain the purity of our school. We are so pitifully few in numbers." I realize that this is true, but I do not think you can imagine the loneliness I feel sometimes when a life, and the reputation of Homœopathy, depends upon my ability to find the indicated remedy. So far as I know, there is but one Homœopathic physician besides myself in the empire, and she is a thousand miles from here. I feel my limitations the more because less than a third of my professional life has been spent in the Homœopathic ranks, for I am not one of the "natural branches, but a wild olive branch which has been grafted in."

I shall miss our dear Doctor H. C. Allen, for he was one of the best friends I ever had. I used frequently to write him about my chronic cases, and he always answered promptly and helpfully. I was looking for an answer from a letter



which I fear he never saw, when I heard of his death. Aside from blood relations, I know of but one man in all America whom I could mourn, and feel such a personal sense of loss, as I do in the case of Dr. Allen, and that would be the Secretary of our Foreign Missionary Society. I felt a response in my heart to all the beautiful things said about him which I read in the *ADVANCE*. I believed him to be one of the best and kindest of men, and one of the best and truest of physicians. One of the chief pleasures I had in anticipation, was the plan I had formed of returning home at some future date for a furlough, and spending some time in Chicago, where I might study in Hering, and sit at the feet of Dr. Allen. I am wondering if there are not some among you who will take an interest in my work of introducing Homœopathy in this part of Japan and take pity on me, all alone here, and write to me, and give me advice when I need it, as did Dr. Allen,

One question I have often thought to ask, and it comes in here in the bureau of obstetrics, and that is, how we shall treat the pregnant woman (as so often I have read that then is the time to eradicate miasms), when there is no symptom to guide? I have had cases where the patient affirmed that she was in better health at that time than at any other time, and while I felt that there were some symptoms present at other times, which ought to be then corrected, I was utterly unable to make a satisfactory prescription.

I would much like to meet with you next June, but shall enjoy reading your papers and discussions, as I do in the *Proceedings* from cover to cover, and not only read them, but study them, for I find them very helpful. I believe all you say, even when you do not agree upon the potency or repetition of the dose. I use both high and low, but mostly 30th and 200th potencies, and I fear I sometimes err in giving too frequent doses as well as wrong potency, not to say sometimes the wrong remedy. I am having success, and had I not already written too much I would tell you how several of the Japanese physicians are wishing to study Homœopathy, while of course there are others who scoff,

I presented a paper recently to the monthly meeting of the City Medical Society, and it was commented on at the meeting and in the press. One article in the leading paper was rather unfavorable, and the next day the editor retracted and apologized. If I could give my whole time and had money for supplies and for printing, I am sure I could accomplish a good work.

But I must stop for now. I send you all greeting from Japan, and shout "Banzai for the I. H. A."

#### DISCUSSION.

W. H. Freeman:—Placental retention is of two varieties — first, that due to insufficient uterine contraction; second, that due to adhesion of the placenta to the uterine wall which persists in spite of contraction.

The first is more or less functional and easily remedied by the Crede method, though it is often advisable to facilitate expulsion by unbuttoning the placenta when the centre instead of one edge presents at the opening.

The second variety is pathological and fortunately not often encountered. The only two cases seen by me were quickly relieved after giving a few doses of Pulsatilla 200.

Yingling's Manual is one of the most important works in homœopathic literature, and it should always form part of our obstetric outfit.

I carry it in my obstetric bag always, frequently consult it, and have rarely been compelled to look elsewhere for help. It is marvelous to find so much practical obstetrical materia medica condensed into such a very small book.

It is not usually considered safe or advisable to leave a case while the placenta remains undelivered. Personally, if I were unable to expel it in any other way after giving remedies and waiting for a sufficient length of time, I should feel obligated to dig it out with the fingers, considering the latter procedures less dangerous than a possible severe or fatal hemorrhage during my absence.

In miscarriage cases but little reliance can be placed in what is told us. We can be positive of that which we see and feel and nothing else. The only proper thing to do

when there exists the least doubt is to make a careful digital examination. If the os is not patulous enough to admit the finger, it is fair to assume that nothing but clots have come away.

In most cases the best thing to do is to give the indicated drug and wait.

If there is excessive hemorrhage or signs of infection the best thing to do usually is to empty the womb at once and in doing so the best instrument of all is the finger, because it is just as effective and more reliable and less dangerous than the curette.

Mammary abscesses are easily aborted or controlled by the indicated remedy according to my own experience, and I have never had occasion to use the knife. This is no reason for not using the knife, however, in any case in which the simillimum could not be found, or which failed to be properly controlled and relieved by medication.

Ergot I have never used since the first year of my practice when I knew no better. Holding the womb and gentle friction, if continued for one hour after delivery, will prevent dilatation and bleeding, and in multipara this procedure will prevent the distressing afterpains. Ipecac in the 200 potency will instantly relieve post partum hemorrhage, at least it has always done so for me and I always have it in solution in case of emergency.

This fact would not lead me to prescribe Ipecac for a hemorrhage with symptoms calling for Aconite, Belladonna or some other drug, should I meet with such a case. However, hemorrhage will be exceedingly rare and remedies seldom needed if we hold the fundus after delivery as described above.

I am sure it is a great pleasure to all of us to hear from Dr. Schwartz. His paper shows that he is imbued with the right spirit and that he is doing good work for Homœopathy in a new field. I am sure that if he is spared for the work he will be certain to gain great credit for himself and for our school.

It takes plenty of grit and manhood to be a pioneer and

to stand up for a cause which no one else in the community favors or believes in. No doubt I express the views of all the members of this association in saying that I should be proud of an opportunity to extend counsel or advice to Dr. Schwartz if at any time thought worthy of doing so.

### A CASE OF OBSTETRICS.

BY JOSEPHINE HOWLAND, M. D. H. M., Auburn, N. Y.

March 10, 1909. Mrs. D. Age 30. Weight 215 pounds. I arrived at 9 P. M. and found the patient sitting up and down stairs, and was informed that the labor pains came on some time in the afternoon. As things were not progressing very rapidly, and we were likely to have a night of it, I advised both patient and nurse to go to bed and get some sleep before the trying ordeal got well under way. Both obeyed, and as I went up stairs a couple of times and found the patient sound asleep, I made myself as comfortable as I could in a Morris chair down stairs and lost myself in peaceful slumber until at midnight the nurse called me. I went to the bedside of my patient, and found the pains had begun in good earnest. Internal examination showed the os uteri considerably dilated, and sensitive to touch, and I elicited the following symptoms; backache in upper sacral region extending around to abdomen. (Has had backache for several nights. Worse on side lain on.)

Mouth dry.

Thirst—none.

Bowels—emptied by injection before I arrived.

Urine—urging.

Cramps in calves of legs.

These symptoms seemed to point to Belladonna, a wonderful remedy in labor pains when indicated; I gave Bell. 50m. at 12:15 A. M.

3:45 A. M. Slept soundly a couple of times since midnight for a few minutes.

Pains began to get worse at 2:30 A. M.

3:45 A. M. Came on about every five minutes—says last pain did no good. Bell. 50m.

4:50 A. M. Pains about every minute—last two pains accomplished nothing.

Complained of back being so weak—said it would give out—wanted me to rupture membranes, but I encouraged her to wait a little longer. Bell. 50m.

4:55 A. M. Membranes ruptured. Head nearly to floor of pelvis.

5:33 A. M. Patient said the last two pains did not accomplish anything.

Prolapsus of rectum with every pain—has to be pushed back after pain is over. Bell. 50.

6:10 A. M. Delivered of a nine pound girl. Placenta followed about  $\frac{1}{2}$  hour after, with some effort.

7:10 A. M. Temp. 97. Pulse 88. Arnica 40m.

7:30 A. M. Complained of being nervous and uneasy. Headache frontal, slight, came on shortly after.

8:07 A. M. Temperature 98. Pulse 74. Headache gone. At this juncture I left the patient in the hands of the nurse and returned at,

4:00 P. M. Temp. 98 $\frac{3}{8}$ . Pulse 63. Backache in sacral region.

Rectum—distress in lower part of.

Genitals—no swelling of external parts (probably prevented by the dose of Arnica.)

Sleep—only drowsed.

Headache—none.

Abdomen—not much pain.

Mch. 12. A. M. Temp. 98. Pulse 78.

P. M. Pulse 78. Temp. 98 $\frac{1}{8}$ . Patient very comfortable.

Mch. 13.

Noon. Patient slept good last night. Temp. 98 $\frac{1}{10}$ . Pulse 76.

Bowels—no stool. Abdomen—pain in r. ovarian region, goes through to back. Worse when child nurses.

Mch. 18. Getting along all right—sat up a little while yesterday.

Breasts do not have much milk. Flowing considerably. Sweat night and day, worse at night. Worse upper part of body. Feet cold, clammy sweat. Sleep—good. Abdomen—uncomfortable feeling in l. side. Calc. c 13m.

April 2 Better after last medicine. Been up and about the house since Sunday (28th.) Bowels constipated. Breasts—not enough milk for baby.

This is the third time I have been with this woman in Labor. She was under treatment some months before the first child was born and got along finely under the right remedy, which was Sulphur at that time. I believed she would have an easy labor, but not being an expert in obstetrical diagnosis, I did not discover the small pelvis until she had been in labor for hours, and toward the close I found the child's head wedged behind the pubic bone, and labor almost at a standstill. I then called an assistant. He claimed to have changed the position somewhat, but still there was no progress. He asked me if he should use the forceps. I replied: "No, if you can get along without them." He finally said: "If you know what to give this woman, give it." I replied: "I have boosted her up a number of times," but his remark encouraged me to go still higher, so I gave her Sulphur m m, and in about five minutes a hard pain expelled the child.

During the second labor, there seemed to be the same state of affairs, and I called in an assistant again, but had I waited a few minutes longer, the child would have been born without his assistance. So this time, I informed her that we would get along without an assistant, and the suggestion proved a good one, and with the aid of Belladonna labor was comparatively easy and short. As you observe, as rapidly as the potency gave out I repeated the dose, regardless of time, and I believe it shortened labor, and made it much easier.

When after labor I told the nurse that the pulse was 74, she remarked: "Well, the patient hasn't been sick." I presume it never occurred to her that the treatment had anything to do with it.

I gave Arnica after labor for the injury, and great soreness the result of it. The report at 4 P. M. of the same day, that there was no swelling of the parts, proved that it did its work well.

What a boon to the parturient woman homœopathy is! The bugbear of obstetrics which I had all through the Allopathic schools has left me since I became a Homœopath.

## TWO EXPERIENCES WITH SYMPHYSIOTOMY.

BY MAURICE WORCESTER TURNER, M. D., Brookline, Mass.

My first case of this operation was reported at the Buffalo meeting of the American Institute, in June, 1897. It was a funnel shaped pelvis, the narrowing occurring in the transverse diameters, more especially in that of the outlet.

The measurements, compared with those of the normal female pelvis, as given in Lusk, were as follows:

|                          | Lusk.    | Case.    |
|--------------------------|----------|----------|
| Iliac crests             | 10 in.   | 11½ in.  |
| Anterior superior spines | 9 “      | 10½ “    |
| Brim—Conjugate           | 4¼ “     | 4¼ “     |
| Transverse               | 5¼ “     | 4¼ “     |
| Outlet—Conjugate         | 3¾-1 in. | 3¾-1 in. |
| Transverse               | 4¼ “     | 3 “      |

After consultation, induction of labor at seven and a half months was first attempted, a dead child being delivered. Pregnancy occurring again, it was decided to divide the symphysis at about seven and a half months. This was successfully done in the spring of 1906. The child, a girl, weighing less than five pounds, was kept in an incubator for six weeks. There was firm union of the symphysis in four weeks, and, as is usual after symphysiotomy, the transverse diameters gained about one half inch. Both mother and child are alive and well to-day.

My second case came in April, 1901. The patient was short and very stout, of extremely firm fibre. There was no discoverable abnormality of the pelvis, and contraction (if



any were present) was uniform and inappreciable. Probably intra pelvic fat was considerable.

Labor, at term, began in the evening, and progressed slowly during the night, position L. O. A., pains weak and inefficient, the head engaged but could not be brought to the pelvic floor. At 5 A. M. forceps were applied, but no progress could be made, and at 6:30 o'clock, having obtained assistance, I divided the symphysis, the forceps remaining *in situ*.

I prefer the open wound in dividing the symphysis, and, having made the skin incision, the articular notch was found without trouble, and, the symphysiotomy knife introduced above and behind the bone, the joint was divided from above downward and forward. My assistant then steadied the pelvis by a hand on either side, and at the same time made pressure while the child was extracted without difficulty. There was only a slight perineal tear, but a profuse hemorrhage, which was controlled by manipulation of the uterine fundus and a few powders of Ipec. ʒ00.

Then the perineum was repaired, pads of sterile gauze placed over the pubic wound without sutures, and two strips of two-inch adhesive plaster carried about the pelvis with over that a carefully adjusted binder.

The baby was alive; its head, which was fully ossified and not moulded, was much injured; it moaned for twenty-four hours, and then died.

The mother's temperature rose to 101 F. on the fifth day, and then gradually declined. Considerable vesical irritation developed and persisted for several weeks. The pubic bone united without incident; two months later the transverse of the brim was found to measure five and a half inches, i. e. a little more than normal.

A second pregnancy came two years later, was uneventful, forceps not being required.

While deductions from two cases can hardly be of much value, I would suggest that symphysiotomy is a simpler and safer operation than is usually supposed, and is better than long and forcible application of the forceps, not only in the

less amount of bruising of the mother, but especially in the results to the child's head.

Although according to Morisani, symphysiotomy should be restricted to contracted pelvis, when the true conjugate is not less than  $2\frac{3}{8}$  inches nor greater than  $3\frac{1}{2}$  inches, pelvis larger or smaller than these, calling respectively for induction of labor prior to term or Cæsarian section, thus the degree of contraction to be the deciding point, yet to this would I add that a careful estimate should be made of the amount of ossification of the foetal head.

Therefore, I would urge that symphysiotomy is safer than induced labor for both mother and child,—with the former danger of uterine infection is minimized, while the latter is more likely to live the nearer labor is to term, and the less severe the pressure on the head from the forceps.

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## TWO CASES.

BY W. H. FREEMAN, M. D.

Mrs. M. bipara, gonorrhœa since marriage. First child died in utero. Under treatment with me for six months. Pulsatilla c. m. has done much to clear up case.

*Presentation O. R. P.* Has been in labor twelve hours, dilatation complete, head loosely engaged. T. 98. P. 120. Begins to feel exhausted. Symptoms call for Pulsatilla, but so far it has only palliated, without causing progress.

*Method of Delivery.* With the left hand in the pelvis, thumb side pressing upward against occiput, and right hand on the outside pressing downward over mother's left inguinal region (over brow of child,) the occiput was easily rotated from *O. R. P.* to *O. R. A.*

The nurse was now directed to make the same forcible pressure (in left inguinal region) in order to fix head in the *O. R. A.* position while the doctor applied forceps, the doctor's left hand being retained beneath the occiput until certain that the nurse had fixed the brow in its new position. Forceps were now quickly applied and delivery accomplished with rapidity and comparative ease, the occiput rotating to the rear on removal of forceps after delivery of head.

This procedure requires only a little knack and common sense. It is the best and easiest way of changing a difficult occiputo-posterior case into a comparatively easy occipito-anterior instrumental case. It does not seem to be well known to physicians, but every one who can apply instruments can learn the method easily, it is so simple.

In an *O. L. P.*, the hands are reversed, right hand in pelvis beneath head, thumb side making pressure upward and outward against occiput, left hand externally making pressure downward in right inguinal region over brow of child.

Mrs. H., bipara, first child a footling, born dead. Pelvis contracted in the antero-postero diameter.

*Presentation.* Occiput right lateral, body right anterior. Has been in labor eight hours, head loosely engaged, no apparent progress, os well dilated, patient becoming exhausted, sacral prominence projects markedly.

In these cases the head must be flattened in the parietal diameter, and elongated in the antero-postero diameter in order to pass the obstruction.

The application of forceps in the usual way will bring one blade over the center of the occiput and one over the center of the forehead, and with pressure of forceps during traction the parietal diameter is increased, making delivery practically impossible, even though forceps do not slip off. In this case, however, the right blade was applied to the right brow in lower left quadrant of pelvis and the left blade applied to the left occipito-parietal region in upper quadrant pelvis, and blades only partly locked, grasping the head in an oblique manner, the head being pulled past the sacral obstruction without increasing the parietal diameter to any extent, and with comparative ease. After passing the brim and entering the true pelvis, the forcips were removed and re-applied to the side of the head in the right anterior position, and delivery quickly effected without trouble.

This procedure is not effective when the disproportion between foetal and maternal diameters is too great, but it will answer in most cases, and is certainly preferable to podalic version or evisceration.

## LACTATION.

BY JOHN F. EDGAR, M. D.

Everything created is G-o-d, and it is g-o-o-d.

Knowledge of the laws of Nature, and living them, causes health and happiness, in every living organism.

The vital force, when normal, cannot become abnormal for any length of time, when knowlege of natural laws, and living by same are followed. No need for "habits," "customs," "theories," "experiments," "ec-lections," killing of innocent animals, by inoculations, to prodnce "cultures," "anti-toxins," ante-theorized nonsense, also experiments; drug forcing manias, etc. All of these *manias*, and dominating, arrogant dispositions, come from *lack of knowledge* of the beautiful laws of Nature, each and every law of Nature being grand and useful and beneficial, and does not need the superstitious idea of an avengeful Deity, or of genuflexion appeals.

Any mammal organism "that was conceived in pure love, and came desired and welcomed into life, is of immaculate conception,"—the pure immaculate, not the superstitious.

The secretion of the mammary female is the natural food for the infant after gestation is completed, until Nature's *weaning time* (*when all the milk teeth are erupted, and when the organs of digestion have developed enough to properly digest vegetable and cereal food*), not sooner. No granny M. D. (male or female) or bed-ticking dressed nurse, with "theories," "habits," "customs," "ideas," should be allowed to interfere. If *this* law of Nature is followed, (other things being equal) that child has a better constitution, to start with, than those who have been fed by the foods as advertised (with a picture attachment) in our journals. No superstitious *excuses* of "teething,"—"second summer,"—"he is sleepy, and that causes him to be cross,"—"he has worms," etc.,—none of these excuses, spelling ignorance, need occur.

Lately there has been published "The Balanced Ration."

"Ration" meaning a limited allowance, and the "balance" could be comprehended (as it would be used) to equalize what *the money income* of that mammal could secure, with the amount consumed. The theory *balance* would be no further regulated.

To these *freaks*, Nature is supposed to be a fool, to create an organism that has no sense of *appetite* or of *surfeit*. All these chemical and forcing ideas come from the abnormal education of those who, in their egotism, consider the Almighty as not correctly "balanced," and they are *the ones*, developing a plan of correction of their own, and with the aid of man-made statutes, and church and society unwritten laws, wish to force such fad theories upon all others, if they could and this superstition spells Allopathy and Society.

*I claim that there are thousands of M. D's. to one real physician.* The word physician means an investigator of natural laws. The M. D's. having that M. D. degree from a man-made college are investigating theories, fads, and are experimenting with laboratories, etc., not as real physicians, investigating laws of Nature.

When we have a law of cure, why not have faculties for our colleges that can come out of superstition, and comprehend the laws of Nature, and practice and *teach* them? Recognizing that this is the 20th Century, and *we should be* an honor to it; recognizing that Samuel Hahnemann was born and educated in the 18th century, and he was environed by superstition in every way; but his parents gave him a good inheritance, and examples of *truths*, and he investigated the laws of Nature, and became the first real physician, and did *not* fall back into ruts of "habit" and "superstition," as M. D's of this 20th century evidence.

The mammary secretion of the normal female has all the natural food elements needed for the child until all the milk teeth are erupted. Then that child, if not environed by too many "habits," theories," etc., will select the future food, that nature has produced in abundance, and without killing any organism whose life is as precious to it, as *yours is to you*. I am not a "vegetarian," as milk, butter and eggs

can be eaten, without killing the organism that produced them, and used with vegetables, cereals and fruit. The eggs of fowls might have been fertilized and have developed into an organism; but the same argument might be used about every egg producing menstruation in the female. Other mammals are healthy, unless forced into an abnormal way of living, by the anthropoidal theorists, and fadists. The Chinaman and Japanese select rice; the Italian selects macaroni, and are more healthy and able to do more work than the Anglo-Saxon with animal food and predigested and advertised foods; or the negro on corn bread and bacon, hog and hominy. *Please to recognize that carnivorous mankind does not care to eat the flesh of carnivorous animals.*

If the mother, on account of abnormal vital force, inherited or acquired through being "smart," or controlled by the abnormal ideas of church and society rulings, has not sufficient secretion; or it is too profuse, or it leaks out of one nipple while her child is lactating the other, then THE LAW OF CURE (which has always existed in the creation, is now, and always will be) is willing and has the remedies to aid in restoration *to normal*. It is the duty of every M. D. to acquire a clear comprehension (beyond a "belief") of this LAW OF CURE, and its adjunct laws, so that they can correctly select *the* remedy. With the *dynamic remedies* prepared for the law of cure, the woman can be cured of abnormalities *during gestation*, and in place of that natural condition being dreaded, and considered an affliction and source of expense, etc., it can be made a pleasure equal to that of coition, and the completion of gestation will be always called *parturition*, and never "labor," or "confinement." And as humanity becomes more and more normal, thru the beneficence of the law of cure, comprehension of other laws of Nature will be realized, and there will be no *confinement* in jails nor need for same, and our duties upon this earth planet will not be called "labor."

During gestation every abnormal sensation should be recorded, and the anamnesis approach Hahnemann's suggestions in Section 18, so that the Homœopathician can select

*the* remedy that is homœopathic to that woman, and her future child can become nearer to normal health and happiness. In her history, and that of her mother, if they both report a failure of former mammary secretion, then with the anamnesis to aid, you can select *the* needed remedy, and administer in a single potentized *fine* dose, until correction is observed. I give therapeutic hints, that I have found useful, as did one of the true disciples of Samuel Hahnemann, and of the law of cure, *Henry N. Guernsey*, whose published writings are a correct text book, far in advance of any that are suggested in colleges (even that of my relative J. Clifton Edgar), some of which are incorrectly carrying the honorable name of Hahnemann, or Homœopathy. *These suggestions are not copied out of any repertory, but are verified suggestions.*

If the mammae are large, and appear apparently normally developed, and have a history of tenderness at each menstruation, which is also early and profuse, and now have none or scant secretion, think of *Calcar. ost.*

If large, flabby and history of catarrhal secretions of any mucous membranes, and it is ropy and stringy, then think of Kali Bich., Carb. or Chlor.

If secretion of milk is abnormal, Cyclamen which has the blonde, leucophlegmatic temperament, and history of a secretion as of milk at each menstrual period. That abnormality should be corrected during gestation, and then after parturition the secretion will be nearer normal.

Jaborine (not jaborandi) with history of *lack of* normal perspiration, saliva, and moisture (providing there has been no operation for appendicitis, for that fad operation decreases the normal moisture secretion). This will correct the abnormality, and surprise both the woman and yourself.

When the mammae are small, tending to atrophy, compare Chimaphila, Conium, Iodine, Kali iod., Kresote, Lac. deflor., Nitric Acid, Nux mosch.

If the nipples are too small, Sassafras, Sarsaparilla.

If the nipples are dented in, Apis, Arsen. iod., Asterias,



Chimaphila, Conium, Hydrast., Nux mosch., Sarsapar., Silica.

If the nipples are cracked or ulcerated, Castor equinum, Caust., Fluor. Acid, Hydrast., Millef., Ratania, Graph., Sepia, Sulph.

Has scars in mammae, from former abscess, and the knife of an M. D.—Graphites.

Small nodular tumors, *Asterias*: *Anantherium*; Carbo an., Carbo veg., Arsen. iod., Cham., Chimaphila., Kali iod., Phyto., Lac can., Merc. vivus, Sepia, Silica.

Scanty secretion of milk, Agnus cast., Asafoet., Bry., Calc. ost., Caust., Plumbum, Jaborine.

About two months ago, being called to attend a woman during parturition, when no milk appeared after seventy-five hours, and bosoms being very flabby, with report that she had had no milk for a previous child, I gave her Asafoetida 1 m, one dose. In six hours milk appeared, and in two days an abundance.

*Mammary abscess threatened*—Acetic acid, Acon., Apis, Arnica, Calc., Sulph., Croton tigl., Kali mur., Kali phosp., Lapis albus, Merc. viv., Phyto., Sulph.

Sensation of emptiness in mammae after lactation, Borax; Cham.

Spasmodic pain in mammae after lactation, Plumbum.

Contracting pain in left mamma, when the child lactates the right one, Borax.

Contracting pain in same mamma as the child lactates, Calc. ost., Croton tigl., Lillium tigl., Phellandrium, Phyto., Pulsatilla, Silica.

Intense sensitiveness of nipple, *during* lactation, Alumin., Argent nitricum., Arnica, Calendula, Castor equinum, Cham., Medorrh., Colch., Phelland., Lac can., Lachesis, Merc. cor., Millef., Nux vom, Phosp., Phyto., Polygonum, Silica, Sulph., Zinc.

Intense sensitiveness *after* lactation, Chamomilla.

Nipple *bleeding* during lactation, Lycopod.

Leaky nipples, Bellad., Borax, Bry., Chamom., Lach., Psorinum.

Galactorrhœa, Arund., Asafoet., Bellad., Borax., Bry., Calc. ost., Chimaphila, Iodium, Phyto., Pulsat. (*after premature weaning*); Rhus tox., Stram., Uranium Nitricum.

Agalactia, or secretion disappearing, Acon., Agnus cast., Asaf., Bry., Calc. ost., Caust., Cham., Chelid., Dulc., Formica, Jaborine, Lac deflor., Lac can., Merc., Millef., Puls., Sambucus, Secale, Silica, Urtica, Zinc.

If during gestation the foetal motion is painful, consult Arsenic, Arnica, Crocus, Lycop., Opium, Psorinum, Natr. carb., Sepia, Silica, Thuja, Pulsat.

Milk bluish, strong, or anyways abnormal, Acetic acid.

*Allium, sat., Arg. Nit., Borax, Calc. Ost., Calc. phos., Carbo an., Kali. bich. Aethusa,* Merc., Pulsatilla, Rheum., Silica, Stannum, Lachesis, Valerian.

Add to these as you study your materia medica. These are verified from Guiding Symptoms, not copied from a repertory.

Please do not utter, or have printed the function of lactation as "nurse"; nor of a *lactator* as a "wet nurse". Why should she be wet? If she *leaks* at any normal opening, so as to be "wet", she should see, she is dried and that abnormality cured. She is an hired lactator.

Avoid those other horrible expressions, "The child takes the breast"—takes it where? Or "suckles," or "nurses," etc. Lactate and lactation are the only correct expressions.

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## BUREAU OF CLINICAL MEDICINE.

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C. A. PETERSON, Chairman.

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### CLINICAL TESTIMONY.

BY Z. T. MILLER, M. D.

If I were as certain of my successes as I am of my failures I would be happy.

That may seem paradoxical, but it is a fact.

The disposition on the part of the patient to medicate him or herself; to listen to the ever ready advice of the neighbors; and then forgot to tell the doctor, always makes clinical observation and record quite uncertain.

Our hospitals should be the sources from which to gather reliable clinical information, but I am compelled to confess, that hospitals are even more unreliable than private practice. I do not feel that it is necessary for me to offer any extended explanation why they are; you know.

The same causes that render our success doubtful, may also be a factor in our failures. Who can tell?

If I have treated a man for syphilis and owing to my treatment all the primary and secondary frills disappear, but in six months or a year he comes back and shows me a testicle that is larger and harder than it ought to be, and I utterly fail to put it into commission again, that is failure, for me at least. I have had four such cases and if this body can put me right on the question of post-syphilitic orchitis I will be glad it came to mingle its erudition with Pittsburg's chosen people of God. Even they go up against it sometimes.

I am quite confident you will tell me to prescribe the indicated remedy for the totality of symptoms, observing, to be sure, the characteristics of the particular case. But when I tell you that I do that to the best of my knowledge and belief, as the oath says, yet fail, I can only conclude that the cases are incurable or I am not on to my job. Under my breath I believe the latter is the fact.

I am now treating two cases of ulceration in the corners of the mouth that are post-syphilitic, one hereditary, the other acquired, that persistently refuse to heal. Another case has mucous patches inside the lower lip, just as obstinate.

I am nearly persuaded that syphilis is a stayer. I treated the mother of the child who inherited the syphilis that left the ulcerated corners. At present she has none of the signs of the old malady. Her boy has grown to be a fine looking fellow of four years, and with the exception of very bad teeth, very large temporal veins, head a little bit too big and ulcerated corners of the mouth, he is fair to look upon. Now, will I be able to eradicate every vestige of taint from that boy, if they stick to me.

Another young fellow that had gonorrhoea years ago but over whose penance I did not preside, has a crack in the middle of his lower lip, a pain in the vertebra prominens, a drop oozing from the end of the penis. His improvement is sufficient to keep up his hope but he does not get well. If I were not a doctor I would probably be ashamed to take his money. I have more conscience in the practical part of the business than the financial or I would have given this man an astringent to dry up the drop, close up the crack and a dope for the neck. Tell me: Would I have killed him if I had?

A male boozier was the father of a child to a female singer. The child was eczematous on head, face, arms, hands and chest. It had convulsions to the entire satisfaction of the medical attendant. It was full of the ammunition of the enemy when I first saw it. Under *Cicuta virosa* which controlled the convulsions, and *Calcarea carbonica*, it is slowly recovering. It required considerable forensic fiz to convince the boozier that a salve was what caused the youngster's convulsions.

I mention this case to illustrate a statement I have made that the identity of a homœopathic remedy cannot be destroyed. I hold this to be true of all vegetable drugs. In the case of metals and salts, they are also stable except they be brought in contact with substances with which they co

bine to form new compounds. The alley is yours, knock the pins if you can.

Another case bearing upon the same points. A young girl whose father died of rheumatism and who is now, and has been since a child similarly afflicted, came to seek help. Her joints are swollen, pale and painful. The first sound of her heart is very rough, she coughs and experiences an aggravation on motion. She sweats very profusely. Has attacks of sore throat. She received Bryonia. The next time she came she told me she was much worse after taking the remedy. To relieve the pain she took some tablets. She said she had taken them for two years. When she came again she brought the box that contained the tablets and informed me that she had taken nine of them the day before. The label on the box said the tablets were acetanilid. Her fingernails were blue, the sweat was standing on the skin, her heart was bounding. I explained the danger of taking acetanilid. She promised to take no more. Next day she could not get up. She had to be moved from one bed to another, which gave her temporary relief.

Rhus tox.

The next day she told me she was much better, had passed a quiet night, could stay in bed.

In this instance it seems that large doses of acetanilid, taken for two years could not swamp the 200th potency of Rhus tox. the indicated remedy. How often have you prescribed for persons saturated with the major portion of the pharmacopoea and obtained immediate results?

Homœopathic remedies are inert when not indicated and the only objection to combination tablets is that they thwart accuracy and are the refuge of the loafer. In rare instances a subject may be idiosyncratically susceptible to a certain drug and make a proving in potency but such instances are exceptions and prove the rule.

Mrs. L., age unknown, 5 feet 6 inches, has a number of fatty tumors under the skin. Stiffness in the hips when trying to rise from a chair, can not walk after sitting for a while. Urine burns at times, must rise several times at night.

Feels the heart beat and has flashes of light before the eyes with every beat. Swelling about the eyes. Fright and anger cause dreadful pains across the back and shortness of breath. Taking a breath she feels as if she were cut with a knife. Pulse is regular and strong. Sweats easily. Very sensitive to cold. Knees cold. Teeth decay at the border of the gums, hard places on the soles of the feet, feet very tender. A very light knock produces a blue spot in the skin.

I gave her Antimony crud. 200th, one dose each night. To my great surprise the case cleared up almost entirely, she even thinks the lumps are smaller.

I studied Glon., Bell., Cly., Sulf., Valer., Phos., K. carb., Nat. carb., Secale, Spig., Staph., Croc. and Brom., in this case but I hope Antim. crud., will be sufficient. A one drug cure is an especial delight.

I wish I knew more than I do. That may surprise you but it is a fact. I wish I knew something about the wonderful vital force, a something whose nothingness is so apparent. It took me a good while to coin that sentence, but as I could express myself no other way so as to be intelligent to myself, I had to let it go. It is beyond my comprehension to think that there is something separate and apart from our tissues that goes wrong before they feel the impress, we call disease. Because we are unable to discover the primary changes is no argument against their existence, nor is our failure to discover a basis for fanciful deductions that harmonize with some fond emotion. Let us keep our feet upon the ground. We have but to take established facts of physics to prove to us that there are things existing that are not within the scope of our appreciation. The functional activity of our sense avenues are not tuned to receive them but the spectrum and the photographic lense produce the evidence of their existence. Are we then to believe, because the microscope does not reveal tissue changes, that they do not exist? Our conceptions of the mysterious are based upon our want of understanding. Theories are constructed in our mentality and are made to conform with

the intensity of our desire and the result of the parturition is faith. Faith is, of necessity, antithetical to knowledge and is something that is to be held so lightly that it can be surrendered to the latter without a pang. In the march of facts all fancies must fall. If we pray at all, let our petition be that we interpret nature aright. She takes care of us. In the nursery of her dispensation there is no appeal.

#### DISCUSSION.

R. F. Rabe:—Dr. Miller spoke of failures in the cure of post-syphilitic manifestations. I have only recently had such an experience; I failed to cure some secondary syphilitic ulcers about the malleoli of the right foot. An old school doctor cured it right up, I believe with the iodide of potash. It brought up this question for me, the proper dose is the least possible dose that will cure; are there not cases in which the least dose that will cure is an appreciable amount of the crude drug? It has been a theory of mine that the cruder manifestations of a disease are sometimes more easily removed by frequently repeated doses of the crude drug than in any other way. Not necessarily physiological doses but the low potencies.

The secondary action of a drug may be homœopathic to the condition present and in such cases the drug most likely must be given in the crude form. We do know that *Digitalis* in its primary action slows the pulse; in such a case as has a slow pulse along with the other symptoms such as also the irregular or intermittent beat, *Digitalis* will cure. On the other hand when you meet with cases of broken compensation with the typical symptoms of that condition, edema, of the lungs, of the legs and ascites, dyspnea and a rapid feeble pulse here *Digitalis* will fail in the potencies but it brings about a miraculous relief in physiological doses. Here you are using the remedy for its secondary indications and must give it for its secondary indications. It must be given in the crude form in order to get any result whatever. It may be objected that this is not a cure. Perhaps not, but if it gives a few months or a year



of life with some comfort, is not that better than much suffering followed by death?

In post-syphilitic cases, it may be that Iodide of potash is demanded in the crude form; I do not make this as a dogmatic assertion but it is according to the observations that I have made. The least possible dose is the principle to follow but the least dose that will effect your purpose may be a large one. That is the way I look at this question.

C. M. Boger:—I have always stood for the greatest liberty in the matter of dosage. I believe that the man who goes forth with his practice limited to low potencies only is severely handicapped and so is, only not so much so is the man who is limited to high potencies only. While the man who practices as an allopath carries the heaviest handicap of all. We should be able to reach out and use any potency and any strength that will help cure our cases. If the law of similia is a true one then no one potency can cure all cases. It is a thing observed by most of us that you will cure a greater percentage of cases with high potencies than you will with the low. A certain small percent of cases are better and more quickly cured with the low than with the high.

Take valvular heart disease with hæmoptysis, how could we get along without *Lycopus* in a low potency or tincture? *Aconite* of course may be indicated in such cases but not very often. Take a case of dysentery and how could we get along without *Mercurius corrosivus* in the highest potencies—the cm. It will cure rapidly and completely and no low potency man and no allopath can do that. One dose generally does it. We should have the whole scale of potencies to go up and down on. I do not say that you can cure the heart with the *Lycopus* but you can stop the hemorrhage. Dr. Rabe was telling me of giving *Viscum album* in broken heart compensation; I imagined that I was the only one doing that; he gives in the thirtieth. I have used the low strengths but I will now try it in the potencies. The question of potencies needs much study and observation yet and I think that it would be a good plan to make new

provings of some of the polychrests in the high potencies; that was a favorite theme of Dr. Allen.

R. E. S. Hayes:—Is the use of *Digitalis* for heart disease in order to get its physiological effect or because it is the similar remedy?

R. F. Rabe:—Because it is the similar remedy.

P. E. Krichbaum:—Hahnemann was a high potency man and when they ask me "Are you a high potency man" I get out of it in that way. I do not carry but three remedies under the 9000th.

Lee Norman:—Dr. Boger voices my ideas about the potency business; it is not the high nor the low but the indicated remedy for the case and the potency may be needed high or it may be better low but any potency of that remedy will help although no doubt there is one potency for that case that will do more than another. I was thinking of over twenty cases of measles that I had some time ago. The remedies were *Calcarea carb.* *Rhus tox.*, *Pulsatilla* and *Antimonium tartaricum*.

P. E. Krichbaum:—I want to thank Dr. Miller for his paper because it spoke of failures and that is often the most helpful kind.

Z. T. Miller:—Dr. Rabe was the only man who came to the rescue; I shall get a saturated solution of Iodide of Potash and keep it on hand for such cases as he speaks of. He spoke of something that always has interested me, Is there such a thing as a secondary action of the remedy? I always took that to be the reaction of the organism.

### **\*CLINICAL VERIFICATIONS OF TUBERCULINUM.**

BY NETTIE CAMPBELL, M. D., Chicago.

MIND. 1. Active, precocious mentally—comprehension easy or the pendulum may swing as far to the other side, and the intellect may be impaired, impossible to learn. Aversion to mental work.

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The sign \* means cured, the figures indicate the number of times verified.

2. Cheerful, hopeful to the last.
3. Hopelessness in many complaints.
4. Insanity, with a desire to escape.
5. Fretful, peevish, irritable, impossible to please them.

6. Full of nervous excitement; little, annoying trifles throw them into uncontrollable nervous irritability, almost reaching temporary insanity; must use restraint to keep from profanity. Must do something to give vent to their pent up nervous irritation, after which they become calm. Pick up a chair and slam it down; pound the sewing machine when they can't thread the needle; draw cane to strike best friend; say harsh unreasonable things that they do not mean.

Naturally of a sweet disposition when well, but under pent up nervous strain and tension will smash and break things (Bell., Nux, Ign., Anac.) and use the most abusive language which relieves the nervous tension. These are symptoms I have seen give away under Tuberculinum,

One patient said if I can only get out and walk, and walk fast, it relieves the nervous tension (Sep.)

Again they are so tired they feel they can not walk.

7. In two patients, after weeks of anxious nursing of loved ones, while the patients were at the worst, the nervous symptoms were manifest by shrill, piercing screams, felt they would die, or top of the head would burst if they did not scream, followed by nervous shaking chill. Tuberculinum cm. relieved the nervous symptoms and headache and caused refreshing sleep that was impossible before. Patient accused me of giving an opiate.

8. Mental unrest; we so often find this symptom in clinical cases needing Tuberculinum. Persons gradually running down in health have a desire to travel, want something different, change physicians, try this and that and everything that comes along, because of the mental unrest.

Alternating moods, variableness, wanting this and that and when it is got refuses it; especially is this true of the appetite; will send miles for something they crave, can hard

ly wait until it comes, and when brought to them they may not even taste it, want it taken out of their sight.

10. Delirium, loquacity during fever, both old and young.\*

11. Mental activity. Day and night, thoughts crowd upon each other roaming the universe, preventing sleep. (Coff.)\*

12. Fear of dogs; scream and almost go into spasms if a dog is seen across the street. (2)

13. Mentally depressed for weeks, is sure something is going to happen.\* (2)

Woman 32. "Am sure I am loosing my mind, I seem to go in other people's houses, see all the furniture, pictures and occupants of the home. They never speak to me and I never speak to them, but I am so miserable; then I seem to come back, and I am in my own home, and am so rejoiced that I often cry for joy. Since you have been talking to me I have been wandering away. This has been going on so long I can't stand it; am afraid I will land in the asylum with my sister."\*

EXTERNAL HEAD. 1. Hair oily, greasy.

2. Hair dry, lusterless, don't grow, falling out in bunches. (Phos.) 2. Child of seven years, after receiving Tuberculinum hair stopped falling out, grew long, thick and glossy.\*

EYES. 1. Pupils dilated, or dilated unevenly.\*

2. Photophobia. (4) \*

3. Myopia (2)\*

4. Astigmatism (3)\*

5. Letters run together (4)\* Using eyes causes headache. Glasses fitted recently, fail to relieve (1). After Tuberculinum em. could read without glasses.

6. Illusion of colors, blue and green (1)\*

7. Halo about the light (2)\*

8. Granular lids (1)\*

9. Scaly eye lids with crusts (3)\*

10. Eye balls sore, bruised, sensitive to turning eye-balls sidewise or to touch (3)\*

11. Eyes surrounded by blue rings, especially at menstrual period (Phos.) (3)\*

12. Horizontal vision. (1)\*

NOSE. 1. Stopped coryza.\*

2. Sneezing, taking cold with every breath of fresh air without knowing when or how.\*

3. Nose bleed; bright red; from slightest provocation, blowing nose, etc. Nose bleed from draft (Bell.)

4. Discharge thick, yellow, odor of old cheese, constantly dropping back in throat, especially after a cold. (3)

5. Small boils in nose, very painful, with green pus. (Sec.) (3)\*

EARS. 1. Stopped feeling in right ear, lady 70, coming after La Grippe six months before. Cannot hear clock at distance of two feet while *standing*. In a reclining position can hear it 10 feet away, also can hear conversation in the next room, but in an upright position can not hear the faintest sound of either. 1. No > from 1m, cm. or dmm; later on Tuberculinum 200 cured in one day. This case was worked out by the repertory by three prominent physicians

2. Earache; awoken out of sleep frantic, screaming, can't endure the pain—asleep in fifteen minutes after Tuberculinum.

3. Discharge fetid, purulent.

4. Hearing sensitive especially to noise.\*

FACE. 1. Anemic, waxy, pale.

2. Circumscribed redness of one or both cheeks in afternoon.

3. Flushing of the face from mental emotion (2)

4. Skin of face oily, greasy (Sulph.)

5. Face becomes red, almost purple during heat and chill.\*

6. Acne, comedones on face, almost like boils, especially nose and chin. (2)\*

7. Puffed, waxy, swollen all over including eyes, worse every morning for two weeks, child otherwise well except-

ing enlarged cervical glands. Dismissed from school by teacher. (1)\*

LIPS. 1. Swelling of the upper lip. (Cal. c.) (3)\*

2. Red lips, blood seems almost ready to ooze out. (Sulph.) (3)\*

3. Herpetic eruptions, after giving Tuberculinum so bad must drink through a straw for a week.\*

4. Uncontrollable motion of the mouth and lips\* (chorea).

TEETH. 1. Grinding teeth during sleep. (Cina). (4)\*

2. Toothache in hollow tooth, lower right, (2)\*

3. Teething gums, swollen, painful. (2)

TONGUE. 1. Coated white; yellowish; red streak down the center. (3)\*

2. Red, swollen, deep cracks, sore red as raw beef (2)\*

3. Dry, saliva diminished.

TASTE. 1. Taste altered; crave this or that only to reject it when given.

2. Putrid, foul.

3. Lost.

4. Metallic (2)\*

APPETITE. 1. Desire for fresh, rare beef. (3)

2. Salt, smoked meat. (4)

3. Cream, ice cream, before menses. (1)\*

4. Anxious, nervous all gone feeling, with desire to eat at once or faint feeling. (Sulph.) (2)\*

5. Craves stimulants.

6. Craves sweets, candy.

7. Craves fruit, juicy, refreshing things.

ERUCTATIONS. 1. Tasteless, lasting four days, worse lying, after everything else has failed.\*

ABDOMEN. 1. Region of umbilicus so sensitive, she cannot bear the least pressure. it nauseates. (2)\*

2. Easily chilled about abdomen, must wear flannel bandage even in summer. (3)\*

## 3. Tubercular peritonitis, after an operation failed. (1)\*

NAUSEA AND VOMITING. 1. Vomiting spells in child of 8 years. Began when she was eighteen months old. Beginning invariably in the morning, when attempting to get up. Lasting three or four days and nights without remission. Stomach will tolerate nothing, not even a teaspoonful of hot or cold water. Nausea coming from the pit of the stomach, vomiting frothy mucus, slimy mucus; yellow phlegm; bile, sour; bitter; worse by least taste of *sweet* medicine in water, better for about ten minutes after vomiting, when the nausea returns. Retching at times until streaked with blood. Moaning even in sleep with deathly nausea. Spells come after exhaustion from overplay, overeating or slight cold. Tuberculosis of stomach and bowels with enlarged mesenteric glands, so diagnosed and cured by Dr. H. C. Allen after twelve physicians, mostly homœopaths, had failed in diagnosis or ability to cure.

2. Nausea in morning before breakfast, sure she was pregnant, as menstruation had ceased. (2)\*

3. Vomiting in children from disturbed digestion.\*

4. Vomiting expulsive; first contents of stomach, then slimy mucus, phlegm, bile.\*

5. Sweetish; bitter; sour; sets teeth on edge.\*

MAMMAE. 1. Sore as boils before menstruation, (Con.—Lac. c.), better as soon as flow begins.\*

2. Caked breast with every little exposure.

3. Milk poor in quality, scant, can't nurse the child. (1)

4. Breasts enlarged and milk in them (Graph. Puls.) and very painful before, during and after menstruation (Con. Lac. c.)\*

STOOL. 1. Diarrhea early morning, several evacuations in forenoon and then none until next morning, worse if moving around. Man of 28.\*

2. Ten evacuations in twelve hours, during night. Imperative if he turns or moves. horribly offensive—in a man 58, very debilitated.\*

3. Diarrhea brownish, offensive, undigested, but not de-

bilitating; worse in the morning than any other hour in the twenty-four.\*

4. Diarrhea every few weeks without any cause. (2)\*

5. Diarrhea acrid, excoriating anus, buttocks and scrotum in a child twenty-two days old with bronchial pneumonia after Sulph. had failed.\*

6. Painless diarrhea at menstrual period, the only time the bowels moved regularly. Girl of 22.\*

7. Stool natural in consistency, light gray, lacking in coloring matter.\*

8. Stool large, hard, so painful must recline on face for one half hour. Man of 40.

9. Constipation for years, only one stool in seven to ten days for years; so painful would as soon have a baby. (Lac. def Syph.) A woman of 50 who had pneumonia three times.\*

10. Constipation and hemorrhages from rectum; rectum almost in ribbons; flow of blood from rectum when at stool sounds like water.

11. Woman of 42, hemorrhoids and hemorrhages from rectum. Was sent home from hospital. Surgeons refused to operate. Tuberculinum put her on her feet so that she could run sewing machine and earn living for past four years.

12. Hemorrhoids operated on ten years before, and sphincter ani severed; no control of bowels, diarrhea and hemorrhage so bad had to wear a napkin for ten years. Tuberculinum controlled hemorrhage and cured diarrhea.\*

13. Cholera infantum in child during first teething, a mere skeleton, no food would agree until after Tuberculinum was given.\*

PELVIS. 1. Dragging down, tired, heavy feeling as if inner parts would come out.\* (3), Perhaps caused by general relaxation of the entire muscular system and ligaments. Tuberculinum is one of the remedies to tone up the patient and do away with the disgusting tamponing.

2. Ovaries and tubes sensitive and inflamed. Worse running sewing machine. (1)



LEUCORRHEA, 1. Albuminous, bland, milky, watery, worse when on feet much, or when run down physically.\*

URINE. 1. Nocturnal enuresis. (3) Profuse, drenching everything, strong of ammonia. Man of 23; children seven and eight.\*

2. Frequent urination, painful if the bladder is not emptied. (2)\*

3. Urine scanty, red, thick, turbid, not over four ounces in 24 hours. Increased in ten days to one quart and two ounces. Woman of 54.

4. Retention of urine. Had to resort to catheter.\*

5. Involuntary emissions for ten years.\*

6. Erections during sleep, awoken crying, > by urinating. Child five years,\* baby three months.\*

MENSTRUATION. 1. Excessive and painful, with painless diarrhea before, during and after. (Am. c., Bov.) (2)\*

2. Menstruation regular, slow in starting, then very profuse and protracted for eight or nine days, great exhaustion. (2)\*

3. Menses three or four days late and scanty, lasting about 36 hours, stop for a day or two, then comes very severe headache. Pain in neck, occiput, with a throbbing on vertex; after flow is renewed, if only a showing, headache is relieved.\*

4. Menses protracted and weakening. (Calc. c. and Calc. p.)

5. Menses with most frightful dysmenorrhea and fainting. (2)\*

6. Flow may or may not be painful, but is exhausting with dark circles about the eyes,

7. Flow light colored and watery.\*

8. Flow usually bright red, seldom clotted or offensive, but exhausting.

9. Menses gushing.

10. Flow clotted, membranous.

11. Menses leaving dark green stain on the napkin; difficult to wash out. (Mag. c. Med.)\*

12. Strong odor of fresh blood.

13. Uterine hemorrhage in woman of 30 lasting for weeks: occurred three times in 2½ years. Old school always planned for curettment. Would write to me. I sent Tub. c. m. which controlled the hemorrhage, and "doctors can't understand it" she writes.\*

14. Amenorrhea,\*

15. Delayed first menstruation in young girls.\*

16. Masturbation before and after menstruation in two young women who were pictures of health.\*

17. Mental excitement causes return of flow, (Calc. c. Sulph.) (Smell of turpentine causes return of flow after a week's cessation Fer. met.)

18. Menstruation, missing for months although the picture of health, two sisters with tubercular history.\*

19. Fibroid tumor cured (2) One under my care as large as a hen's egg, the other in another physician's hands. Fibroid tumors in 2 cases with great relief of symptoms.

20. Severe afterpains.\*

COUGH. 1. Dry, hacking, teasing.\*

2. Worse in warm room, or with wraps on. Better from fresh air.\*

3. Worse when first lying down in the evening for five or ten minutes, and morning when awakened, with scanty expectoration.\*

4. Cough with little rest day and night, completely exhausted; chest and abdominal muscles sore from the effort, expectoration scanty.\*

5. Cough tight, deep, prolonged: expectoration hard to raise and scanty, frothy, albuminous, seems to come from deep in the chest: cough until red in the face and tears come: head feels like bursting: often gag and vomit clear viscid mucus before relief comes.\*

6. Coughs if feet get damp and cold (Sil.)

7. Better by open window, removing wraps, or walking in the open air.

8. Better for time by swallow of cold water.\* (Caust.)

9. Cough worse by becoming heated, but all the *pains* are better by heat.

10. Cough, severe, day and night, following double pneumonia eleven months before, expectorating two pints of thick yellow sputa in 24 hours, sputa examined repeatedly. and no bacilli found.\* —man of 58.

11. Cough on deep inspiration.\*

12. Cough with tightness of the chest.\* (Phos)

EXPECTORATION. 1. Albuminous; greenish yellow: salty, bloody or blood streaked, slimy: tenacious: offensive odor.

CHEST. 1. Superficial or sighing respiration (Ign.) from nerve exhaustion.\*

2. Suffocative attacks from diaphragm up, want window open, warm heated room very annoying.\*

3. Pleurisy with effusion, posterior part of lower right lung.\*

4. Upper right lung consolidated two cases.\*

5. Hemorrhage of upper right lung. One man who had profuse hemorrhages, has since passed examination in Aetna Life Insurance Company.\*

6. Oppression of chest as great as in Phos. and Sulph.\*

7. Weakness, anxiety and difficult respiration and especially inspiration.\*

8. Desire for deep breathing which strengthens and relieves, but too weak to keep it up.

9. Longing for fresh air, wants windows open and breathes it, but must be well protected, as they are the patients who take cold from the least breath of fresh air without knowing how or when.

10. Worse from extremes of either heat or cold (Lach.)

11. Stitches in the left side, in region of short ribs from running (Ran. b., Actea rac.\*

VOICE. 1. Tuberculinum has a great affinity for the trachea and larynx.

2. Voice husky from least exposure to damp air.\*

3. Voice weak, tires easily.

4. Voice interrupted, breaks.\*
5. Voice lost, can only whisper.\*

HEART. 1. Dilatation. Great relief. 3.

2. Palpitation: anxious, beats so hard its pulsations can be felt all over the body.\*

3. Dilatation one inch. Beats 100 even when asleep, Temperature 97 A. M. 100 P. M. Incipient rales in apex of lungs, so tired and nervous, flushing of cheeks with emotions, not yet cured but pulse normal, and not so tired. Tub. the only remedy she has had.

4. Sensation of fluttering and flopping over.\*

5. Valvular insufficiency. Could not lie on the left side for years. Could not lie down, must have three pillows. Gave her Tuberculinum for one year at intervals. Can lie on left side and sleep without a pillow.

6. Dilatation with pericardial effusion. Can not lie down or lean back. Face and hands swollen, extremities swollen to the waist. Urine three ounces in 24 hours. Looks almost like blood. In ten days can lie with only one pillow and turn on left side. Edema better, can walk to a chair. Urine increased to one quart and two ounces in ten days. Patient had had pneumonia three times; although patient was much better, was not cured, for a sudden change in the weather and severe cold took her off in two weeks. These are simply straws showing which way the wind is blowing, and the possibility of what might have been done for the patient with Tuberculinum had she received it earlier in life.

PULSE. Abnormal in general. 48 per minute with subnormal temperature. 100 per minute with normal temperature.

2. Full and hard.
3. Soft, weak and easily compressed.
4. Irregular without intermitting.

TEMPERATURE. 1. Subnormal in those otherwise not much ailing.

2. Normal A. M. with slight rise in P. M.
3. Subnormal A. M. Normal P. M.

4. Sub normal A. M. and slight rise in P. M.

SLEEP. 1. Children scream out in sleep, awakened frightened and can not be pacified.\*

2. Wide awake and sleepless before midnight (Puls. Sulph.)\*

3. Impossible to go to sleep after awaking once.\*

4. Sleepless after 3 or 4. A. M. (Nux.)\*

5. Sleep unrefreshing, so tired can hardly rise.

6. Dreams of animals, especially dogs and black animals.\*

7. Yawning without being sleepy: gaping until tears run down the cheeks, seemingly from nervous exhaustion.\*

NECK. 1. Drawing pain in nape and occiput when tired and exhausted, or on first awaking in the morning.\*

2. Enlarged cervical glands, size of a walnut.\*

3. Enlarged glands in supra-clavicular region, 2. one as large as hens egg.\*

4. Enlarged thyroid cured in woman 49.\*

5. Enlarged thyroid woman 55 reduced 3-4 in size.

6. Wheezing on inspiration 2. from pressure on enlarged thyroid.\*

7. Wheezing inspiration 2; man of 26, man near 60; caused from enlarged glands in the mediastinum.\*

8. Sensitive to draft on the neck. Takes cold from thin collar.\*

BACK. 1. Aching like toothache in dorsal region when exhausted, relieved when lying on back or something hard (Calc. c.)\*

2. Great aching in lumbar region. Could not lie in bed. Must get up.\*

3. Aching across sacrum as if it would come unjointed.\*

4. Coccyx sore, aching when sitting long, must change position or walk.\*

5. When thoroughly chilled aching is felt first in the spine.\*

6. Pain in back before and during menses, especially the first 34 hours (Kali c.)\*

7. Terrible aching and distress in the spine after chill from sewer gas poisoning.\*—Tempt 104½.

ARMS. 1. Neuritis right arm 2. Unable to use arm, developed suddenly—very sensitive in region of brachial plexus. Worse from least draft.\*

2. Tubercular elbow, 8 months duration cured, and another three years duration, the joint is enlarged and stiff. But pain and inflammation is all gone.

HANDS. 1. Cold, dry, seldom perspire, but feel like ice to touch.

2. Moist, damp, cold clammy.

3. If she gets nervous the cold perspiration will almost drop from the palms of the hands or finger tips.

4. Hot hands and feet, must bathe them in cold water (Opium Phos. Sulph.)

NAILS. 1. Bulging in center, curved over end like birds' claws.\*

2. Balls of fingers shrunken, cushion gone.\* Filled out plump and full.

3. Nails thin, brittle, spatula shape with the convexity reversed.

4. White spots on nails.\*

5. Ingrowing toe nails 2. Thin, curved up and cuts holes in shoe, now growing straight.\*

LOWER EXTREMITIES. 1. Feet cold clammy (Calc. c. and Sil.)

2. Dry, seldom perspire. As cold as ice, but not conscious of it until remove shoes and touches them.

3. Fidgety feeling in legs, can't keep them still, must shake or jerk them, or get up and walk. 3.\*

4. Growing pains (?) Man 20 all his life. Child 7 and 9.\*

5. Lady 20, left knee swollen, puffy, painful, can hardly walk, develops when run down in health by hard study, and usually accompanied by amenorrhœa, although patient is picture of health.\*

6. Jerking in muscles in sleep and when going to sleep.\*

7. Pain in legs, stitching, cramping, drawing, worse from cold, or cold damp weather, during rest, > walking or moving; when Rhus t. seems indicated but fails to relieve (Kali iod.)

8. Jerking pain in sciatic nerve from origin to end of toe. Painful and yet must move, although cry with pain and beg for morphine. A jerking pain coming suddenly 1 left, 1 right, 2 both legs.\*

Legs jerk, twitch no control over them.\* (Chorea)

Gangrene of left foot in man 58—lost all the toes and 4 metatarsal bones. Foot and leg pain day and night, and no relief from the strongest opiates. Want the foot and leg uncovered and wind blowing on them, although cold to touch (Sec.) had been unable to heal or stop the pain in 11 months—foot measured at Sharp and Smiths for a cork extension in 6 months. Never asked to have it uncovered after the first 24 hours.\*

10. Complaints worse standing, better walking (Sulph.)\*

11. Ligaments relaxed. Ankles turn easily, (2.) especially in children. Child of 3½ walk on ankle and top of foot without brace. In 5 months under Cal. c. and Tub. could walk without brace, normally.

HEADACHE. 1. Chronic, for years, lasting for 24 to 48 hours, leaving patient weak and exhausted.\*

2. Beginning in either eye and running to occiput, or beginning in occiput and settling over or in one or both eyes.\*

3. Bursting, hammering, throbbing.\*

4. Worse by motion or using eyes: eye balls sore, bruised, sensitive to turning sideways.\*

5. Worse from mental exertion or talking.\*

6. Often preceded by blindness or zigzag flashes.\* (Nat m.)

7. Pains in cervical region, throbbing on vertex,\* eyes sensitive to light. Pain in cervical region always from exhaustion.\*

8. Nervous headache after loss of sleep and nervous exhaustion.\* Pain on vertex and sides better by pressure.\*

9. Chronic sick headache every week or every two weeks.\*

10. Headache just before or at the close of the menstrual period so intense as to cause fainting. 2.\*

11. Headache on first opening the eyes in the morning. Want blinds down and even a pillow pressed hard over the eyes to exclude the light.\*

12. Chronic headache when using the eyes at close work, and glasses do not relieve, with a tubercular history. 5,\*

SKIN. 1. Clear, waxen, enemic.

2. Dirty, muddy, sallow.

3. Cold, goose fleshy even in the house, or even during fever.\*

4. Dry, burning.

5. Chaps easily.

6. Herpes both upper and lower lips. Could only drink water through a straw for a week. Developed after giving Tub. and curing the patient.

7. Comedones, especially those not coming to a head. Look purplish and leave hard lump. Tub. caused them to suppurate and be cured 3.\*

8. Suppuration, especially after surgical operation with a tubercular diathesis.

9. Boils. Small in the nose containing green pus\* (Sec.) very painful 3.

10. Excoriation over buttocks and scrotum covering large area (Sulph.) child 22 days old.\* Slight return 5 months later, Tub. again cured.

11. Eczema worse from the heat of the bed. Worse from bathing, when near the fire. Left hand swollen, itching intensely, young man of 25.\*

12. Eczema: in the hair, oozing behind ears, rawness soreness; itching: when crusts are removed looks fiery red.\*

CHILL 1. With goose flesh even during fever



2. With aching from head to foot both in flesh and bones, with shaking and teeth chattering, with temperature 102. Chill internal with external heat. Chilling with stretching, gaping, aching and fever. Chill 2 P. M.—5 P. M.—8 A. M.—10 A. M.

FEVER 1. With chilliness and dread of uncovering.\*  
(Nux v., Hep. Stram. Psor.)

2. With sweat.\*
3. With aching bone pains and the restlessness of Rhus-tox.\*
4. With thirst, or little or no thirst.\*

SWEAT. 1. With dread of uncovering, even with temperature 104.\*

2. With chill and heat alternating.\*
3. Musty odor as of musty straw (Stan.) 2.\*
4. Great weakness and night sweats.
5. Sweat staining yellow.
6. Oily.
7. Partial: on single parts, or profuse.

#### SENSATIONS.

1. As if cold air were blowing on them.
2. Can not stand covering of bed clothes: feel smothered.
3. Coldness in general.
4. So cold, feels as if no clothing was on; that wind blew clear through to the marrow: so cold that no fire seems to warm them: can sit all day by radiator with thermometer at 80° and only fairly comfortable.

When this coldness strikes the spine we have intense pain and aching in the spine and chattering of teeth so they can hardly talk.

5. As if sciatic nerve were jerking then relaxing.
6. Exhaustion so great, would like to rest forever, and sink deeper and deeper in the bed, the rest is so grateful.
7. Dread of bathing as much as in Sulph., because no reaction, will chill for two or three days, feel as if the wind blew through the clothing.

8. Bones ache and pain as if broken, better by intense heat.

9. Convulsions, pale face, head draws back, lasting half minute. 2 babies, 1 six weeks the other 2 months old. Mothers had had meningitis.\*

10. "Broken bones unite slowly" (Cal. p. Sil. and Symph.) Dr. Allen.)

11. Symptoms ever changing. Ailments affecting first one organ and then another—lungs, stomach, brain, kidneys, bowels, nervous system.

12. Pains changing from place to place every few minutes.\*

13. "Croup 2 P, M. always returning. Give Aconite for the acute attack and treat between times with Tuberculinum." (Dr. Allen.)

14. "Always in best of health while pregnant, and then goes down rapidly after confinement." Dr. Allen.

15. Vertigo, feels uncertain as if head were going around in a circle, worse on getting up to walk. Fear others may think they are drunk. Woman 28, man 52.\*

(<) AGGRAVATIONS AND AMELIORATIONS (>).

1. < From Jan. to March, la grippe.
2. < Autumn and spring.
3. < After bathing, no reaction.
4. < After bathing, wakeful all night. Bath is too stimulating.
5. < From deep inspiration; cough.
6. < Before breakfast; nausea.
7. < By change of temperature especially if cold and damp.
8. < By cloudy weather; by cold, wet weather.
9. < By grief or sorrow or emotional excitement. Causes palpitation.
10. < By suppression of nasal discharge—coryza.
11. < Menstrual period—headaches.
12. < From afternoon nap, but better from long night's sleep of 10 hours.

13. < By windy weather—especially stormy weather.
14. < By getting feet wet or cold.
15. < By every breath of fresh air; new cold.
16. < By extremes of either heat or cold. (Lach.)
17. < After pneumonia no reaction (Phos., Carb. v., China, Psor., Sulph.)
18. < Skin symptoms, by bathing; < at night undressing.

## AMELIORATIONS.

1. > By fresh air, open air.
2. > By fresh air in the sleeping room but not drafts. Better in summer.
3. > By long hours of sleep, 10 or 12.
4. > By tepid sponge bath.
5. > By riding in the fresh cold air.
6. > Pains better by heat, hot enough to burn. (Sil.)

## DISCUSSION.

J. E. Frasch:—I would like to ask the doctor if she will tell us more in detail about the case that had the fear of dogs.

W. L. Morgan:—I have looked into the nosodes as remedies only to a limited extent, being deterred somewhat by the idea that the provings were very incomplete but what I have seen of their action impresses me very favorably.

H. S. Llewellyn:—In regard to the question of the use of nosodes, it would be well to look at it as largely experimental; if that was understood I do not think that there would be so much discussion pro and con when nosodes are mentioned. They should only be regarded as experimental and as last resort remedies. After doing the best one can with the repertory and the materia medica and can not help the case, then it is justifiable to pitch into the nosodes as an experiment. Nobody can object to that. It could be tried and the results recorded.

R. F. Rabe:—The doctor strikes the nail on the head exactly; nobody denies the fact that they have shown themselves to be wonderful remedies, nor that we need better provings of them in order to have something to go on. I

saw a child of three weeks old suffering from a vaginal discharge, thick, creamy and yellow. I made an investigation of the case, without a microscopic examination and I learned that the patient was exceedingly restless all day but slept well at night; I could not get any history of a discharge from the mother either during or before the pregnancy. I could find nothing about the husband that was suspicious or at least definite. In addition, there was an eruption upon the child's body papular in character. Taking the symptoms as they were, with general aggravation during the day and never at night together with the always present possibility of infection from gonorrhea, I gave Medorrhinum and a prompt cure followed. There, the few facts that I had to go by, pointed to Medorrhinum with the best results. The infant received two doses in all at intervals of ten days.

H. S. Llewellyn:—Facts in regard to a nosode should not be any more difficult to receive than any other facts such as those that come from the results of a vegetable or metallic remedy.

Nettie Campbell:—Dr. Allen told us that he had come across three cases in one year where children were so afraid of dogs that they would scream if they saw one across the street, and he had cured them all with Tuberculinum. When I find that symptom, I regard it as an additional reason for giving this nosode. I was called to see a little girl who had been frightened by a small dog almost into spasms; she cried all night and all day too. I knew that her family history was tuberculous and gave her Tuberculinum. It worked promptly, like a charm.

Z. T. Miller:—What potency of the different ones do you use?

Nettie Campbell:—I generally use the cm. It in common with other nosodes can be repeated with advantage oftener than other remedies.

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## CLINICAL ODDS AND ENDS.

BY ROYAL E. S. HAYES, M. D., Farmington, Conn.

What a wealth of curative resource in the Homœopathic *Materia Medica*! Its resources even extend to external or traumatic conditions which may arise to deflect the vital force. When the physician has established principles at command he is able to afford substantial aid in traumatic cases as well as those of natural disease. Some of the following cases illustrate this fact. It is not to be supposed, however, that the external cause alone is to be considered in a traumatic case. Homœopaths know that undue susceptibility to the effects of injuries depend on personal diathesis.

I will begin by relating a personal experience. A few years ago I had a numbness of the right index finger which extended month by month until it involved the whole right arm and shoulder. Symptoms; Paroxysmal heavy numbness with a sense of powerlessness of the whole right extremity accompanied by a drawing, pressive sensation, worse while partially reaching forward, as in washing the hands, or with the extremity raised as in brushing the hair. These positions would always bring on the perverted sensations. They were worse in damp days, worse in the latter part of the day and in the morning. This trouble had persisted several months without treatment while I was watching and wondering what the cause might be. Finally, I discovered a sore spot about the size of a dime just at the right of the second dorsal vertebra. Pressure at this point would bring on numbness throughout the whole extremity at any time. When the numbness was worst I could not tell from the sense of touch whether anything was being held in the hand. I had always to feel a patient's pulse with the left hand. The difficulty was evidently an irritation of the spinal nerve from slight misplacement of structure about the spine and the results of an unknown strain

*Rhus tox.* 10m Sk. 1. (Nov. 8).

Dec. 24., some improvement but not satisfactory; worse the last few days, since some exertion of the arm.

Rhus tox. 5cm F. 1.

Slow but steady improvement, entire relief after several weeks, the unknown cause still persisting. The most interesting part of this case is the cause. It was discovered several months later on beginning return of the trouble. The cause was lying on a hard bed, the head of the mattress being too high and hard, the elevation being just where the shoulder rested, putting the structure from the shoulder to the spine on a constant stretch while in the relaxed condition of sleep. Lack of sufficient exercise to keep the muscles, tendons and motor nerves in good trim was, perhaps, a contributory cause. Similar symptoms had appeared in the left extremity at times. Relief of the last attack was immediate after removing the cause. The moral as far as I was concerned was "No more antique beds for me."

An identical case came to me soon after this experience. The man would not believe that the cause of his trouble in the hand was as I said, until I made pressure at the point of exit of the irritated nerve. This convinced him at once.

I have seen many cases of so-called pleurodynia, lumbago, or muscular rheumatism in which the pain seems to be simply the result of slight joint displacement and consequent nerve irritation through stretching pressure, twisting or protracted motor nerve spasm or exertion.

When it is remembered that the mobility of the costo-vertebral joints depends upon the regularity of muscular action this theory seems very plausible. It may be practically demonstrated by the osteopathic trick of raising the ribs, when the pain will instantly disappear, sometimes permanently. The remedy for the strain consequent upon this condition I have rarely found to be other than Rhus tox. It often has to be followed by Calcarea, Tuberculinum, Sulphur or other psoric remedy given on complementary symptoms, for the cause may be internal, acting through the motor nerves. Where an acute attack involves the structures about the sacro-iliac joint it irritates one or more nerves which pass near the joint. This causes agonizing pain upon the slightest motion. If the condition is not soon relieved

motion may become impossible for an indefinite period, perhaps weeks, or, until the contracted muscles become so exhausted that relaxation gradually takes place and the structures resume their normal relations to such degree as the more or less damaged nerves and muscles will permit.

I believe that *Rhus tox.* is almost always the remedy in the acute stage of this injury. The fact that the patient cannot bear the slightest motion should not deceive one into the belief that it is not. If the patient could move, could once get started, motion would then give relief enough so that there would be seen the characteristic restlessness of *Rhus*. But in a severe case of this kind he cannot get started, unless he gets *Rhus*, when he will soon begin to move a little, then recovery will be rapid. One way to diagnose this trouble is to partially flex the thigh and the leg then make pressure upon the knee in the direction of the hip at the same time bringing the knee down. If this relieves the pain it proves that the difficulty is at the sacro iliac joint.

## II.

Louisa S. age. 10. Twenty-five days after appendectomy, persistent constipation. No desire. Enemas bring away a few black balls.

Opium cm. Sk. 1. Cured.

## III.

A trolley car cut loose from the track and ran one third of its length into a house. The family were at their morning meal when the car entered the room. It was reported that from the force of habit the conductor yelled out "Move up front, please." However this may be, one little boy was so frightened that it caused attacks of coma with stertorous respiration, puffing at lips on expiration; also, vomiting, suppression of urine and fever. He was attended by a Regular without relief. After twenty four hours I was called.

Opium cm. Sk. 1, relieved at once.

## IV.

M. H., a little girl of three, was apparently cured of

eneuresis but it finally returned and persisted without apparent cause except habit (see Knerr).

Equisetum hyemale 10m F. 1, finished the cure.

#### V.

Miss S., age. 26. Nodular urticaria, It was always brought on by eating strawberries.

Itching, worse from 8 to 9 P. M. Burning and itching, worse from becoming warm.

Canine appetite since typhoid, one year previous.

Fried food causes indigestion.

Headache from fasting.

Ankles turn easily (a family trait).

She is a short, plump, quick motioned brunette.

Sulphur 50m Sk. 1.

She was informed that she could eat strawberries after a few days which she did with impunity and the following year as well.

#### VI.

Helen W., age 17, school girl. Acne indurata of two years standing. It covers the face, cervical and dorsal region of the back and the upper part of the chest. The papules develop and diminish slowly, leaving pits in the skin.

Sensation of crawling over the affected area.

Faint-like nauseated feeling after eating, relieved by lying.

Easy satiety; aversion to fats.

Menses appear too early.

Was vaccinated twice when a baby; it "worked" the second time.

Thuja 45m G., 1. The eruption gradually diminished. Two months later a thin crop of papules appeared for a short time, disappeared, and the skin has remained fair ever since.

#### VII.

Mrs. T. age 27. Acne of several years standing. After the papules recede a pit is left. The face was so scarred



that I supposed she had had small pox- History of several vaccinations. No other symptoms.

Thuja 30, one dose every day for two weeks cured after two months.

### VIII.

Mrs. S. was stung on the lower lip with a yellow hornet (see Knerr). The rapid swelling caused uneasiness.

Ledum 45m F., 1. relieved at once.

### IX.

Mrs. W. age 19, was stung on the forearm the day before by a yellow hornet. The whole arm was greatly swollen, bright red, tense and pungently hot. The hand was numb.

Quite severe burning relieved by rubbing and by cold applications. Aching pain in the whole arm, especially at the elbow joint. Occasional shooting pains making the family afraid of lockjaw.

The relief from cold, aching, shooting pains and swelling extending upwards reminded me of Ledum, especially as Hering recommends it for Yellow Jacket. But relief from burning by cold is a common modality. This leaves Ledum with little value compared to the tense red swelling, pungent heat and burning relieved by rubbing of Natrum.

Natrum Muriaticum 50m Sk. 1. Immediate relief proved the choice to be correct.

### X.

Mrs. H., five hours after anaesthesia from ether; cutting pain in the forehead worse from any jar, better after eating a bite of cracker and from cold applications.

Salivation.

Foggy vision, the air looks wavy as when heat is acting upon it.

Aching in dorsal spine extending to scapular regions.

Belladonna 100, 1.

Five hours later, no result.

Chloroform cm F., 1. Relief and rest followed soon after. Although I could not find some of the symptoms in my literature the impression was strong that Chloroform

was the remedy. Although I questioned the patient closely she insisted that it was the remedy which relieved her.

I believe that the perverted vision; the air appearing wavy, is a keynote to Chloroform.

#### XI.

Mr. B., age 30 was anaesthetized for dentistry with "vitalized air." a mixture of nitrous oxide and chloroform. One week later he reports;

General weakness, worse in the morning.

Loss of appetite; bad taste.

Throat sore in the morning.

Seminal emissions with dreams every night, worse when lying on the back.

Never had such symptoms before.

Phosphorus 50m Sk. 1. Then: He had no symptoms thereafter.

#### XII.

Miss A. worked in a bakery where she was much troubled by fumes of coal-gas, causing a troublesome cough, expectoration and bronchial irritation (see Knerr).

Arnica 10m Sk., 1. cured before she could serve out her week's notice and get another job.

#### XIII.

Mrs. K., a nurse, wants medicine for a two weeks headache. It was caused by coal-gas, without doubt.

Dull, hard pain in eyes and head relieved by closing the eyes.

Can hardly keep the eyes open.

Eyeballs sore.

Nausea. Causticum 200, 1, cured in a few minutes. Several times I have cured the effects of coal-gas with Causticum (also Nux vom).

#### XIV.

Geo. R. age 16, bruised his knuckle a week previous breaking the skin slightly, which healed quickly.

During the last three days; Shooting pains extend from the knuckles to the wrist, worse in the morning, from

any jar, letting the hand hang down, better by keeping the hand covered (warm).

The fingers throb at night.

History of tuberculous ulcer of fingers for which two were amputated five years ago.

Hypericum cm F., 1. No result.

Five days later. decidedly worse. The pains shoot to the neck and head and once they darted all over, causing much alarm.

Lachesis 1m, 1, cured in a day or two.

#### XV.

Mr. W. K. sustained a lacerated wound on the fleshy portion of the forearm which became septic, purplish and inflamed although it was carefully dressed by a local surgeon.

Lachesis 1m, 1. caused tedious but steady improvement over a period of five weeks. But a space the size of a dime persisted in piling up granulations.

Habitually sweaty feet.

Slight build, active.

Silicea 20m F., 1. "did the business."

#### XVI.

Mr. B., age 60, cracked a rib or two, which damage annoyed him even after they were dressed so that he could not sleep or keep still at night.

Rhus tox. 200, relieved well for three days. Then the irritation returned but was worse from motion so that he had to keep very quiet.

Bryonia 1m. No more trouble.

#### XVII.

Mrs. H. S. B. Her baby thrust its finger into her left eye. A blunt stick had been thrust into it a few years before and it had felt sore lately.

Paroxysmal pain as of needles darting into the eye. Walks the floor in agony.

Lachrymation.

Symphytum cm F, 1, worked O.K.

I have verified the above several times.

## XVIII.

Mr. —, age 62, stout and sturdy, dislocated the left hip joint which was reduced by an Osteopathic physician. Six months later found him with difficulty walking a few steps at a time with cane and crutch. Persistent manipulations of the "blood supply" by the Osteopath proved to be of no avail. There had been no improvement during the last two months. The X ray failed of diagnosis on account of tissues. Three surgeons said it would be two years before he would be able to walk alone. His friends say he is "laid on the shelf" for the rest of his life.

Symptoms; Pain in the sacral region of the back from standing

Sore pain in the hip, worse from stepping, from lying on it, better from frequent change of position.

Lameness and tension of the posterior tissues of the thigh, worse after resting.

The pains are worse in damp weather.

Rhus tox cm Sk., 1. March 10, '08. No result.

Ruta cm F., 1, March 18, '08. Cured lameness in the other ankle which had been fractured some years before. No further result.

Symphytum cm F., 1. No result.

Calcarea fluorica 30, 4. One dose every other day.

On calling two weeks later I noticed that the crutch was standing in the corner of the parlor. Soon out walked Mr. H. from the library with quite a respectable gait. "What the devil was in those little powders," said he.

## XIX

Miss T., age 26, a school teacher, wants medicine to prevent carsickness. The symptoms of the attacks come in order as follows:

First, increased saliva. Then, vision affected; the atmosphere appears in waves as when agitated by heat.

Heaviness in the eyes and head, relieved by closing the eyes and pressing them.

Giddiness, drunken-like, staggering, must sit still for fear of falling.

Nausea distressing, "would feel better if she could vomit."

Gnawing sensation in the stomach.

Parched thirst; must drink, which aggravates.

Looking at objects aggravates.

Open air relieves.

The journey is followed by a real sick-headache with pain in the forehead and temples.

Chloroform 30. One dose before the journey, prevented entirely, the first time since she was a little girl. It is just a year since she took the dose of Chloroform and she has never been car-sick since, though she has taken trolley journeys almost every week.

## XX.

Mrs. S. J., age 88, has been acting queerly for several days and grows worse.

Was "wild" last night.

Uneasy, in constant motion.

Fear of apoplexy.

Sensation as if brain was separated.

Swelling under the lids.

Hallucinations; worse on waking at midnight; thought she was not home; that she was a child again; that she was starving. While she was playing child she acted very docile and quiet.

Sees people, alligators on the wall and other choice specimens of natural history.

Loquacious; disconnected talking; cries "Help! Help!

Being alone relieves the symptoms.

On casting about for the cause of such disturbance I found that she had used alcoholic patent medicines for many years. The good old lady had depended on Hostetter's Bitters for the last two years. There was albumin in the urine.

Lachesis 1m, 1. Nothing more was needed.

Thus the careful prescriber could multiply cases as long as he chose. But the pleasure of working for perfection never allows the interest to flag.

## DISCUSSION.

P. E. KRICHBAUM:—There is nothing to discuss, he took the cases skillfully and prescribed correctly and cured them. It is one of the best papers that we have had at this meeting. It is all meat with no extraneous matter.

R. F. RABE:—The doctor is to be complimented on this paper; it fulfills one of the president's recommendations in his address asking for the recital of cases cured with unusual remedies, out of the ordinary line, it is a paper that will repay study.

H. S. LLEWELLYN:—He has got me downed.

R. E. S. HAYES:—The fact that Hahnemann cured hemorrhoidal tumors with Chamomilla 30th stimulates me to do similar things.

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**IGNATIA AS A RECTAL ANODYNE.**

BY HARVEY FARRINGTON, M. D., Chicago.

The following cases are reported not only, as the title of this paper would suggest, because of the prompt action of the remedy, but also because in each case surgical interference was recommended as the only means of permanent cure.

CASE I. Mrs. M. W., age 37, stout, plethoric, excitable, has suffered from piles off and on since early childhood. Her mother died of cancer of the rectum. She came to me on Dec. 19, 1901, with the following symptoms: Pain in the rectum for hours after stool, whether it be soft or hard—throbbing and pricking, relieved by either cold or hot applications. Headaches in the vertex accompanied by nausea. Menses three to five days early, profuse, clotted. Burning of the soles of the feet. Craves sweets of all kinds especially cake. Much flatulence in the abdomen after eating so that at times she is obliged to loosen the clothing. Occasional spells of diarrhea which drive her out of bed at 5 a. m. Sulphur relieved her for some time and later a course of Carbo veg. from the 1m. to the millionth, so ameliorated the symptoms that she stopped coming for treatment.

October 6th of the following year she came to the office saying that the same old pain had returned with redoubled severity, and she feared that a rectal cancer was developing. A homœopath—and a supposed Hahnemannian—who was attending a relative whom she was nursing had added to her anxiety by telling her that she would never find permanent relief until she was operated on. The general aspect of the case had changed. She was more nervous and excitable than ever, characterizing her symptoms with adjectives all in the superlative. The headaches still persisted and she stated that she was hungry while they lasted. The menses came every three weeks. Rectal inactivity; can with great effort void a normal soft stool, but usually without pain. In an hour or so after evacuation the most horrible throbbing begins and persists for a long period of time. At various times during the day there are sharp, sticking pains which shoot upward into the rectum. The hemorrhoids protrude after stool and at times they bleed. Pain in the rectum when coughing. A close study of the case led to the selection of Ignatia, which gave immediate relief in the 1m. potency.

December 10th, the symptoms returning, the same potency was again given. One dose of the cm. was administered about two years ago and since that time there has been neither pain nor soreness in the rectum.

CASE II. Mrs. W. H. K., age 38. Thin, spare, dark hair and blue eyes. For several years she had suffered from hemorrhoids and fissura ani, with bleeding and extreme pain. She had been told by two physicians in San Francisco that surgery was the only means for her relief. But she, being timid and nervous, refused to be operated upon and decided to try a trip east, as she said "for the benefit of her nerves." Accordingly she packed up and went to visit some relatives in Connecticut.

On reaching her destination the rectal trouble became so much worse that she consulted a local physician. This man, evidently of the old school, claiming that he could not help her until he understood the condition more fully, at-

tempted to introduce a speculum. The resulting pain was so intense that Mrs. K. leaped from the table and vowed she would not let him touch her again. In a few hours she was on the train homeward bound but suffering such agony that she feared the loss of her reason. At one time it required all her power of will to keep from jumping through the car window. The only relief she obtained was through frequent swallows of whisky, and judging from her own account she must have taken enough to intoxicate any one under less of stress and nervous tension. She had planned to go right through to the coast, but on nearing Chicago her courage gave way entirely and she stopped off, taking refuge at the house of a sister of hers living here, who was also my patient. This is how I came to prescribe for her. She lay with knees drawn up and spread apart, moaning with pain, nervous, trembling and talking rapidly and excitedly. She said that the pains were burning, throbbing and knife-like, coming immediately after stool and lasting for a long time. There was always more or less bleeding. She also described her state of mind while riding on the train and said that it was not new, as she frequently woke in the morning with a horrible sensation of depression.

Of course I thought at once of Lachesis. An examination revealed a tightly constricted sphincter, one or two small hemorrhoids and a small fissure. Since the patient had come direct from allopathic hands, I annointed the parts with a little olive oil for the mental effect, and gave a dose of the remedy in the cm. and sat down to await results. After twenty minutes the pains being no better I gave another dose. No effect. Then I remembered my former experience, and dissolving Ignatia B. & T.'s one thousandth in water gave the patient several teaspoonful doses a few minutes apart. The effect of the first dose was almost immediate, and in half an hour she was almost completely free from pain. A normal stool the next morning caused considerable suffering, but the patient was able to resume her journey with comfort at the end of a week. Her sister told me afterward that she thought that I had used cocaine.



About a month ago Mrs. K. passed through Chicago and stopped at my office to thank me for saving her from the surgeon's knife.

CASE III. Mrs. Myrtle C., age 34. Dark hair, black eyes and rather fleshy. She had been a patient of the late Dr. H. C. Allen. On hearing of the doctor's death she applied for treatment to the only physician she knew, the dean of one of our homœopathic colleges. He made an examination and at once told her that operation was the only cure for the condition he found. This verdict was so at variance with what Dr. Allen had told her that she determined to hunt up his successor and so came to me.

Dr. Allen's record showed that she had been taking Sulphur. This I repeated with benefit, finally reaching the millionth of Fincke. But the relief was only partial. Nitric acid and Lachesis were absolutely ineffectual—evidently chosen with too much regard for the nature of the local trouble. One night about six weeks ago I was awakened by the night bell and found a messenger from Mrs. C., who said she was almost insane with pain and wanted immediate relief. Her symptoms were as follows:

Boring in the rectum like a worm; burning, rasping like a hot-toothed instrument turned in the rectum, < during and long after stool.

Ignatia 200, seven doses at two hour intervals relieved the pain and in two days a normal stool was passed without suffering.

There is one feature of this case that I have failed to mention but which is of interest from a clinical point of view. The messenger who came for the medicine must have been nearly three hours making the journey. The patient, anticipating this, and suffering intensely, suddenly thought of a box of morphia tablets she had stowed away. She got them out and took one. In an hour experiencing no relief, she took another, and even after the medicine arrived she took the tablets until in the space of four or five hours she had ingested four quarter grain tablets of the drug. The only effect was a drowsy, stupid feeling, which clung to her

for three days. The pain did not abate till she had reached the third dose of Ignatia, and then it gradually passed away. Whether the over dose of morphia had anything to do with the relief of the pain I cannot say. I believe that the remedy would have acted more promptly if it had not been for the alkaloid, and yet it went right on, healed the rectal tissues, and there was not the slightest sign of constipation following.

#### DISCUSSION.

R. F. Rabe:—There are two interesting points brought out in this paper; one is that Ignatia although not usually regarded as a deep acting remedy, should have such a remarkable effect in a case of this kind and in a patient already under the action of massive doses of an opiate. The other is that any remedy should act in spite of the deadening effect of two grains of morphia. It shows the power of the potentized remedy. I recall a case of a much run down woman with a violent attack of indigestion who was very sensitive to noises. There was a condition of sudden thrusts of pain upwards in the rectum. Kali carb. lessened the pain in a few moments and she was entirely free from pain the next day.

It is always a pleasure to relieve such cases because the suffering in the rectum is of such an extreme nature.

C. M. Boger:—The most obstinant cases of rectal disease are those complicated by hemorrhage; they are hard to cure and the indicated remedy is generally hard to find. There is no better work to consult upon the subject than Guernsey's little work on Hemorrhoids. You will find there the symptom of a sudden spurt of blood as though an artery had been cut, after stool, under two remedies; one of them is Causticum and the other is Alumina. When you get that symptom you have business on hand. Determine which it is and give one dose and then wait; it is not likely that the next stool will be free from blood but it will be free from the spurting of blood. There may be a large fissure to account for it or a vein may have given away. The blood shoots out with a great deal of force.

W. L. Morgan:—I have had similar cases where Phosphorus acted well.

President:—Will you close the discussion, Dr?

Harvey Farrington:—I have nothing to add to the points covered by the paper.

## EXPERIENCE WITH ALOE, LOBELIA AND TUBERCULINUM.

BY THOMAS G. ROBERTS, M. D., Chicago.

CASE 1. Mary H., twenty three years old, applied for treatment because she had a movement of the bowels after every meal. The trouble had existed for about six weeks. The stools were nearly normal in consistency and looked well digested. Always after eating and drinking, she must go to stool in a hurry. She had no bowel movements, except immediately after eating and drinking. She suffered from an empty feeling after stool, and soon became hungry; but if food was eaten, she would be compelled in a few minutes to go to the closet.

Her tongue was a little narrow and covered with a light gray coat. Menses were regular and lasted five days, with backache and pain in the uterine region the first day.

She had lost considerable flesh and was getting uneasy as the difficulty seemed persistent.

Two symptoms especially called my attention to Aloe; one was stool after eating and drinking, and the other was the desire to go to stool in a hurry. Desire for stool after each meal is especially found under *Ars. alb.*, *China.*, *Lyc.*, *Pod.* and *Trombidium*.

Under Aloe in the *Guiding Symptoms* I found the following: "Hungry during the diarrhoea; hungry after the morning stool." "As soon as he eats anything, he must go to stool." "*Has to hurry to the closet immediately after eating and drinking.*" Although hunger occurred in this case after *every* stool instead of after the *morning* stool only, I gave her on January 22, 1908, Aloe 1m, dry on the tongue, every night for a week.

Feb. 5. Reported that she was much better in every way. She did not feel so empty after stool and the hunger was nearly gone. As the case seemed at a standstill, the same medicine in the same potency was again prescribed, and in a short time all the symptoms disappeared, and she has not had any trouble since.

CASE 2. A gentleman 61 years old, with blue eyes, fair complexion, medium height and weight, had had six very peculiar attacks, in the course of a year, before he came under my care. Though not a robust man, his health in general was good, except that he occasionally suffered from mild attacks of indigestion. The first symptom of an attack was a sudden sensation of heat in the abdomen which rapidly extended upward to the head, causing a feeling as if he had taken an overdose of quinine. This was immediately followed with a prickling sensation all over the trunk and extremities. This sensation was very marked in both ears. This prickling sensation left all parts of the body in about ten or fifteen seconds, and was followed by rather profuse perspiration over the entire cutaneous surface. There were no convulsions or twitchings, and no loss of consciousness, hearing, sight or sensation. Slight nausea, which soon disappeared followed the attack. During the attack, the mental depression was very profound. He felt as if he were dying. His face was pallid, and he showed very marked signs of fear. I have seldom seen one with the facial signs of fear more strongly marked. After each of his previous attacks, he was absent from business three or four days.

Several of his symptoms led me to think of *Lobelia inflata*. In the *Guiding Symptoms* I found the following: "Light hair, blue eyes, fair complexion." "After each vomiting spell breaks out all over with sweat, followed by a sensation as if thousands of needles were piercing her skin from within outward." I prescribed *Lobelia inflata* 45 m. F., and the curative response was almost magical in its swiftness and power. The next day he was on the street,

and remained well for two months when he had a slight attack.

The same remedy in the same potency was administered with rapid curative action. He was at his place of business next day, and remained well for nearly three months when he had a very slight attack, and was given the same medicine in the c.m. potency. More than six months have passed and he has shown no signs of the trouble.

Whether the cure is permanent or not remains to be seen, but the action of the remedy was very apparent every time it was administered.

CASE 3. Sarah N., ten years old, suffered for nearly a year from attacks of abdominal pain with high fever which were unrelieved by any medicines prescribed by the attending physicians.

These attacks came on regularly every five or six weeks, the high temperature continuing about four days. When she came under my care she was very much emaciated and showed marked weakness and anaemia.

The pain in the abdomen was mostly just below the umbilicus, and worse after eating. She had a sensation as if a ball were in the abdomen: The abdominal pain was also accompanied with sore throat, and often with diarrhea. During an attack, she had a desire to clear the throat almost constantly, tongue coated grayish with bad odor from the mouth.

Her hypertrophied tonsils had been surgically removed. She had right-sided headache which goes to the occiput, worse lying down and worse getting up. Eyes water. Takes cold easily. Perspires easily. Perspires on forehead when sleeping. Feet usually cold but sometimes burn.

I regarded this as a case of tuberculosis, and on April 18, 1907, prescribed Tuberculinum 200, *She never had another severe attack after this first prescription of Tuberculinum.*

May 1. No fever, generally improved. Pulse 104.

Tuberculinum 200. A powder every night for seven nights.

May 17. Better in almost every way. Sac lac.

May 24. No abdominal symptoms but some cough, Tub. 200.

June 1. Improvement marked. No medicine.

June 14. Tub. 1m, one dose.

July 5. Temperature normal. Blows out thick yellow lumps and crusts from the nose; hawks up phlegm only in the morning. Odor of breath better. Tub. 1m was given and repeated on July 19th and August 8th.

Aug. 23. Eighteen weeks have passed since an attack of bowel trouble. Had a very little pain in the bowels with a slight rise of temperature. Tub. 10m.

Sept. 6. Temperature normal, no pain, no cough. Head sweats a little in first sleep. Sac lac.

Sept. 27. Feeling well in every way. Sac lac.

Oct. 18. Not so well. Constipated; ineffectual urging to stool. Slight headache and anorexia. Tongue broad and atonic. Nux vom. 1m, one dose. This relieved the constipation, headache and anorexia.

Nov. 29. Temperature normal but some pain in the abdomen. Tub. 1m, in water, every three hours for three days.

Dec. 6. Very much better. No symptoms of any kind could be obtained. No medicine.

Dec. 27. Has a slight cough, Tub. 50m. From this time on it was usually impossible to find any symptoms on which to base a prescription. Occasionally however, some signs of disease would become apparent.

March 6, 1908. Had a slight return of pain in the bowels. Tub. cm, in water, every three hours for two days.

March 20. Reports that she has gained twelve pounds in six months. No symptoms and no medicine. From this date it is not necessary to go into details. She has had placebo most of the time, but occasionally has had Tuberculinum in the very high potencies. The remedy was administered if there was the slightest rise in temperature, or if cough made its appearance. She now weighs ninety-nine pounds, and the last time I saw her she had no symptoms of any kind. She looks like a perfectly healthy girl. I consider this patient as good as cured.

I may be criticised for repeating the remedy so frequently, but my experience leads me to the belief that in cases of this kind the remedy must be frequently repeated if the best results are obtained.

## CLINICAL CASES.

BY CLARA H. WILLIAMS, M. D.

SCORBUTUS; CALC. PHOS. September 26, 1908. M. P., age 13 months; rather short, dark hair and very fine featured, was brought to office to see if any bones were broken or out of place. The baby would not now stand although she had before this been walking around chairs and taking a few steps while holding her hands. The parents were afraid that an unknown fall had injured her in some way. She whined nearly all the time. < when you moved her. < after she was out in her cart for a ride. Mother said that she noticed that she was much worse after riding one day and thought that the nurse girl might have let her fall out of the cart. She asked also could it be rheumatism as some had suggested; she sent for me to tell her what was the matter with the baby. Upon physical examination I found the joints all freely movable and not painful, but the epiphesis of the femur was very sensitive and also the radius and ulnar slightly swollen. The gums were swollen and red.

The patient was a bottle-fed baby. The mother had never given it anything but her food, except water occasionally. I told the mother that the baby did not have any of the things she thought it had. That it was scorbutus.

I had her give baby a teaspoonful of orange juice four times a day, beef broth and very little food. Cal. phos. cc. six doses, one each night. In one week baby was much better and improvement continued.

No more medicine and well since except light cold in head.

DIARRHEA—CAMPBOR. Sept. 30, 1908, 5:45 A. M. Telephone rang and in answer to call received this message:

"Come down to see papa as quick as you can, he is awful sick, has been sick all night."

I asked, "What is the trouble?"

"Diarrhea, he has to go every little while, and every time he goes he faints. He passes nothing but water, just white, and so many quarts or gallons, and he is so weak; looks gray and is all gone to nothing."

I said, "Has he any cramps?"

"No, but the funny part is he has cramps in his arms and legs and he is so cold. Is there anything that we can give him till you get here?"

I told them to give him a drop of tincture of Camphor in a teaspoonful of water every fifteen minutes until he was better or until I got there, which would be in about two hours. I arrived at about 8 a. m. and found the patient much better; he was warm and his bowels had not moved since he began the Camphor. He said it seemed to just go to the right spot.

He gave the history of having drank a glass of sour lemonade for his supper; did not feel well in the morning but went to work. He had to come home at noon. He thought he would get all right without any medicine but found he could not. I gave him a dose of Camphor cm. and left one more to be taken if he had any more loose stools. About 1 a. m. that night his bowels began to move again but this time the stools were very small, dark and offensive; patient very weak. Arsenic cm., one dose. Told patient to eat mutton broth with barley cooked in it. He was soon able to work again.

FISSURE—RATANIA. Nov. 14, 1908. Miss M. F. came into office about 8 p. m. and greeted me with: "Oh! doctor, can't you do something to relieve this terrible pain, I have been in agony all day and I can't stand it much longer."

Her face was drawn, and clearly indicated that what she said was true.

I asked her to sit down and tell me all about her trouble. She said, "I can't sit down, I have fissures in my rectum and this morning when my bowels moved piles or something came down and will not go back, and those sticking, cutting pains are something terrible. If you can't give me relief I don't know what I will do."

The patient told me she was usually constipated, that the piles protruded at times before when her bowels moved, but always went back themselves until this time.



I made an examination and found the parts so sensitive that they could scarcely be touched.

I gave a dose of Ratania cm. dry on tongue, dissolved some cc. of same remedy in a quarter glass of water, saturated a compress of cotton with it and applied to the strangulated hemorrhoid. In about twenty minutes I was able to replace the hemorrhoid and the patient left the office quite comfortable.

She did not have any return of the trouble nor has she had since; the rectal fissures healed and remained so.

The patient had some powders of the cc. to use locally and the second best remedy to take internally.

August, 1907. W. M. Age 7 years. While running in bare feet stepped on a broken beer bottle and receive a cut on the outer side of right heel about one and one-half inches each way, almost severing the tendo Achilles, angle about  $60^{\circ}$ .

This happened about ten days before I was called. Mother had been using carbolic acid in water and carbolic salve, but it did not heal and had become so sore and painful she was getting alarmed.

I found wound very much swollen, inflamed, the edges not approximated by about  $\frac{3}{4}$  of an inch, exuding pus and filling up with proud flesh.

Boy would jump and scream if he thought I was going to touch it, and kept saying, "It is so sore don't touch it."

Could not put foot to ground.

I washed the wound in boiled water, made a little pad of gauze, saturated it with Arnica cm. which I had dissolved in six teaspoons of water and bandaged over cut. Gave a dose of the same internally; left some powders of Arnica cm. to be used to keep the gauze wet and to open it but once a day.

Four days later (Wednesday) I called again; found wound not so sore nor inflamed, but still exuding pus.

Gave Calen cm. to be dissolved in ten teaspoons of water, a teaspoonful to be taken internally, and the rest to be used the same as the Arnica.

Next week the boy could walk a little without much pain, pus almost stopped, inflammation all gone.

Prescription continued locally but not internally.

Went back on Sabbath, fifteen days from first prescription: found that the patient had put on his shoe and gone with his father for a walk of two miles to see his grandmother. No more medicine.

#### DISCUSSION.

Dr. Coffin:—I have a case that offers a combination of pregnancy with swelling of Bartholin's glands so that they seem to occlude the vagina. There is no inflammation, no soreness and no feeling to the examining finger as of pus or water. They are so large that they can almost be said to protrude out of the vagina. They are bi-lateral; I have left them alone so far.

R. F. Rabe:—Are they glands or are they vascular—varicose veins?

Dr. Coffin:—No. they are glands; there is no soreness to touch.

R. F. Rabe —The patient must have some general symptoms, past or present, that will enable you to make a prescription.

Dr. Coffin:—There is a history of the patient nursing a relative who died, causing great suppressed grief; this seemed to cause a congestion of the throat. I thought of Ignatia but on looking I saw an Apis condition; the uvula and palate were edematous; this was followed by an extremely mucoid condition calling for Kali bichromicum which removed everything except these swollen glands.

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## REPORT OF A CASE OF BRONCHO—PNEUMONIA ILLUSTRATING THE FACT THAT STRICT IN- DIVIDUALIZATION IS ALWAYS NECESSARY IN THE TREATMENT OF ANY DISEASE.

BY RUDOLPH F. RABE, M. D.

The patient, Mr. B—aged 65, lawyer, for ten years has been incapacitated for active sustained professional work owing to a pronounced mitral insufficiency. He has however never been confined to the house on account of his cardiac lesion, but is unable to undergo any undue physical or mental exertion. Professional and other cares and worries in the past, together with a chronically sluggish liver, have contributed their share in the causation of present conditions. At one time eight years ago, the state of his heart caused a very unfavorable prognosis from his physician which was not however, fulfilled under subsequent Hahnemannian treatment.

In the early spring of this year Mr. B—contracted a slight bronchitis which proved stubborn and soon extended to the smaller bronchioles, in spite of remedies exhibited. The attack was marked by an absence of distinctive symptoms, thus making prescribing a very difficult and unsatisfactory matter. In this manner the case dragged along until repeated physical examination disclosed crepitant and sub-crepitant rales over the bases of the lungs, small areas of dulness on percussion, together with patches of increased vocal fremitus. The upper lobes were clear except for the presence of some sonorous and sibilant rales due to the thickening of the bronchial mucus membrane. The pulse was accelerated and throughout the illness varied from 100 to 140; the temperature hovered between 100.5 and 103, the lips and finger-nails constantly cyanotic.

A diagnosis of catarrhal or broncho-pneumonia was made. Indications for remedies were exceedingly vague with the exception of an attack of cardiac syncopë late one night, when the entire aspect of the patient, the collapse, weak thready pulse, cold breath and sweat, feeble husky voice demanding air, called plainly for *Carbo vegetabilis*, which

in the thirtieth potency in water, given every ten minutes, rapidly brought a change of scene for the better and averted threatened disaster. But with this exception the case was running along in much the same way day after day and was now well into the second week of the pneumonia. At this time the patient began to complain of what he described as an acidity arising from the stomach and invariably causing a racking exhausting cough with a thick yellow rather lumpy acid tasting expectoration. The cough itself seemed to choose the morning and evening hours as its time of intensification with comparatively little or no cough during the night. The tongue was coated by a thick brownish dry fur, especially at the base and an acid taste was complained of. In addition there was slight nausea, if anything relieved by taking a little liquid nourishment.

This was the symptom complex now presented, nothing more. Position in bed had no effect upon the cough. A reference to Bœnninghausen with considerable bed-side reflection led to the choice of Sepia which was given in the 1000th potency of Bœricke & Tafel, at intervals of three hours until eight doses had been taken. The response was almost immediate, pulse and temperature both falling and the severity of the cough yielding. Rapid uneventful recovery followed under one more repetition of the remedy ten days later.

Under Sepia's symptomatology we find a cough proceeding from or felt in the stomach and evidently this symptom is analogous to the "acidity" sensation of the patient. That Sepia is a remedy ordinarily never thought of in the treatment of pneumonia is only too true and its successful use in this case merely serves to emphasize the dictum that we must treat patients only in order to cure their diseases.

#### DISCUSSION.

R. F. Rabe:—I would like to add in explanation that I gave repeated doses, because the case seemed to be a very serious one. I had prescribed several remedies before on the meager symptoms that were presented. Here was a man of advanced age with an old chronic cardiac trouble, and when the symptoms of this serious trouble developed I

did not know what minute his light might go out. I was casting about for symptoms at each visit in the hope that something characteristic might come up and lead to the remedy. Finally when the symptoms spoken of in the paper cropped out I felt warranted in repeating every three hours until I was sure that a reaction had started and then I stopped.

P. E. Krichbaum:—It reminds me of the first real bad case that I ever had, and the first real good prognosis that I made. I gave Phosphorus in the cm. and told the friends that the patient was going to die. The next day I saw no crape on the door and in due time he got well.

W. R. Powell:—I have had much experience with Carbo veg. saving people, apparently dying. It has then to be repeated often; a dose lasts about twenty or thirty minutes. Oftener than that I have found unnecessary.

R. F. Rabe:—I am glad to hear that statement from Dr. Powel. Probably every twenty minutes would have been often enough. I recall a case of heart failure that I attended at the theatre where I was called from the audience to attend a lady in the ladies' waiting room. On entering the room I saw an old lady dressed in the height of fashion, 75 years old and celebrating her birthday at the theatre. It was very hot and she was seized with faintness suddenly; lips were blue and her fingers were blue and mottled. The attendant had been giving her the aromatic spirit of ammonia. I gave her Carbo veg. 30th every five minutes. In a short time she was able to get up and walk across the floor. We sent her home safely. I firmly believe that she would have died had she not had the Carbo veg. If I have another case like that I shall wait longer between the doses.

R. E. S. Hayes:—I have always used a high potency in such cases.

P. E. Krichbaum:—I heard a great many things that I did not believe at college. I have given Carbo veg. for cold breath and cold tongue, etc., in apparently dying patients, and they all died just the same.

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**REASONS FOR HAVING FAITH IN THE NOSODES.**

BY NETTIE CAMPBELL, M.D.

Mr. President and Fellow Practitioners:

Knowing that the classified symptoms of *materia medica* are tiresome and uninteresting to listen to and only intended for reference and study, I have decided to place my paper on the clinical verifications of *Tuberculinum* on the table for publication, and read a paper telling you.

1st, why I became such a firm believer in the Nosodes.

2nd, some pointers from Dr. H. C. Allen's lectures which have been helpful to me.

3rd, many conditions I have cured with *Tuberculinum*.

First: it was my good fortune to become very intimately acquainted with two lady practitioners a couple of years before entering college, one a graduate, and the other a post-graduate of Hering College who used the nosodes and high potencies extensively. My second homœopathic remedy from the hands of one of them was *Tuberculinum*. It cured my chronic sick headaches of ten years duration, and also enabled me to dispense with my glasses during my entire college course, and this was my last prescription of *Tuberculinum* until after graduating.

This remedy saved my niece from an amputation after four practitioners of the old school had met in consultation and decided upon the time for the operation.

My mother-in-law, a frail woman of 67, had had double pneumonia; there was no re-active power and her condition bid fair to develope into phthisis, in fact some had pronounced it such. *Tuberculinum* cured her and has no doubt added ten years to her life. Since this time, two of her married daughters who were *not* receiving homœopathic treatment have died, one of tuberculosis, and the other of Bright's disease, showing she inherited constitutional tendency.

My nephew was afflicted with chronic sick headaches, constipation, and bleeding hemorrhoids. After going to stool, which was only once in four or five days, the pain was so severe he was compelled to recline on his face for some

time. This physician I refer to in her one year at Hering, had imbibed the true spirit of our good Dean's teaching of the *chronic miasms* and she said to my nephew's wife, "Although I have never talked with your husband, I am sure I can cure him. The remedy indicated in four of his children must be indicated in the father also." Tuberculinum completely cured him and converted a bitter opponent of homœopathy into one of its most ardent advocates.

I saw the result of Tuberculinum in a case of mal-nutrition in an only child, after the old school physicians had given an unfavorable prognosis.

After entering college, Dr. H. C. Allen saved the life of my little daughter with c. m. Tuberculinum after twelve physicians, mostly homœopaths failed in either diagnosis or ability to cure. He prepared it in water and had it administered every half hour that afternoon, and every hour the next day, and at intervals for several months. She was wearing glasses for astigmatism and myopia, fitted by one of the best oculists in Chicago, who told me she would never be able to go without glasses for study or close work. After Dr. Allen's treatment she could not use her glasses and they were laid aside and lost, but Dr. Allen did not know such a condition existed when he prescribed for her.

Seeing and knowing of such cures with Tuberculinum even before I entered college, and also other cures as remarkable with other nosodes, was it any wonder my mind was good soil for all the truths rendered by our dear lamented Dean, when I entered college?

I began applying these hints my first year in college on patients outside the clinics where I could have full sway and no opposition to my prescription, and thus verified his teaching; while many of my classmates forgot they ever heard these truths, as their *real value* had never been impressed upon them as it had been with me before I entered college. Some of my classmates, my *husband* included, called me crazy about these nosodes, but I was willing to be called crazy as long as I made the cures.

SECONDLY: I will give you some of the pointers as I

copied them when he lectured on the Organon and materia medica.

1. "Intermittent fever, annually returning is always of a psoric or tubercular diathesis.

2. "Nineteen out of twenty cases of diabetes can be traced to gonorrhea."

3. "Bright's disease is generally tubercular."

4. "The strumous diathesis means tubercular or scrofulous."

5. "The four great remedies to antidote crude mercury and syphilis are Kali iod.—Nit. ac.—Hepar sul.—and Mercurius, when the symptoms agree."

6. "Gonorrhea is one of the greatest causes of cancer. Allopathic vaccination is another."

7. "A clean tongue, better after eating, is from the cervical nerves."

8. "When gonorrhea is suppressed by injections it is most sure to cause gleet, a sticking together of the urethral opening in the morning; chronic Medororrhinum is one of the remedies to be thought of, but the acute Medorrhinum is not indicated in such conditions."

9. "At the close of his lecture on Valerian he mentioned some remedies for "pains in the heels" and added "but this is only a sensation there, and really comes from the spinal cord. A compress over the third or fourth lumbar will relieve it."

10. "We rarely have a case of insanity without an inherited psoric or tubercular diathesis." He then gave us Hahnemann's words from paragraph 220 to paragraph 224; paragraph 221 "If insanity (caused by fright, vexation, abuse of spiritous liquors, etc,) suddenly break out as an acute disease in the patient's ordinarily calm state, although it almost always arises from internal psora, yet when it occurs in this acute manner, it should not be immediately treated with anti-psorics, but in the first place with remedies indicated for it out of the other class of proved remedies (eg. Acon. Bell. Stram. Hyos. etc.) in highly potentized, minute, homœopathic doses, in order to subdue it so far that the



psora shall, for the time, revert to its former latent state, wherein the patient *appears* as if quite well."

Par. 222. We are told in substance "Such a patient . . . should never be regarded as *cured* . . . .no time should be lost in attempting to free him completely, by means of a prolonged anti-psoric treatment, from the chronic miasm of psora . . . .which has now become no more latent, but is quite ready to break out anew: If this be done there is no fear of another similar attack."

Par. 223. "But if the anti-psoric treatment be *omitted*, then we may almost as assuredly expect, from a much *slighter* cause than that which brought, on the first attack of insanity, the speedy occurrence of a new and more lasting and severe fit, during which the psora usually develops itself completely, and passes into either a periodic or continued mental derangement, which is then more difficult to be cured by anti-psorics."

P. S. Read the foot note as it is to long for me to quote.

11. "Typhoid fever is almost always in a psoric or tubercular patient. In par. 73 of the Organon Hahnemann speaks of "acute diseases" and tells of some of the exciting causes, and still further on tells us "In reality however, they are generally only a transient explosion of latent psora." The last part of the paragraph says "Some times they are peculiar *acute miasms* . . . .known by some traditional name" and mentions small pox, measles, whooping cough, scarlet fever, mumps, etc., which—attack persons but once in a life time."

12. Dr. Allen said: "this is true as a rule, but if they are deeply psoric, they will have it oftener."

"You will never find a drunkard, with that awful craving except in a deeply miasmatic patient"

I quote from the last two lines of paragraph 72 of the Organon. "These are termed *chronic* diseases, they are *caused* by infection with a *chronic miasm*."

I asked Dr. Allen what a miasm was. He replied: "A miasm is *any* force that is engrafted upon the organism of a

patient making them more liable to every disease that comes along."

Par. 74. Hahnemann tells us "Among *chronic* diseases we must reckon those artificially produced in allopathic treatment." In other words *drugging*.

Par. 77, we are told of diseases *inappropriately* named chronic. "These states of ill health which persons bring upon themselves disappear *spontaneously*, provided no *chronic miasm* lurks in the body, under an improved mode of living. They can not be *called chronic* diseases." Dr. Allen said: "these are the cases relieved by so-called Christian Science, Mental healing, etc."

Par. 78. Hahnemann says: "the *true* natural chronic diseases are those that arise from a *chronic miasm*, which when left to themselves.....always go on increasing and growing worse, notwithstanding the best mental and corporal regimen, and torment the patient to the end of his life..... for the most robust constitution, the best regulated mode of living and the most vigorous energy of the vital force are insufficient for their eradication."

Dr. Allen said: "these are conditions that homœopathy alone can cure, because it reaches back of the *cause*, the *chronic miasm*."

Par. 79. Hahnemann tells us: "hitherto syphilis alone has been to some extent known as such a chronic miasmatic disease, which, when uncured, ceases only with the termination of life. "Sycosis" (which means the gonorrheal miasm) "equally ineradicable by the vital force without proper medical treatment was not recognized as a chronic miasmatic disease of a peculiar character, which it nevertheless undoubtedly is, and physicians *imagine* they have *cured* it when they had destroyed the growth upon the skin, but the persisting dyscrasia occasioned by it escaped their observation."

In paragraph 80 Hahnemann tell us in substance that the chronic miasm of psora is far more important than the two miasms just named, that psora is the real fundamental cause of all the other numerous forms of disease, and goes on

to mention a long list under numerous names, which figure in works of pathology as separate diseases. In the foot note he tells us "I spent twelve years investigating the source of this large number of chronic affections and collecting proofs of this great truth which had remained unknown to all former observers, and in discovering the principal anti-psoric remedies," and he tells us "he published his observations in the book entitled *The Chronic Miasms*."

Dr. Allen said: "Hahnemann tells of four miasms psora, syphilis, sycoosis and drugs, but since his time have been added tuberculosis and allopathic vaccination. The tubercular miasm is the psoric miasm intensified or the combination of psora and syphilis."

Paragraph 5 Hahnemann's words.

"Useful to the physician in assisting him to cure are the particulars of the most probable *exciting* cause of the *acute* disease, also the most significant points in the whole history of the *chronic disease*, to enable him to discover the *fundamental cause* which is generally due to a *chronic miasm*. In these investigations, the ascertainable *constitution* of the patient (especially when the disease is chronic) . . . . . is to be *taken into consideration*."

Here is a note from Dr. Allen's lectures illustrating this:

14. "After the Aconite stage has passed and the red hepatization of pneumonia takes place, in almost nine cases out of ten the remedy needed is apt to be Sulph. or Iodium, because they correspond to the psoric constitution of the patient, but if two or three members of the family have had pneumonia or tuberculosis, then Sulph. is not deep enough. It will require Tuberculinum to completely cure that patient."

I have applied this suggestion in more conditions than pneumonia with splendid results.

15. "La Grippe from January to March, is generally an outburst of a tubercular diathesis."

16. "If Bell. is indicated in teething gums where they are swollen and cause lots of trouble and Bell. relieves, then remember Calcarea as your chronic, but if they have meningeal symptoms you will need Tuberculinum."

17. "In intense menstrual headaches don't forget Psorinum and Tuberculinum."

18. "Dysmenorrhea and hysteria are always tubercular."

19. "Tuberculinum will cure one-third the cases of nocturnal enuresis "

20. Under Rumex c. we have the symptom "when in the open air must cover the mouth and nostrils to warm the air to prevent coughing, but the cough is apt to return the next exposure to cold without using Tuberculinum as your chronic remedy."

21. "Fistula of the anus is always in a tubercular or psoric diathesis."

22. "Patients who are susceptible to Rhus poisoning are of a tubercular diathesis and have weakened lowered vitality, the resistive powers are poor, you may cure your patient for a time but in the majority of patients you will need to use Tuberculinum to prevent the recurrence," This hint led me to see and prove that Rhus Tox and Tuberculinum are complementary.

"Carcinoma and sarcoma have all the miasms back of them."

"You will never find a drunkard except in a miasmatic patient."

23. "Psorinum is more often indicated in enuresis, particularly at the full moon than any other remedy."

24. "Wens on the wrist and excess of synovial fluids in the knee often call for Calcareo or Tuberculinum."

25. "Ingrowing toe nails and callosities on the soles of the feet show a psoric or tubercular diathesis."

26. "If Bell. is indicated and fails to cure, only relieves, then give Tuberculinum and if that relieves only for a short time Natrum mur, will generally be needed to follow."

27. "In diabetes with intense thirst think of Pyrogen, also in the last days of consumption and in some cases of typhoid, diphtheria, sewer gas poison, poisoning from ice cream, or blood poisoning."

28. "You will never find a case of croup except in a

tubercular diathesis, also asthma, hay fever, ring worm, Bright's disease, hemorrhage of the bowels and hysteria."

29. "Goiter never occurs except in the strumous diathesis."

30. "If a patient suffering from epilepsy contracts ring worm, the epilepsy will be checked for the time during which the ring-worm lasts."

Hahnemann also tells us of this in paragraph 37.

31. "Aloe is an anti-psoric remedy, because it has been known to produce an eruption when given in diarrhoea."

In lecturing on *Tabacum* I recorded this note:

"Fruit usually disagrees with inveterate tobacco users, and causes belching. You will often have to get them to stop the tobacco before you can cure them."

32. "When acute diseases assume a typhoid form, think of *Rhus* and *Phos.*"

33. "In the last stage of consumption do not give *Phos. Sulph.*, *Psor.*, *Sil.*, *Sulph. acid.*, *Acetic acid* or a metal, but give a vegetable remedy, or *Tab.*, and hand them down to the grave in peace."

I have used the *c. m.* of *Tuberculinum* when the death rattle was very distressing. It stopped the rattling and enabled them to bid good-bye to their friends, and as Dr. Allen expresses it "they went down to the grave in peace." In one instance the mother was so grateful she gave me \$5. for that "one powder" that stopped the death rattle as she expressed it.

34. "Camphor is an antidote for nearly every vegetable remedy, and will prevent their curative action, therefore do not allow your patient to use camphorated oil. Next think of Acetic acid as an antidote to vegetable remedies."

35. "*Nux* is an antidote to nearly all our anti-psoric remedies, and also to the nosodes when they act too violently."

I know of a student who proved *Tuberculinum* to the point of several hemorrhages. Dr. Allen was sent for and stopped the hemorrhage with *Nux* because it antidoted the effects of *Tuberculinum*.

35. "Yellow Iod. of Merc. will cure ninety per cent of syphilis in blonds, unless engrafted upon psoric or sycotic diathesis. If this is the case stop the Merc. and give a deep anti-psoric remedy such as Sulph., Sil., Hepar, Calc., Tub., Psor, Rhus, etc."

Another note along the same line.

37. "If Mercury seems indicated and one or two doses of Mercury does not wipe out a case of syphilis, you may stop prescribing for the syphilis, but prescribe for the patient. It is a condition of a psoric or tubercular diathesis back of it. Cure the psora and your Mercury will cure your patient."

The condition of suppressed syphilis reported last year on page 187 of the I. H. A. Transactions is a verification of this statement. I also had the drugging and gonorrhea to combat.

When you go home read paragraphs 41 and 42 of the Organon and then read the case I refer to and see if this is not a condition illustrating the teachings of Hahnemann in these paragraphs. If you do not own an Organon buy one at once and begin studying it. It is the Homœopathic bible. You can't afford to be without it. You will find new truths each time you read it through that you never saw before.

The quotations I have just given are not *my* words, but the words of our dear lamented dean. They have been very helpful to me in the selection of the remedies, and aided me in making many cures that I would have failed in without them.

If any feel like criticizing, remember a challenge he often gave to the doubting ones, viz., "put it to the test and publish the results." Another quotation from him: "They do not believe because they do not investigate, and they do not investigate because they do not believe."

For fear some may become confused by what Dr. Allen really meant when he said certain conditions were tubercular, sycotic, psoric, etc., I will say he did not mean because a certain condition belonged to the tubercular diathesis you must give Tuberculinum, or of sycotic Medorrhinum, or if

psoric Psorinum, etc., not by any means; but if we know to what constitution a certain malady usually belongs, it will often facilitate matters and help arrive at the indicated remedy more quickly; and to insist in this Knerr, in the back part of his repertory to the Guiding Symptoms has classified the remedies according to the constitution, and Dr. Allen taught *if*, after you have used your repertory and find your best selected remedies fail to relieve or permanently improve in syphilitic affections, try Syphilinum.

He also says in his key notes under Tuberculinum, "when, with a *history* of tubercular affections, the best selected remedy failed to relieve or permanently improve, without reference to name of disease, try Tuberculinum."

Under Anthracinum "when Arsenic or the best selected remedy fails to relieve the burning pains of carbuncle or malignant ulcerations, try Anthracinum."

Under Diphtherinum "when the patient from the first seems doomed, and the most carefully selected remedy fails to relieve or permanently improve, give Diphthericum.

And he also tells us the same under Medorrhinum, Psorinum and Pyrogen.

Much of his knowledge of these remedies has been gained by clinical verifications (he told me) when, after the use of the repertory and the best selected remedies failed him, these remedies often helped him out.

He first prescribed them thus *because* they *were* in their primary stage of proving, and he gained much valuable knowledge the world will never know of because of the severe criticism he received from some who owe all they are to Dr. Allen.

A mention of a nosode given when the best selected remedy fails to relieve or permanently improve, it made no difference how remarkable the cure reported, with some was like waiving a red flag in the face of a bull; but the dear wise man took all these severe and unkind rebukes from those who opposed him with a wonderful meekness and calmness, forgetting his own wounded feelings (for he *did* feel it keen-



ly) and remembering only the good of the cause which was his very life and being.

He had store houses of knowledge and experience he was very reticent about giving to the public for fear of causing a controversy and split in the medical profession.

I one time said, "Doctor, why do you not tell in your lectures what you tell me."

He replied, "They are not ready for it. It is better to keep some good truths to yourself than cause contention."

Last July he showed me a pile of manuscript and said, "This is the result of my last ten years' research on Tuberculinum. I expect to have my book on Nosodes in press this fall, but there are some of my friends who are good homeopaths whom I expect will never read it, even though I made them a present of it, and who will never use my repertory because it is full of the Nosodes, but we must take their harsh criticism, even though it stings, in silence, forgetting everything but the cause we are working for."

Mr. Frank Allen told me his father had finished his work on the Nosodes the week he left us, excepting a few little corrections in the manuscript. Bœricke & Tafel expected it to be ready for the public in October.

His repertory and book on the Nosodes are wealthy legacies from him to the profession, as well as his former works, and although he has been transferred to a higher life, by his writings, he will continue to speak and impart to us his treasures of knowledge.

I have tried to follow close to his teaching in every instance. I have "put it to the test" and will now "publish the result."

The result of his researches on the miasms and the Nosodes, and especially Tuberculinum, has been very helpful to me, and has enabled me to make many remarkable cures, some of which are the following:

Chronic Headaches, Sciatica, Neuritis, Hysteria, Insomnia, Dysmenorrhea, Menorrhagia, Amenorrhea, Growing pains, Leucorrhea. Suppuration, Tuberculosis of knee, Tuberculosis of elbow, Nocturnal enuresis, Chilblains, Astig-



matism, Myopia, Photophobia, Loss of hearing, Hearing sensitive, Club Nails, Senile gangrene, Wheezing respiration, Goiter, Earache, Toothache, Acne of the face, Morning sickness, La Grippe, Incipient Tuberculosis, Meningitis, Pneumonia, Abnormal pulse, Masturbation, Death rattle, Hemiplegia, Horizontal vision, Arthritis deformans, Convulsions, Mapped tongue, Vertigo, Hypertrophy of Heart >, Diarrhea chronic, Constipation, Hemorrhage of rectum, Tubercular Peritonitis, Enlarged glands (cervical, axillary), Hemorrhage of lungs, Fibroid tumor, Palpitation of the heart >, Irregularities of the heart, Fear of dogs, Small boils in the nose, Cholera infantum, Pleurisy with effusion (right side), Intermittent fever (?), Remittent fever (?), Involuntary emissions, Sewer gas poisoning, Painful erections in children, Insanity, Chorea.

### EFFICACY OF THE HOMŒOPATHIC REMEDY WHEN CORRECTLY APPLIED.

BY MARGARET E. BURGESS, M. D.

On April 17, 1908 Miss A. D, aet 20, presented herself to be treated for constipation of many years standing,—she *never had a desire* for stool, and her bowels never moved without a cathartic, even with a purgative the evacuations were dry and hard “like hard old earth,” and *black* “like burnt beefsteak,” and so large that on one occasion it was necessary to break the stool mechanically to permit passage from closet.

Menses regular, profuse, bright red, preceded by violent sick headache with irritability and bilious vomiting and aggravation from motion, from turning the head, going up or down stairs, and relief in the open air.

Awakens fatigued in morning because of strenuous dreams during which she is always working hard or riding horse back.

Bryonia 200 was given. In two weeks, the patient reported having two natural stools, which were less dark and less hard, also considerable ineffectual urging. The improvement was gradual but constant.

On May 20th, one dose Bry. 30m. was given, and on July 10th, one dose Bry. c. m. when Miss D. was discharged cured. In April 1909, I received a report to the effect that the bowels continued to move regularly and naturally.

On April 25, 1908. I was called to see a gentleman of 80,—a minister in the Society of Friends, whose every day life has been an example and an inspiration to all. His wife, to whom he is devotion itself, was critically ill during the winter, and although Mr. A's health has always been excellent, for the previous few months he had been yielding to the attacks of age and the anxiety attending his wife's serious illness had left its impress.

He was seized with a violent, right sided, congestive headache; he staggered about the house, had lapses of memory; would arouse himself and insist upon attending the funeral of a boyhood friend, who had died a few days before. When I saw him, he was intent upon making the noon train, although it was then four o'clock; he tried to dress repeatedly, but made a miserable failure of it, and then would fall into a deep sleep; again he would arouse himself to go through the same performance with a determination foreign to his usual self.

Belladonna was given. On the following day I was called in great alarm as the patient seemed near the end: he lay in a stupor, loud stertorous breathing, face pale, jaw dropped;—there were occasional periods of delirium when he insisted upon getting out of bed. Temperature normal, pulse 60,—urine about 25oz. in twenty-four hours and albuminous. Refused all nourishment and water. Opium 200 was given. On the 27th, the stupor was more profound, respiration deep and snoring, the periods of restlessness less frequent, and the patient weaker, nothing having passed his lips;—his mind wandered, he recognized no one; he had frequent hiccough. Rectal feeding was now resorted to and  $\frac{1}{2}$  to 1 pint normal salt solution was ordered by high rectal tube every three hours. Opium was repeated in a higher potency.

Counsel, called at this time, diagnosed uremia;—prognosis

unfavorable as to life, but should his life be saved—a permanent mental disability;—this from an Allopathic physician who consented to meet me because of his personal friendship for the patient.

On the 28th, there was no improvement,—stupor profound and urine not more than 12oz. Apis 200 was now given—the next twenty-four hours showed a decided increase in the amount of urine, and in forty-eight hours from the first dose of Apis the quantity reached forty-five ounces, and the stupor changed into a natural sleep.

The mind remained clouded for some days, but ultimately cleared entirely, Apis was repeated at intervals as symptoms demanded and one quart of buttermilk was taken daily. My Allopathic associate was surprised at the result,—he asked what I had given and when I told him he looked thoughtful and said, “I have heard of it,”—but he failed to grasp the great law of Similars upon which the prescription was based, One year later Mr. A. remains well.

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## BUREAU OF SURGERY.

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J. HUBLEY SCHALL, Chairman.

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### THE RESPONSIBILITY OF THE HAHNEMANNIAN PHYSICIAN IN ADVISING FOR OR AGAINST THE EMPLOYMENT OF SURGERY.

BY RUDOLPH F. RABE, M. D.

The greatest strides in modern medicine have undoubtedly been made in the realms of surgery, a realm which is constantly widening and is daily including diseases which formerly were regarded as purely medical. The wonderful development of surgical technique has been made possible through the rigid enforcement of the principles of asepsis as well as through the specialization of the work of the anæsthetist. The mortality rate from surgical operations is in consequence undergoing a yearly reduction so that many operations which were formerly regarded as extremely hazardous are now entered upon with a quiet assurance of complete success that is most gratifying.

Hence, these advances are to be hailed with great satisfaction and pleasure since they tend to the increase of human happiness and welfare. All honor then to the modern surgeon. In the old school where dissatisfaction with medicinal therapeutics is rife, often to the point of nihilism, it is therefore quite logical that the field of therapeutic endeavor has been left to the surgeon in so many instances. This condition of affairs has been to a very large extent reflected in our own school, so that today many diseases which were in former years treated by the internal remedy alone are now at once and almost without question turned over to the surgeon. That such a change of method is often not only justifiable, but also demanded, is in the light of present day knowledge of pathology and diagnosis, not to be questioned. But on the other hand there is great danger that the line between the strictly dynamic and the obviously mechanical may not always be carefully drawn. Hahne-

mann's philosophy teaches us that it is at all times the patient who is to be prescribed for and not his disease and to this teaching we subscribe, with a firm conviction of its correctness based upon the experience of daily practice. That there is a large part, perhaps even a majority in our school who do not so practice or even believe, is of little interest to us here. Where indeed, these physicians lean to immediate surgical intervention in disease, we Hahnemannians on the other hand, may sometimes be accused of holding out too long and to the decided disadvantage of our patients. As in everything else in life it is too often the extreme to which we are apt to go. But what constitutes the extreme is frequently a matter of very widely varying interpretation, hence almost irreconcilable differences of opinion and belief have arisen in our ranks and jar upon the otherwise harmonious thought of an advanced science.

No homœopathic physician of whatever shade of opinion or practice would for a moment contend that his theory must in order to be successful, be based upon diagnosis, yet almost all will readily grant that diagnosis of disease, with all that this implies, is most essential to the proper conduct of any case. Prescriptions of remedies are not based upon diagnostic or pathologic findings but the totality of the subjective and objective symptoms of a case must form the basis for remedial selection. It is here that the danger of misinterpretation of the sphere and scope of Homœopathy lies, To some prescribers, no matter how or in what the case may eventuate, the repeated application of a similar remedy, to meet the various phases of the changing case, is all that is required. Such a philosophy and practice arrogates to homœopathic practice an omnipotence with which its founder himself never invested it. It is true that an appendicitis for example, which has in spite of prescribing, probably faulty however, ultimated in abscess formation, may spare the life of its victim by following the path of least resistance and discharging into the lower bowel. But that such a fortunate outcome is certain to occur as the result of prescribing, in even a small number of cases, is to advance a supp o

sition so absurd as to be unworthy of further argument. Yet there are those in our ranks who contend that such treatment is Hahnemannian, hence correct, and who evince an amazing shyness of anything which suggests the employment of surgery. On them the responsibility is indeed a great one and one which they cannot shirk. The burden of proof in a disaster rests upon them and any harm which may come to the interests of true Homœopathy must be charged to their account.

A knowledge of the natural history of disease is therefore a great aid in determining where medicine ends and surgery begins. To know the endings of disease is to know how much may logically be expected of medicinal agents. To know that a pleurisy naturally leads to an effusion which frequently produces none but pressure and reflex symptoms, is to know that the realms of surgery is at least likely to be entered, for although it is freely admitted that internal remedies do disperse such effusions, particularly when serous in character, it must in justice be admitted that such internal therapy is often a mere waste of time. For the Hahnemannian to recognize this fact is to preclude his blind adherence to a principle which is not related, but which he with child-like faith, is vainly struggling to apply. Hence this great responsibility not only to his patient but also to the great scientific truth of which he should be a rational and skillful exponent.

The conclusion to be drawn is a simple one. Let the Hahnemannian physician at all times be mindful of the teachings of the Organon which cautions the physician to know those things which are curable in disease and those which are curative in medicines. Let him recognize the difference between disease and results of disease, between the beginnings and the endings, between symptoms peculiar to diseases and those peculiar to patients, between the technique of prescribing and that of diagnosis. With these facts in mind, he will be fully prepared to meet any abnormal condition and apply the proper methods of procedure without ever placing in jeopardy the principle of similars to which he has subscribed.

## DISCUSSION.

R. E. S. Hayes:—I like that paper immensely; we still meet physicians though not so frequently as formerly, who say that they do not ever advise operation in appendicitis. Now-a-days such physicians are regarded as ignorant of the anatomy of the part and of the pathology of the disease. There is a time for operation—for surgical intervention—and we Hahnemannians should be able to recognize that time and not be blind to everything except the potentized remedy.

R. F. Rabe:—I recall very well a case of otitis media, which a friend of mine was treating; he gave her Belladonna and later Hepar sulphur. He went away on his vacation and left the case to me. At my first call I found a woman well advanced in years with otitis media, pus was issuing from the meatus. On pressing on the mastoid prominence, I found that it caused a flow of pus. There was a channel between the parts. I did not attempt to prescribe but immediately called in a surgical friend who opened up the mastoid and found a lateral sinus thrombus. Now I say that sort of thing is absolutely wrong; it is not right that patients should trust their life to physicians who are ignorant of the first principles of pathology and diagnosis. There was a life sacrificed to carelessness and ignorance combined to blind devotion to Hahnemannian Homœopathy. That woman should have been operated on long before. It is possible that a better prescription made early might have saved her, if so that is the better way but when the prescription failed, from whatever reason, the case should not have been allowed to drift into an incurable condition without surgical intervention. I am not making a plea for surgery by any means but I want to show the responsibility that rests upon all physicians, Hahnemannians among others, to know when surgical intervention is for the best interests of the patient. There is a perfectly proper sphere for surgery and sometimes the quicker it is used, the better. In such a case as that described, there is no use wasting time with remedies. An operation will sometimes save the signing of a death certificate. I think it is time that sort of thing is stamped out of the I. H. A. We cannot afford to stand upon such ground as that.

## CONSTITUTION AND BY-LAWS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

### DECLARATION OF PRINCIPLES.

The following resolutions express the sentiments and represent the practice of the members of the International Hahnemannian Association:

WHEREAS, The law of similars is the law of cure;

WHEREAS, A proper knowledge of the curative power of medicines is derived from provings made upon healthy persons;

WHEREAS, Hahnemann's "Organon of the Healing Art" is the true guide in therapeutics:

WHEREAS, The totality of the symptoms forms the only basis for the selection of the remedy, and the best results are attained by the use of the minimum dose of the single remedy in a potentiated form; therefore, be it

*Resolved*, That the alternating or combining of remedies in a prescription is non-homœopathic.

*Resolved*, That the suppression of symptoms by crude medicines in large doses, and by local treatment, is non-homœopathic.

*Resolved*, That mechanical appliances are admissible only when mechanical conditions are to be overcome.

*Resolved*, That we deprecate any practice which tends to the suppression of symptoms, inasmuch as it injures the patient and renders difficult the selection of the specific remedy.

*Resolved*, That we disavow all connection with that practice which, under the guise of homœopathy, is at variance with the law of similars and its conditions as deduced by Samuel Hahnemann.

*Resolved*, That in order to publicly declare our allegiance to the homœopathic law, we have associated ourselves and have organized under the name of the International Hahnemannian Association.

---



## CONSTITUTION.

## ARTICLE I.

This Association shall be known as the International Hahnemannian Association.

## ARTICLE II.

## Objects.

Its objects shall be the study and dissemination of the principles and practice of Homœopathy as promulgated by Samuel Hahnemann.

## ARTICLE III.

## Members.

The members may be of three classes: associate, active and honorable seniors.

## ARTICLE IV.

## Qualifications for Membership.

Applicants for active membership shall be graduates of a recognized medical college; shall be of good moral character; shall have been in the active practice of Homœopathy for three years, and shall indorse the Declaration of Principles adopted by this Association. Applicants for associate membership will not be required to indorse the Declaration of Principles.

## ARTICLE V.

## Officers.

The officers shall consist of a president, vice-president, secretary, corresponding secretary and treasurer.

## ARTICLE VI.

## Local Organizations.

Local or branch societies of this Association may be formed with a view of extending its membership and benefits, where two or more members get together for that purpose. The same name shall be used with additional words to denote the locality (city, state or section), and each branch may make its own rules and regulations, providing that such rules shall not conflict with the Declaration of Principles, Constitution or By-Laws of this Association.

---

## BY-LAWS.

## ARTICLE I.

Section 1. This association shall meet annually at such time and place as shall be fixed by ballot at the annual meeting.

Sec. 2. If for any reason which may seem sufficient to the Executive Committee, the time or place thus fixed by the association shall not be for its best interests, this committee may suggest a change in either or both; such suggestions with reasons therefor shall be submitted by mail to all members at least two months before the time previously determined upon for the meeting, and two weeks allowed for the return and recording of their votes upon the question thus raised. If a majority of the members availing themselves of their privilege of voting, shall endorse the suggestion of the Executive Committee, its recommendation shall be considered as having been adopted and the proposed change or changes shall be made; otherwise the previous arrangements shall obtain.

## ARTICLE II.

## Election of Officers.

The officers shall be elected annually by ballot; their duties shall be the same as those of officers governing similar bodies.

## ARTICLE III.

## Executive Committee.

The officers shall constitute the Executive Committee; they shall have charge of all business not otherwise provided for, and shall perform such other duties as may be assigned to them by vote of the association.

## ARTICLE IV.

## Board of Censors.

A Board of Censors, consisting of a chairman and four other members, shall be elected annually by ballot.

## ARTICLE V.

## Publication Committee.

Section 1. The Publication Committee shall consist of the secretary of the association, member ex-officio, and three other members of the association, elected by ballot.

Sec. 2. Immediately upon the adoption of this Constitution and By-Laws, three members shall be elected to this committee, one to serve for one year, one to serve for two years, and one to serve for three years, and thereafter at each annual meeting one member shall be elected to serve for three years.

Sec. 3. The committee shall be called together by the secretary for organization at the first available opportunity after its formation, and its organization shall be effected and its method of work directed wholly by the committee itself.

Sec. 4. It shall be the office of the Publication Committee to have entire charge of the publication of the transactions of the association. It shall exercise rigid censorship over the recorded proceedings of meetings of the association; shall edit freely all debates and discussions before the association; shall examine each paper presented to it, and is hereby expressly empowered to suppress all subject matter which is undignified, superfluous, or otherwise objectionable, and is directed to refuse publication to any paper which is not in accord with the principles or objects of this association; but in no case may remarks in debate or discussion be so modified as to change the purpose and intent of the speaker, and while any paper may be suppressed in its entirety, none may be published without the express consent of its author, which has been elaborated, abridged, or changed in any way.

Sec. 5. The action of the Publication Committee in all cases with respect to its editing or censorship of the proceedings of the association shall be final and may not be called up for review or modification by the association.

Sec. 6. No paper or papers presented to this society shall be published in any journal or periodical until ninety days have elapsed from the day of adjournment of the last annual meeting, unless by vote of the society.

## ARTICLE VI.

## Bureaus.

At each annual meeting the president shall appoint a necrologist. He shall also appoint a chairman for each of the following bureaus: Homœopathic Philosophy, Materia Medica, Clinical Medicine, Homœopathic Treatment in Obstetrics, Homœopathic Treatment in Surgery, and each chairman shall organize his bureau as soon as possible after his appointment. Papers shall be limited to twenty minutes and discussion to five minutes to each speaker. All papers written for the association must be in the hands of the bureau chairman 30 days before the date of the annual meeting.

## ARTICLE VII.

## Membership.

Section 1. Applications for active membership may be received at any time, and shall be indorsed by three active members in good standing. Said indorsement shall be made, not upon the general reputation of the applicant, but from positive knowledge of at least one of the indorsers as to the integrity of his homœopathic practice.

Sec. 2. The application shall be in the possession of the chairman of the Board of Censors at least two months before the next annual meeting; it shall be accompanied by a thesis upon the subject of Homœopathy, a clinical report of three cases treated by said applicant or the proving of a remedy, and by the amount of the first year's dues.

Sec. 3. Application for associate membership may be made by graduates of recognized medical colleges. The applicant shall be of good moral character, but shall not be required to indorse the Declaration of Principles. The application shall be indorsed by three active members in good standing, and upon the recommendation of the Board of Censors, such physician may become an associate member by a two-thirds vote of the members present.

Associate members shall have the privilege of the floor for the discussion of medical topics, shall be allowed to present such papers as are indorsed by the Board of Censors,

shall be entitled to a copy of the transactions, but shall not be entitled to vote nor be eligible to office.

Any associate member who has been in the active practice of homœopathy for three years may at any time apply for active membership, subject to the necessary conditions.

At the expiration of three years of associate membership any member may make application to the Board of Censors for full membership, and upon its recommendation and two-thirds vote of the members present at any regular meeting, will become a full member; failing to make such application the membership ceases.

Sec. 4. At the next annual meeting after applications for membership have been received, and upon the recommendation of the Board of Censors, an election by ballot shall be held, and a two-thirds vote of the members present shall be necessary to elect. If an applicant be not elected, said applicant may make a second application at the end of two years.

Sec. 5. The name of any applicant for membership which has been rejected by a unanimous vote of the Board of Censors, shall not be presented to the association; but in case of the rejection of any application by a majority vote of the Board of Censors, the minority of that board may report the name of such applicant to the association for final action.

Sec. 6. Under the recommendation of the Board of Censors, any member of this association who in their opinion has rendered signal service to the cause of Hahnemannian Homœopathy, or to the welfare of this association, may, by a two-thirds vote of the members present, be elected to the Board of Honorable Seniors, and as a member of such board shall retain all rights and privileges of active membership.

Sec. 7. Continuous active membership for twenty-five years shall constitute a member an Honorable Senior.

Sec. 8. Membership in local or branch societies of this association shall require that an application for membership shall be filed with the Board of Censors of this association.

## ARTICLE VIII.

## Dues.

The annual dues of active members shall be five dollars. The annual dues of associate members shall be two dollars, and all dues shall be payable in advance. Members of the Board of Honorable Seniors shall be exempt from the payment of dues.

## ARTICLE IX.

## Non-payment of Dues.

Any member who shall fail to pay the annual dues shall for the time during which they remain unpaid forfeit all privileges of membership, except by unanimous consent of the members present; and all members whose dues shall remain unpaid for more than two years without giving satisfactory reasons therefor, shall be dropped from the roll of membership until such dues are paid in full.

## ARTICLE X.

## Discipline.

All ethical questions and all matters of discipline for non-adherence to, or violation of the Declaration of Principles of this association, shall be referred to the Board of Honorable Seniors, and its action thereupon shall be final.

## ARTICLE XI.

## Amendments.

The Constitution and By-Laws may be amended at any annual meeting of this association by a two-thirds vote of the members present, notice having been given in writing at a previous annual meeting, but the order of business may be changed at any annual meeting by a majority of the members present and voting.

---



## Officers for the Year 1910.

|  |                         |
|--|-------------------------|
| L. M. Stanton, M. D., New York City.....     | President               |
| E. A. Taylor, M. D., Chicago, Ill.,.....     | Vice-President          |
| P. E. Krichbaum, M. D., Montclair, N. J..... | Treasurer               |
| J. B. S. King, M. D., Chicago, Ill.....      | Secretary               |
| Z. T. Miller, M. D., Pittsburgh, Pa.,.....   | Corresponding Secretary |



## Board of Censors.

|                                     |                     |
|-------------------------------------|---------------------|
| C. M. Boger, M. D., Chairman.....   | Parkersburg, W. Va. |
| R. F. Rabe, M. D.....               | New York City       |
| Lee Norman, M. D.....               | Louisville, Ky.     |
| W. H. Freeman, M. D.....            | Brooklyn, N. Y.     |
| Maurice Worcester-Turner, M. D..... | Brooklyn, Mass.     |



## Publication Committee.

|                          |                |
|--------------------------|----------------|
| T. G. Roberts, M. D..... | Chicago, Ill.  |
| G. P. Waring, M. D.....  | Alhambra, Cal. |
| E. A. Taylor, M. D.....  | Chicago, Ill.  |
| J. B. S. King, M. D..... | Chicago, Ill.  |



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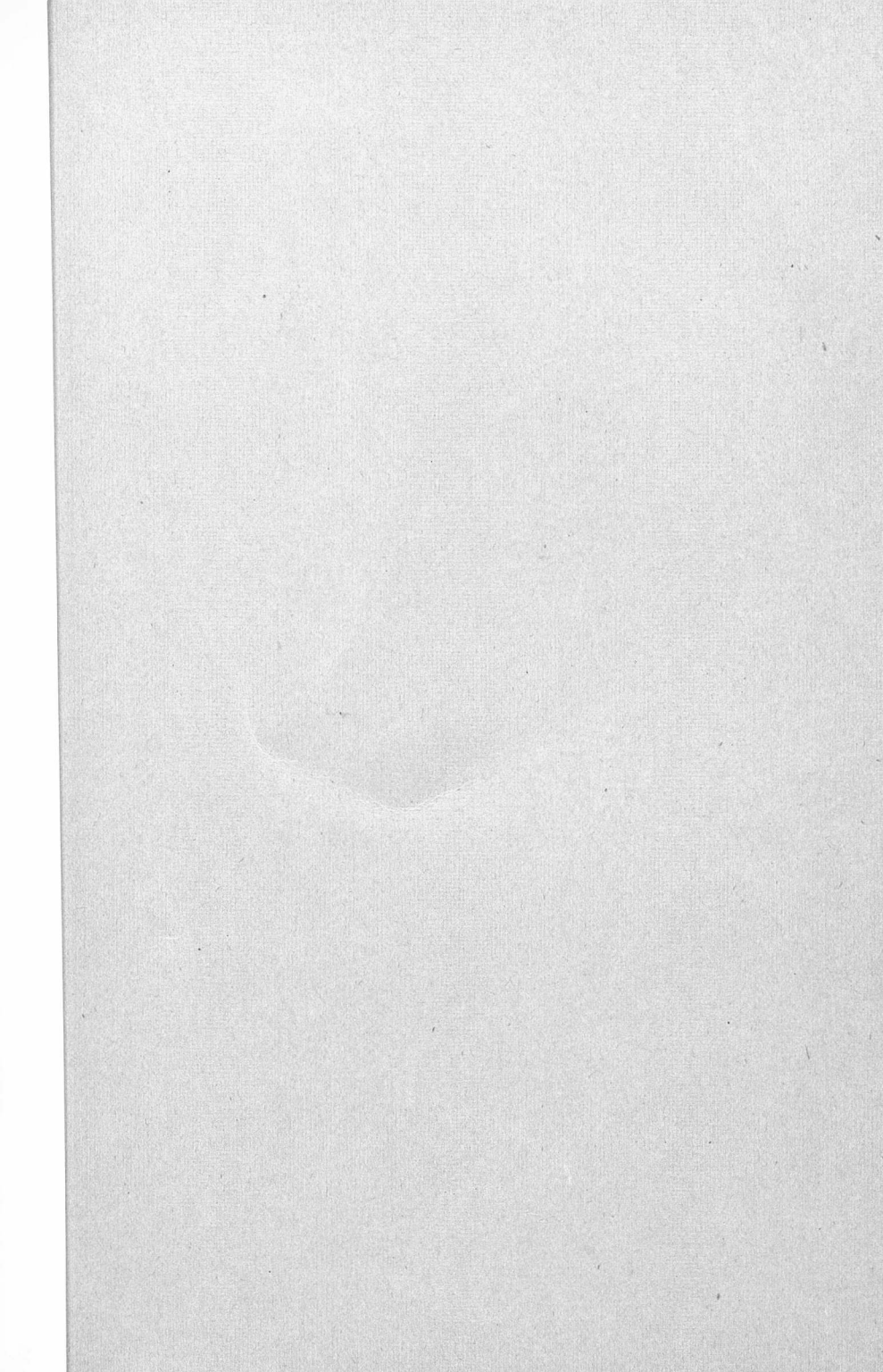
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Proceedings  
OF THE  
Thirty-First Annual Session  
OF THE  
International Hahnemannian  
Association.



Held at

Kansas City, Mo.  
Hotel Baltimore.

June 27th, 28th, and 29th, 1910.





## OFFICERS FOR THE YEAR 1910.

|  |       |                         |
|--|-------|-------------------------|
| G. P. Waring, M. D., Alhambra, Cal.      | - - - | President               |
| E. A. Taylor, M. D., Chicago, Ill.       | - - - | Vice-President          |
| P. E. Krichbaum, M. D., Montclair, N. J. | - - - | Treasurer               |
| J. B. S. King, M. D., Chicago, Ill.      | - - - | Secretary               |
| Z. T. Miller, M. D., Pittsburg, Pa.      | - - - | Corresponding Secretary |



## BOARD OF CENSORS.

|                              |       |                     |
|------------------------------|-------|---------------------|
| C. M. Boger, M. D., Chairman | - - - | Parkersburg, W. Va. |
| R. F. Rabe, M. D.            | - - - | New York City       |
| Lee Norman, M. D.            | - - - | Louisville, Ky.     |
| W. H. Freeman, M. D.         | - - - | Brooklyn, N. Y.     |
| M. W. Turner, M. D.          | - - - | Brookline, Mass.    |



## PUBLICATION COMMITTEE.

|                                    |       |                |
|------------------------------------|-------|----------------|
| G. P. Waring, M. D.                | - - - | Alhambra, Cal. |
| E. A. Taylor, M. D.                | - - - | Chicago, Ill.  |
| T. G. Roberts                      | - - - | Chicago, Ill.  |
| J. B. S. King, M. D., (ex officio) | - - - | Chicago, Ill.  |

## OFFICERS FOR THE YEAR 1911.

Maurice Worcester Turner, M.D., Brookline, Mass. President.  
Carolyn E. Putnam, M. D., Kansas City, Mo. Vice-President.  
P. E. Krichbaum, M. D., Montclair, N. J. - Treasurer  
J. B. S. King, M. D., Chicago, Ill. - Secretary  
Z. T. Miller, M.D., Pittsburg, Pa. Corresponding Secretary



## BOARD OF CENSORS.

C. M. Boger, M. D., Chairman - Parkersburg, W. Va.  
R. F. Rabe, M. D. - New York City  
Lee Norman, M. D. - Louisville, Ky.  
W. H. Freeman, M. D. - Brooklyn, N. Y.  
M. W. Turner, M. D. - Brookline, Mass.



## PUBLICATION COMMITTEE.

L. A. L. Day, M. D. - Chicago, Ill.  
E. A. Taylor, M. D. - Chicago, Ill.  
T. G. Roberts, M. D. - Chicago, Ill.  
J. B. S. King, (ex officio) - Chicago, Ill.

Proceedings of the  
**Thirty-First Annual Session**  
of the  
**International Hahnemannian  
Association**

Held at Baltimore Hotel, Kansas City, Mo.  
June 27th, 28th and 29th, 1910.

---

REPORT OF THE BUSINESS TRANSACTIONS.

The meeting was called to order by the president, G. P. Waring, at 11 A. M.

President—The first order of business is the secretary's report.

REPORT OF THE SECRETARY.

*Mr. President and Members of the Association:*

Besides the routine work of getting out the proceedings, the functions of the executive committee have been varied this year by the resignation of the elected president, owing to unavoidable and unforeseen events in his private business. The society was thus left without a guiding hand at a time when there was no possibility of calling a meeting. In this emergency the executive committee applied to one of the members, a former vice-president, Dr. G. P. Waring, of Alhambra, Cal., to assume the presidency and conduct the affairs of the society. This he consented to do, and I think that the thanks of the committee and of the organization are due to him for the able manner in which he has taken hold of the business of the year and carried it thus far with success. During the year the secretary has received two resignations,

which are far overbalanced by the new names that have applied for membership. Five members have died since our last meeting, all of whom have been noticed in the report of the necrologist, to be offered later.

As has been fully explained by circular and in THE ADVANCE, the change of date of the meeting, after one decision, was forced upon the executive committee by the exigencies of the time and place of meeting.

J. B. S. KING, Secretary I. H. A.

Wm. B. Klinetop—I move that the secretary's report be received and referred to the publication committee. Seconded. Carried.

President—We will now have the treasurer's report.

#### REPORT OF THE TREASURER.

##### Credits—

|  |          |
|--|----------|
| Stenographer .....                         | \$100 00 |
| Stationery and postage supplied Dr. King.. | 31 00    |
| Stamps .....                               | 37 30    |
| Engraving names on certificates.....       | 4 98     |
| Transactions .....                         | 375 00   |
| Labeling and wrapping Transactions .....   | 4 25     |
| Freight and drayage on same .....          | 3 88     |
| Storage on Transactions.....               | 12 00    |
| Expressage to London (Dr. Tyler books).... | 3 05     |
| Telegram, Dr. King .....                   | 50       |

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\$571 96

Balance on hand June 27, 1910 ..... 314 01

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\$885 97

June 17th, 1909, balance on hand...\$407 97

Dues collected to date ..... 478 00

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\$885 97

C. M. Boger—I move that the president appoint a committee of two to audit the treasurer's accounts and report later. Seconded. Carried.

President—I will appoint Drs. Boger and Klinetop on that committee. I will also take the opportunity now to appoint Drs. King and Carolyn E. Putnam as a committee on press; they will attend to the inquiries of reporters and representatives of the newspapers. The board of censors are ready, I believe, to make a report, and we will hear the chairman at this time.

#### REPORT OF THE BOARD OF CENSORS.

C. M. Boger—Mr. President and members, the board of censors reports favorably upon the following names, and recommends that they be elected to active membership of this association:

F. B. Lewis, Hammond, Ill., Hering Medical College, 1907.

Frank C. Walker, Nantucket, Mass., Boston University School of Medicine, 1884.

Clara H. Williams, 822 Wood St., Wilkinsburg, Pa., Hering Medical College, 1905.

Harry B. Baker, Richmond, Va., University College of Medicine, Richmond, Va., 1900.

Eugene Coffeen, Monticello, Ill., Dunham Medical College, 1900.

J. W. Waffensmith, Espanola, New Mexico, Cincinnati College of Medicine and Surgery, 1902.

E. A. P. Hardy, Toronto, Canada, Hering Medical College, 1897.

W. K. Yorks, Norward Park, Ill., Hering Medical College, 1900.

Herbert A. Roberts, Shelton, Conn., New York Homœopathic College, 1896.

Will H. Baker, Terre Haute, Ind., Hahnemann Medical College, Chicago, 1882.

A. C. Madden—I move that individuals named in the report be elected to active membership. Seconded. Carried.

C. M. Boger—The following have complied with all the requirements except paying the fees and the Board recommends that they be elected provisionally upon payment



of the fees: F. Austin Stowell, T. H. Winans, Mexico, Mo.

P. E. Krichbaum—I move that these be elected provisionally upon payment of the dues. Seconded. Carried.

C. M. Boger—The board reports favorably upon the names following and recommends that they be elected to associate memberships:

F. W. Flower, Carthage, Mo., Hahnemann Medical College, Chicago, 1876.

A. J. Putnam, Marshal, Mo., Homœopathic Medical College, St. Louis, 1906.

G. C. Emmerson, Marshal, Mo., Hering Medical College, 1900.

W. W. Sherwood, Chicago, Ill., Hahnemann Medical College, Chicago, 1908.

Chas. A. Gardner, Philadelphia, Pa., Hering Medical College, 1910.

Carl J. Verges, Norfolk, Nebraska, Hering Medical College, 1908.

E. Wallace MacAdam, No. 17 E. 184th St., New York City, New York Medical College, 1907.

H. C. Schmidt, Thermopolis, Wyoming, Hering Medical College, 1908.

Bernhard Starcke, Kansas City, Kansas City College.

Eloise O. Richberg, 2227 Calumet Av., Chicago, Hering Medical College, 1908.

Arthur Starcke, Kansas City, Mo., Kansas City College.

E. W. Enos, Jerseyville, Ill., Hering Medical College, 1910.

Horace Breese Dean, Hering Medical College, 1910.

Geo. H. Hocket, Anderson, Ind., Hering Medical College, 1910.

Paul B. Wallace, Canon City, Col., Hering Medical College, 1902.

W. W. Wilson, Montclair, N. J., Hahnemann Medical College, Philadelphia, 1905.

A. C. Madden—I move that the individuals named in

the report be elected associate members. Seconded. Carried.

Secretary—I move that the privilege of the floor be extended to all visiting physicians. Seconded. Carried.

It was moved and carried that during the three days' meetings the morning sessions begin at 9 A. M. and adjourn at 12:30. Afternoon sessions begin at 3. Evening sessions at 8 P. M.

The secretary read the resignation of T. M. Dillingham. Resignation accepted.

The evening session opened with the address of the president, G. P. Waring.

### FOUNDATIONS OF HOMŒOPATHY.

GUERNSEY P. WARING, ALHAMBRA, CALIFORNIA.

When asked, but recently, by the executive committee to act as president of this association, and preside during this session, I little thought that a formal address would be expected. However, as the date of the meeting approached and my strength continued to improve (in that Eden-land of Southern California, where I located a bungalow last October in quest of health), my thoughts returned to an unannounced plan which to me seemed a wise one to adopt for the permanent propagandism of Homœopathy.

I began attending the meetings of this association in the year 1897 and since that time have been a regular visitor or member attending each annual session. My love for the cause, represented by this association, and my interest in its welfare has gradually increased until the present time. A journey from the Pacific coast to be present at this meeting will be proof sufficient of my abiding loyalty.

My theme at this time will be FOUNDATIONS of HOMŒOPATHY. This decade seems to be the time more than ever before when immense foundation plans are developing. Men of great wealth are seeking opportunities to endow scientific and educational institutions for useful and permanent philanthropy.



May not this be our opportunity to advance and more fully establish Homœopathy? It is surely worth our thought and serious consideration, and some suggestions at this time may prove interesting. The first question most naturally to be settled is this. Is Homœopathy worth the cost and endeavor of an extensive propagandism? Let us study fundamentals a moment as expressed in

#### THE RELATIONSHIP OF LIKES.

*The Law of Similars*—The essential foundation in the establishment of Homœopathy is in the law *Similia Similibus Curantur*, a most complete elucidation of which has been given in Hahnemann's *Organon of medicine*. Although this masterly exposition of truth was given to the world a century ago, still only a part of the profession and laity has accepted or embraced the truth.

The question, what is Homœopathy? What can it do? What has it done that other systems of healing the sick, can not do? has been answered in different ways, but still is being asked by searchers after the truth.

Homœopathy has for its basis a fixed rule by which certain results are accomplished—one of those unchanging laws which existed in the beginning, has never ceased its operation, and will continue on and on co-existent with the universe. By specializing we find this law belongs to a certain group, or is a part of a general law long since acknowledged and proven by experiment, observation and results.

I refer to the relationship existing between *material things* and *immaterial forces* which bear a likeness in their nature, or "The Relationship of Likes."

This group referred to is:

$$\text{Like} \left\{ \begin{array}{l} \text{produces} \\ \text{attracts} \\ \text{cures} \end{array} \right\} \text{Like}$$

The first two mentioned have long been accepted. The latter is to some extent still on trial. Take notice this is a relationship of *likes*—of things similar—not of absolute

identity. It is not that the same produces, attracts or cures the same, but similar.

The first proposition, Like produces Like, or the reproduction of kind, needs no proof or demonstration. We see it in the world about us. We recognize it in the life within us. In the vegetable kingdom it is absolute, there being no opportunity of choice.

In the animal kingdom, where there is a choice, instinct and reason forbid any violation of the law. Co-habitation outside of the limits of its own kind is rarely seen, where instinct rules, and if in the realm of reason it is a most dastardly crime and legally known as a "crime against nature."

"Like produces like" in health, bringing pleasure, joy and happiness. It is equally true in disease bringing sickness, sorrow and death. It is the old accepted truism involving the seed time and harvest. "We reap what we sow."

The second proposition—Like attracts Like—while not so universally observed, yet is as positively a law and is closely allied to the first.

In the world's plan we find:

Flowers of a kind in beds.

Weeds of a kind in patches.

Shrubbery of a kind in clumps.

Trees of a kind in groves.

In animal life we observe that the forests and prairies have their herds.

Wolves are found in packs.

Insects of a kind in swarms.

Fishes of a kind in schools.

"Birds of a feather flock together."

An incident common to the barnyard is to see chickens, ducks, geese, sparrows, sheep and cattle all feeding together in the early morning, but as soon as the last kernel of grain has disappeared the groups and flocks and droves are formed and each seeks its own for the balance of the day.

The human kind is no exception. History is made by the life and doings of tribes and nationalities as "the twelve tribes of Israel." In the intellectual sphere men group into the professions, while laborers unite in the trade unions and the cults and isms of the world each have their separate following. Gravitation—a bond of attraction—becomes the hinges upon which swing the celestial worlds.

Adhesion, cohesion, other forms of attraction, are as common as the air we breathe—"Like attracts like."

Perhaps some one objects, and asserts that it is the negative pole which attracts the positive. It is the coarse and homely man who becomes infatuated by the beautiful woman. It is a little woman who greatly admires the tall and stalwart man.

Let us see what it is that "attracts;" what it is that "produces." Is it the physical, the material? Can a corpse produce a corpse? Will a dead dog attract another dead dog? Absurd. A magnet becomes a magnet only when charged with an immaterial force. Who can prove that the unseen forces—the power of the positive and negative pole—are not alike. The material form of the little woman or the stalwart man is not that which attracts, but the tenant within the physical house.

But our last proposition—"Like cures like"—is not, as has been stated regarding the other two propositions, generally accepted. Traditional medicine for more than one hundred years has said nay, but gradually with softer voice and a weaker prejudice. Twenty thousand physicians in the new and old world say yea. At least ten million patrons of these physicians say yea. Many have been cured; therefore they know.

"Like cures like" is as truly a law as the first and second propositions of the group. Is it not a part of the general proposition or law—the relationship of likes—an indispensable trinity? The existence and operation of the last depends upon the other two, and no two can be operative entirely independent from the third. This is the basic foun-

dation of Homœopathy. It is Homœopathy. The laws of reproduction and attraction are concomitants of Homœopathy. This fundamental truth also includes the teaching and use of the single indicated potentized remedy, and the minimum dose, based upon the symptoms of each individual case—all combined—forms the true foundation of Homœopathy.

“Like cures like”—like affections are cured by their similars. “Any drug which is capable of producing symptoms in the healthy will remove similar symptoms and thus cure the sick.”

Hahnemann, the promulgator of this truth and law, thoroughly demonstrated the same to be a fact one hundred years ago. Every effort to disprove this teaching has failed, and always must fail. No candid mind who searches after truth, and continues an unprejudiced investigation, will fail to embrace the truth of the Law of Similars. Many of the most enthusiastic supporters of Homœopathy in the past and present time are those who began to study the subject for the express purpose of exposing its fallacies. To practice Homœopathy is to proceed in harmony with this fixed law. He who proceeds to cure the sick disregarding this law, if successful, must act unwittingly in harmony with it. The wise man of old said: “The fool hath said in his heart there is no God.” What shall we call the doctor who says there is no law of cure?

#### PRACTICAL PROPAGANDISM.

Great humanitarian and educational institutions must have *three essential elements* for a permanent foundation:

*First.* One man with dollars sufficient to contribute a perpetual endowment. The present generation has fully established this one fact in American progress—that great institutions are permanently successful in proportion to their financial endowment. This is made possible by another fact—that the present time, as never before, is producing more men of vast wealth who are not only willing to give, but are

seeking opportunities to contribute necessary funds to endow public institutions. I say *one man* to do this for each separate enterprise; this is in order to save the tedious controversy so commonly observed where there are many contributors, nearly all of whom will want to inject their peculiar notions into the plan of procedure.

*Second.* *One young man* having culture and executive ability, with his soul aglow with the principles, philosophy and clinical success of Hahnemannian Homœopathy; *one* who will give his life to the establishment and verification of the teaching and practice enunciated in Hahnemann's *Organon of the healing art*. Again, I say *one man* to be at the head of such an enterprise, to save needless conflicting detail of plan and management.

*Third.* The construction and maintenance of public buildings in desirable centers of population to be known as *Foundations of Homœopathy*, the same to be devoted to the purposes of a hospital, clinical research and demonstration, and a post graduate and proving school of medicine established and maintained, always and forever, consistent with the teaching of Samuel Hahnemann.

#### DISCUSSION OF THE PLAN OUTLINED.

The importance and practicability of a permanent system of propagandism depends largely upon the simplicity of the plan and the possibility of its being developed and operated with the least conflict or competition with similar institutions, consequently, a brief discussion of the purpose as above stated, will be of interest.

A HOSPITAL: If Homœopathy is worthy of being propagated at all, it is because it presents a system of practice by which the sick can be treated scientifically and curatively, with the least possible risk to the life involved or injury to the future health of the patient.

The establishment and maintenance of public hospitals with a staff of efficient homœopathic physicians, to be always true and loyal to the Hahnemannian system, has been one



great need in the past in the interests of the public as well as the profession. It is not necessary to state, much less to prove, that thus far so called homœopathic hospitals, with a very few exceptions, have done but little to sustain and commend Homœopathy. Their influence has been, to a very large degree, misleading to the public and the young doctor, taking them away from Homœopathy into the abominable palliative system of practice which is not only antagonistic, but a humiliating disgrace, to the curative system of Homœopathy. This education leading away from Homœopathy can best be corrected, and a true sentiment and belief in our work substituted, by the establishment and maintenance of well-equipped and faithfully attended hospitals.

A DEPARTMENT OF CLINICAL RESEARCH and demonstration is perhaps the most practical feature of the plan outlined. The past decade has brought into existence almost numberless inventions, cults or systems, largely substituted, only, for curative treatment. However, a system of practice, to live any length of time, must present some truth. In fact, all the modern cults and isms in any measure successful in attracting and holding the public do present some truth. Here is our opportunity to supply an educational forum through and by which truth can be separated from error, and the results announced to the world with dignity and authority sufficient to command attention. The time has fully come when commercial medicine, unnecessary surgery, compulsory medicine and the sophistry of the no-medicine cults should be halted before the forum of reason and stable scientific demonstration.

Many of us believe that the world continues to wait for the more general establishment of the Hahnemannian system. Other systems have had their day, and their trial, only to precipitate the race into a chronic state of sickness and imbecility. To be sure, there have been many achievements, but the general results are bad, in bringing upon the race, as palliative treatment always has done, and always will do, a state of chronic invalidism. Hahnemann fully recognized

this complicated condition a century ago and called it psora, announcing to the world the anti-psoric treatment, which thus far has been the only scientific and curative treatment. The open field and growing demand for this department could be discussed at great length before exhausting the affirmative arguments. The purpose at this time is simply to call attention to an outline of the plan.

A POST-GRADUATE AND PROVING SCHOOL OF MEDICINE: To maintain and establish a post-graduate school only, at least in the beginning of the foundation plan, would greatly simplify the work, and avoid the troublesome contact with state and local boards of health, and the vigorous competition of independent medical schools presented more and more by the large institutions. To avoid both of these obstacles in the development of the new plan would be very desirable. Many of the smaller and weaker medical colleges are now facing extinction because of one or both of these conditions. To have to deal only with the finished product of the medical schools and universities, those who would be eligible and attracted to the foundation post-graduate schools, would be the choicest material out of which to make Hahnemannians. We all admit that some of the best and truest followers of Hahnemann graduated and practiced with the old school of medicine before embracing Homœopathy. Those of us who have taught in medical colleges have made this observation—that one-half or two-thirds of the medical students do not have the caliber or natural philosophical turn of mind to become good homœopaths. Our best homœopathic colleges are being continually mortified when called upon to excuse, if possible, the unhomœopathic practice of their graduates. Why? Because a majority of their graduates can not, or do not, mentally lay hold of the fundamental principles of the teaching, or else fail to become imbued in heart and soul for the great cause of truth.

A CLINICAL AMPHITHEATER, where a few of the true and tried masters of the Hahnemannian art of healing can teach, demonstrate and exhibit permanent clinical results,

would be a great boon to the further establishment and advancement of Homœopathy. This is now, and always has been one of the greatest needs in the propagandism of Homœopathy within or outside of the profession.

A SCHOOL FOR THE PROVING AND RE-PROVING OF MEDICINES, with the carefulness, discretion and minuteness of Hahnemann, should and must be established if Homœopathy is to rise to the dignity and influence to which it is entitled. It is humiliating, indeed, to be obliged to acknowledge that nearly one hundred years have passed since Samuel Hahnemann announced, demonstrated and commenced compiling a materia medica based upon the proving of medicines, and we, his professed followers, have done less, and that not so well, as he did in those memorable last years of his life. Is it not a pitiable and inexcusable neglect which we must acknowledge in this progressive, beginning decade of the twentieth century? A proving school of medicine must be established and maintained permanently as one of the substantial departments of the proposed foundations of Homœopathy.

*This, with a well-equipped farm and cottage plan of daily life, divorced from all exciting causes of disordered health common to modern society, must be made possible, and the best provers secured to devote the necessary time exclusively to this all-important work, under the direction and supervision of an efficient management. To be sure, this alone will require an extensive endowment, but that will come, and come only, when the Hahnemannians present and endorse a worthy and practical plan showing the need and usefulness of such an institution.*

#### THE PRESENT OPPORTUNITY OUR DUTY.

Many a million has been given to less worthy objects, and I am one to believe that now is the time, and the duty is ours, to embrace a long-neglected opportunity to place Homœopathy in the fore front, where it should be and must eventually stand.

But some will say: "Oh, yes, all you plan is ideal; but



it is a dream. Some succeeding generations may see it accomplished; but great projects move slowly when ignorance and prejudice block the way." To be sure, it may be ideal, or a dream. All projects involving world benefits begin that way. An ideal evolving from a great truth is the common beginning of the world's achievements.

We certainly have the great truth. You say the plan is ideal. What next? Two essentials given, one still lacking—what is it? An executive force honestly and faithfully directed. Truth has been pleading throughout all time for a chance at the hearts and minds of men. How are such chances made possible? By one individual or a small group of individuals, who have perceived a great truth, setting their souls on fire; then they have gone forward to dare and to do.

Truth does not evolve itself independent of heart responses. Have we perceived a great truth? Have we the fervor of mind and of soul to make a response? If so, then the nuptials between our truth and the ideal just presented may take place not in succeeding generations, but in this present one. What can I do? What will you do? what will this association do? are pertinent questions. The great truth and ideal are waiting--waiting for us to supply the third essential, a chance to develop a dream into a reality.

Two men to each institution of the kind—one with a million dollars; the other with the vigor of youth and the efficient executive ability to faithfully stay by the plan to win.

#### WHAT ONE DECADE MAY DO.

During the next ten years the Atlantic Coast, the Middle West and the Pacific Coast ought each to have a Foundation of Homœopathy. The South and the Northwest would then very soon find their men and do likewise.

But some one interjects: Why not affiliate with some hospital or medical college already organized and in operation? The answer is that this plan is too large. Large enough to stand alone. Again, "Why not become a part of

some great university?" and the same answer—the project is too big. The truth to be established is too great to be hampered with any affiliation. The Rockefeller and Carnegie foundation plans stand alone each for a single purpose, and when results are to be announced the declaration is made without fear or favor.

#### THOUGHT AND DISCUSSION.

It is not my purpose to ask this association or any other organization to endorse the plan herein set forth without due consideration, but I do hope the suggestions presented will give you something to think about.


Haste is not so important as diligence in making a beginning, in doing something definite. Ten years was mentioned for the establishment of three foundations—what if it should take twenty, fifty or one hundred years? Would it not be better, even then, than to repeat the neglect of the past century? Now comes a pertinent question: What *can you* do? what *will you* do? My answer is: Southern California is hereafter to be my home land, Alhambra my post-office address, and I here and now solemnly promise, provided that life and health is extended for ten years, that the Pacific Coast shall have a Foundation of Homœopathy similar to the outline above presented. I am very sure the two men needed to fill the requirement can be located west of the Rockies. A stirring Hahnemannian in the far east and one in the middle west can each do the same thing for their respective localities as easily, if not more so, than my task in the far west.

During the past few years many discouraging doubts and fears have been entertained and too often expressed regarding the future of Homœopathy. Even in recent months there have been whisperings about the failures of colleges, and to come nearer home abandoning the I. H. A. for a shifting substitute. Nothing would do more to dissipate these doubts and fears, to turn whisperings of discontent into enthusiastic praise than to be able to announce the

first Foundation of Homœopathy. To begin to think about it; to begin the search for the two men for each institution; to begin the agitation and discussion of the plan in the Medical Journals would in itself have a wholesome effect upon the cause involved, and also, that part of the profession who believe in and practice unadulterated Homœopathy. Why not accept a personal responsibility, embrace an obvious opportunity, and go forward to discharge and acknowledge duty? Asking your pardon for this unusual and unexpected exhortation I submit the plan above outlined, to establish Foundations of Homœopathy, for your consideration believing it to be both practical and possible and the best method of procedure in the permanent work of propagandism.

Secretary appointed Drs. Boger and Luff as committee on president's address.

President—Is there any more business to be transacted before opening the bureau?

C. M. Boger—Mr. President, the visiting physicians have shown so much interest in this meeting, and have displayed so intelligent an appreciation of the art of Homœopathy, that as chairman of the board of censors I wish to make a motion that all visiting physicians at this 1910 meeting be invited to join us. As chairman of that board I make a motion that they be elected *en masse*, their full membership being contingent upon the payment of the dues. Anyone here who feels himself a good homœopath, and is in sympathy with the aims and objects of this society, will be hereby elected, and has only to pay the dues to be fully established in membership.  Seconded. Carried.

An address of welcome was delivered by Dr. T. H. Hudson, in which he dwelt upon the great advantages of societies like the International Hahnemannian Association coming together at various places and holding meetings for the upholding and upbuilding of Homœopathy. Not only was it good for the members of the association, but also it had an excellent reactive effect upon the profession of the place where the meeting was held. It left an after-glow of

zeal and enthusiasm. He expressed the hope that the time would not be so fully taken up by scientific papers that an automobile trip through the city could not be enjoyed.

Dr. J. B. S. King, the secretary, replied on behalf of the association, that duty having been delegated to him by the president.

The secretary then read the following letter, from the executive secretary of the committee of one hundred of the American Association for the Advancement of Science, on national health:

JUNE 6, 1910.

*Dr. J. B. S. King, Chicago, Ill.*

DEAR SIR: Will you not lay before your convention the copy sent to you under separate cover of Senator Owen's speech, which includes a copy of his bill for the establishment of a national department of health, and endeavor to secure an endorsement of the same?

Although this subject may not seem to have any very close relation to your meeting, yet as health is a universal interest, where and when they can thoughtful men and women, we believe, will want to add their influence to the growing movement for a national department of health.

If state departments of agriculture have become stronger and more useful because of one central efficient department at Washington with which they may advise and co-operate, so would public health officials and state municipal boards of health render better service to the people if there were in Washington a national department of health.

The movement that we represent has had the endorsement of ex-President Cleveland, ex-President Roosevelt, Mr. Bryan, President Taft, numerous congressmen, governors of states, the conference of state boards of health, labor and farmer organizations, and medical and philanthropic and patriotic societies.

We are just now encountering strong opposition from selfish interests, as the enclosed editorial from the New York

Times indicates, and we desire, therefore, all the help that such societies as yours are able to give.

Resolutions passed by your convention and forwarded to Senator Robert L. Owen, or to Hon. Charles E. Creager (who has introduced in the house a copy of the Owen bill), and to your members of congress, together with letters of endorsement from individual members of your convention, would be most helpful. Very truly yours,

E. F. ROBBINS, Executive Secretary.

In addition the secretary (Dr. King) read selections from the speech of Senator Owen in favor of a national department of health.

L. P. Crutcher—I have just recently returned from a trip to Washington, made for the purpose of appearing before the interstate and foreign commerce committee to present arguments against this bill; the bill is side-tracked for a time, but only for a time. I think that this society should be interested in the organization in the interests of medical freedom. I would like to offer this resolution as expressing the sentiments of this association upon the Owen bill:

WHEREAS, There are now pending in the national congress certain bills, fostered by the American Medical Association, under the guise of "health legislation;" and

WHEREAS, This legislation, if made effective, would further the purpose of the American Medical Association to establish a medical trust in the United States; and

WHEREAS, A coalition of medicine and state is as undesirable and unAmerican as church and state. Therefore be it

*Resolved*, That the International Hahemannian Association, in convention assembled, does hereby protest, without equivocation, against the passage of these bills. Be it further

*Resolved*, That a copy of this resolution be submitted to the secretary of this association for publication; and also that a copy be sent to each of the senators and representatives in the congress.

Joseph Luff—There is nothing in the wording of that



resolution that denotes that it is an answer to the communication that we have received. I think that it would be better to make it more specific.

L. P. Crutcher—I made it very general in its terms because there are two bills—the Owen bill and the Mann bill—I wanted to make it apply to both and in general to the whole subject.

Alexander Donald—I hope that this resolution will go through, and not only by a mere majority, but unanimously and with a vim. The ultimate result of the Owen's bill, whatever may be its apparent purpose, will be to crush Homœopathy and everything else that does not fall in line with the A. M. A. Each one of us should be a missionary or an active advocate, and use whatever influence we can muster against the passage of this bill. I was formerly connected with another organization—the American Medical Union—which upon several occasions sent representatives to Washington to defeat moves and measures looking towards medical monopoly, legislation that would have tended to cut us out as Hahnemann was cut out of Leipsic in times past.

The question was called for, and the resolution was passed unanimously by a rising vote.

C. M. Boger—The board of censors wishes to make as a further report that it recommends that Drs. Chas Oakes, of Livermore Falls, Maine, Antoinette Fellews and Montague Leverson, of New York city, be placed upon the list of honorable seniors.

Report adopted, and those named put upon the list of honorable seniors.

The secretary presented bills for printing and stamps, etc., amounting to \$27.78, which were ordered paid.

Carolyn E. Putnam, the chairman of the committee of arrangements, presented bills amounting to \$32, which were ordered paid.

President—I understand that the auditing committee are ready to report.

# REPORT OF THE AUDITING COMMITTEE.

The auditing committee reports that it has examined the books, papers and vouchers of the treasurer and found them correct.

W. B. KLINETOP,  
C. M. BOGER.

Report accepted and committee discharged.

President—Mr. Secretary, are there any more committees whose reports we should hear at this time?

Secretary—I have on hand a report from the chairman of the committee on propagandism, which arrived by mail since the meeting opened.

## REPORT ON HOMŒOPATHIC PROPAGANDISM.

1. Instead of attempting to educate the laity by means of tracts, literature, etc., the committee recommends that they be educated by means of better and more extensive homœopathic prescribing; by the fruits of our labor rather than by showing the manner of it.

2. By increasing the number of doctors who stand for pure Homœopathy, this increase to be effected by looking well to the doctor's education after he leaves the college, and seeing to it that plenty of pure homœopathic literature reaches *him* rather than the laity. Then he will educate the laity by his good works.

3. This is to be accomplished through a strong homœopathic journal supported by contributions from all of the best writers in the profession.

4. And through more careful and thorough drug-provings.

5. Both journal and reports of drug-provings to be sent to every Hahnemannian in the land, whether he can pay for it or not; recent graduates to be furnished with such journal gratis for one or two years, as seems best.

H. S. LLEWELLYN, Chairman.

Moved that the report of the chairman be accepted and referred to the publication committee. Seconded and passed.

Moved that the committee be discharged. Seconded and carried.

Secretary—As chairman of the committee on printing a list of Hahnemannians, I report that such a list has been printed at the end of the last two volumes of Transactions; owing to the nature of the task it is necessarily incomplete and always undergoing change. That committee should have the help of all the members who by their knowledge of local conditions could furnish information not accessible to the committee. Such help is asked for by the committee.

Report accepted and committee continued.

P. E. Krichbaum—In regard to the working of the by-law that associate members shall at the end of three years become active members or be dropped, there is some objections to allow that to occur automatically, and I move that all such cases be referred to the board of censors. Seconded. Carried.

C. M. Boger—I move that we proceed to the selection of the place of the next meeting and to the election of officers. Seconded. Carried.

The place of next meeting was balloted for, and the place chosen was Asbury Park, N. J., the time of the meeting being left open.

The following officers were then elected by ballot, according to the constitution and by-laws.

President—Maurice Worcester Turner, Brookline, Mass.

Vice-President—Carolyn E. Putnam, Kansas City, Mo.

Secretary—J. B. S. King, Chicago, Ill.

Treasurer—P. E. Krichbaum, Montclair, N. J.

Corresponding Secretary—Z. T. Miller, Pittsburg, Pa.

Board of Censors—C. M. Boger, chairman; R. F. Rabe, Lee Norman, W. H. Freeman, M. W. Turner.

L. A. L. Day, of Chicago, was elected on the publication committee, to take the place of G. P. Waring, whose term of service expired this year.

President—We will now hear the report of the necrologist. The secretary will please read it.



## NECROLOGIST'S REPORT, I. H. A., 1909-1910.

BY STUART CLOSE, M. D., BROOKLYN, N. Y.

Five members have been removed from our association by death during the past year, as follows:

Dr. William P. Wesselhoeft, Honorable Senior, of Boston, Mass.; died August 24th, 1909.

Dr. Edward T. Balch, of Santa Barbara, California; died October 11th, 1909.

Dr. Josephine M. Roberts, of Chicago, Ill.; died November 8th, 1909.

Dr. Rolla C. Grant, of Rochester, New York; died November 9th, 1909.

Dr. M. A. Wesner, of Johnstown, Pa.; died May 24th, 1910.

Dr. William P. Wesselhoeft, eminent son of a distinguished father, and member of a family which has been identified with Homœopathy almost from its beginning, was second to none of his time as an accurate prescriber and successful practitioner of Homœopathy. A brief sketch of this family may well precede our personal memoir of Dr. William P. Wesselhoeft.

William Wesselhoeft, father of William P. Wesselhoeft, was one of the pioneers of Homœopathy in America. In Germany he had enjoyed the personal and intimate friendship of Goethe and Jean Paul Richter. In America he was the friend of Hering and his equal associate in the enterprise of founding the North American Academy of the Homœopathic Healing Art in Allentown, Pa., familiarly and affectionately known as "The Old Allentown Academy." This institution, legally chartered in 1834 under the laws of the State of Pennsylvania, was the first school in the new world devoted to the teaching of Homœopathy.

Born in Germany in 1794, when the genius of Goethe, Schiller and Jean Paul was receiving universal acclaim, William Wesselhoeft opened his eyes upon life in Saxe-Weimar in its richest era of science, literature and art. In those

days Karl Wesselhoeft, father of William, with his brother-in-law, Friedrich Frommann, were joint owners of the largest publishing house in the famous university town of Jena, in Saxe-Weimar. Their publishing house was the favorite meeting place of the *literati* of Jena. Goethe was a frequent and familiar guest at the home of Frommann, and almost as much so at the home of Wesselhoeft. He took a particularly kind interest in Wesselhoefts sons, William and Robert, watched over their education, and encouraged them especially in their drawing by giving them pencils, paper, and friendly criticism and counsel. One of the pencils given by Goethe to William was preserved by him and brought to America, where it is still treasured as a memento of the "Godlike man."

William, Edward, Robert and Wilhelmina, the children of Karl Wesselhoeft, and Minna Herzlieb, the little ward of Fromman, were taught in a little private school in Wesselhoeft's home. They had for their tutor the celebrated De Wette, afterward professor of theology at Berlin, and later at Basle.

Minna Herzlieb became the "Minna" celebrated by Goethe as one of his early loves in his memoirs.

Later William pursued his studies in Nuremberg, and in 1813 entered the University of Jena, where he graduated in 1820 as Doctor of Medicine. He subsequently studied in the Universities of Berlin and Wurzburg. He was one of the most accomplished and highly educated men of that time—a period noted for its high culture—corresponding to the Elizabethan period in England in its great literary attainment. William Wesselhoeft was proficient in the natural sciences, botany, mineralogy and geology, but especially in anatomy, in which he was a master.

The principles of transcendental physics he mastered under the tuition of the great Oken.

He was companion of Goethe in his interesting, but scientifically fruitless, studies in meteorology, particularly as relating to clouds. He made many observations and water

color sketches of clouds for Goethe at the university observatory in Jena.

While in the university he became interested in and finally identified with some of the secret patriotic societies which had their origin in Jena about this time. These societies had for their object the promotion of German patriotism and the unification of the German kingdoms under one government. They soon came under the suspicion and ban of the existing government, and William and his brother Robert, with many others, were arrested and thrown into prison.

William made his escape after about three months, and made his way to Switzerland, where he obtained employment in the University of Basle as teacher of anatomy and assistant demonstrating oculist.

In 1824 he emigrated to America, and went first to Lehigh county, Pa., where friends had preceded him. Later he removed to Northampton county for a time, and finally settled in Bath, Pa., where he gained a large surgical practice, and married a wife—Miss Sarah Palmer—with whom he had become acquainted through professional relations.

About this time, encouraged by letters from some of his former professional friends in Weimar who had become converted to Homœopathy, he took up the study of the *Organon* of Hahnemann, which his father had sent him, and in 1828 began to practice the new method, of which he became so eminent an exponent. He subsequently removed to Boston (1841), where he lived and practiced until his death in 1858.

Such is a brief and most imperfect sketch of the distinguished family from which sprang our friend and fellow-member who has gone from us.

William P. Wesselhoeft, was born at Bath, Pa., Oct. 8th, 1835. His primary education was received in America, his college education in Germany. At the age of sixteen (1850) he went to Germany, and entered the *Nickolai Schule* in Leipsic, from which he graduated. He made many friends there

among them being the celebrated Dr. Franz Hartmann, friend and former pupil of Hahnemann, to whom his father had recommended him for treatment for a minor ailment.

At the close of his college course he returned to America and entered Harvard Medical College, from which he graduated in 1857. Homœopathy he studied under the direction of his father, who was then the leading homœopathic physician of Boston.

Through his father he was brought into intimate relations with all the great lights of Homœopathy of those days. Hering, Detwiler, Lippe, Romig, Gosewisch, were to him familiar "friends, philosophers and guides." From them and from his father he imbibed the pure principles which governed him in all his later work, and made him the peer of any man in our school.

In 1860 he married Sarah Fessenden Allen. Their children are William F. and Alice Wesselhoeft. William F. Wesselhoeft follows in the footsteps of his father and grandfather, and is one of the ablest surgeons in New England, and a professor in the Boston University School of Medicine.

For many years Dr. Wesselhoeft had associated with him Dr. James B. Bell, who removed from Augusta, Maine, to Boston in 1880. The two friends lived in adjoining and inter-communicating houses on Commonwealth avenue, Boston's finest street. Not being a writer of books, Dr. Wesselhoeft is perhaps not so widely known as Dr. Bell, whose little book on *Diarrhœa*, as one of our homœopathic classics, has made his name well known all over the homœopathic world. The papers published by Dr. Wesselhoeft in the journals from time to time, however, have been of a high order of merit, and have always received the thoughtful attention of discerning minds.

One of the most delightful papers it has ever been my privilege to hear and read was one entitled "Some Reminiscences," dictated from his sickbed for this association, and read before us at the meeting in 1906. It is published in the transactions for that year, and should be read again by

every member of this association, in memory of our departed brother.

Dr. Wesselhoeft's practice has been largely among the wealthy and distinguished people of Boston, although his heart was ever open to the appeal of the suffering poor. His great reputation led to his being often called to far distant parts in consultation, as well as in his home city, where he was an acknowledged leader.

He was a member and honorable senior of the American Institute of Homœopathy which he joined in 1859.

He was also a member of the Boston Homœopathic Society, and of the Boston Society of Homœopathicians.

The St. Botolph Club was his only social club.

Although he inducted a number of students into Homœopathy privately, he sought but little publicity.

He delivered a number of lectures before the Boston University School of Medicine a few years ago, but the exacting demand of his great practice made it impossible for him to devote the time necessary to public teaching.

Dr. Wesselhoeft became a member of this association at its first regular meeting, held at Brighton Beach, Coney Island, N. Y. in 1881.

He was twice its president, first in 1888, and again in 1897, and was active for many years in all its work. On the floor he was a master of comment, discussion and debate. As a speaker he was clear, direct, forcible and fluent. His impressive personality and great earnestness always commanded for him the closest attention. When he arose to speak we all knew he had something to say worth listening to. He never spoke lightly nor at random. He went directly to the heart of a subject without flourish or circumlocution. He had perfect command of terse, vigorous English, and he had the courage to say exactly what he thought upon any subject.

In social relations with friends he was delightfully free, hearty and jovial. He enjoyed a good story and could tell one.



I shall never forget the evening, during the meeting at Narragansett Pier in 1892, when Wesselhoeft, with Biegler, Thurston, Kimball, Kennedy, Drake, King, Sawyer, John V. Allen and myself, gathered around the table in the back room of a little German beer saloon, and there, over the steins, spent a jovial hour of anecdote, jest and reminiscence. Neither will I ever forget some of the stories then and there detailed with great hilarity. In business and professional relations Wesselhoeft had a quick, insistent, compelling way with him. He seemed to brook no opposition. When he took charge of a case, or entered the sick room, he was the master. He took command at once. He had great firmness. His energy, determination and courage made him a tower of strength to those for whom he was ever fighting the battle with disease and death; for he was a fighter. His patients adored and trusted him. They called him "King William," and were glad to be his loyal subjects. His was an aggressive, dominating personality; but it was formed in rectitude and governed by high and chivalrous principles. He was a bad man to have for an enemy, but as a friend he was true and loyal to the uttermost.

Loyalty to principles and devotion to friends were two of his most conspicuous traits.

In person Dr. Wesselhoeft gave the impression of great physical and mental power. He had a handsome, well-shaped head, set upon a powerful neck and massive shoulders. He was large of frame, but quick and forceful of movement. He had a keen eye and alert expression. His gaze was steady and penetrating. His head was set a little forward, giving him a somewhat aggressive look. Dauntless courage and inflexible tenacity of purpose were stamped upon his features. He looked able to carry everything before him with a rush, and his looks did not belie his ability. No obstacle could prevent him from accomplishing the thing he set his hand to.

He was a tremendous worker in his chosen profession, which he followed for over fifty years, and continued in his

labors with unabated force up to within a few years of his death.

But the most powerful frame must break at last. For several years before the end there were signs of failure. The heart was the organ affected. About two years before his death signs of failing compensation began to rapidly increase. Toward the end he suffered all the distressing complications usual to such cases. He retired to his country home at York Harbor, on the coast of Maine, where the end came quietly on August 23rd, 1909, "and he was gathered to his fathers."

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Dr. Edward T. Balch, of Santa Barbara, California, died at an advanced age, at his home, Oct. 11th, 1909.

Dr. Balch was a graduate of the Philadelphia College of Medicine and Surgery in 1865.

He subsequently took up Homœopathy, which he practiced with zeal and fidelity during a long and active professional life.

He was the pioneer of Homœopathy in Santa Barbara, where he made his home.

He became a member of this Association in 1889, but took no active part in its work.

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Dr. Josephine M. Roberts, of Chicago, Ill., died of angina pectoris, November 8th, 1909.

Josephine E. McKenzie, daughter of John P. McKenzie and Phoebe McClelland, was born Sept. 13th, 1850, near Pittsburg, Pa.

In early childhood her family removed from Pennsylvania to Washington, Iowa. She married, first, Dr. D. M. Kiester, April 19th, 1877, and was left a widow a few years later. Shortly after the death of her husband she entered a Chicago hospital and took a course in nursing, which she then followed as a profession for a number of years. During this time she spent one year in teaching elocution and vocal music in the Eastern Iowa Normal School at Columbus



Junction, Iowa. Later she studied medicine in Hering Medical College of Chicago, from which institution she graduated in 1897. She located in Davenport, Iowa, where she practiced medicine until her marriage to Dr. T. G. Roberts, of Chicago, June 2nd, 1904, when she removed to Chicago. There she continued practice, in association with her husband, assisting him in his work as registrar of Hering College, and filling the chair of medical diseases of women as lecturer, which position she held at the time of her death. She became an associate member of this association in 1908. She was a woman of charming personality, highly accomplished, and marked ability.

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Dr. Rolla C. Grant, of Rochester, N. Y., died suddenly of angina pectoris November 9th, 1909, at the age of 54 years.

Dr. Grant was born in Rome, N. Y. His family removed to Canada, where he attended school until they removed to Auburn, N. Y., about 1861. He graduated in medicine from the New York Homœopathic Medical College in 1879. He began practice in Portsmouth, New Hampshire. In 1883 he removed to Rochester, N. Y., and entered the office of Dr. J. A. Biegler, with whom he was associated for many years, and by whom he was grounded and confirmed in the principles of Homœopathy.

He was a man of most genial and lovable personality, full of kindly feeling, hospitable and generous. He was tenderly attached to family, home and friends, and was never so happy as when making others happy. He was of a sunny disposition, and radiated good cheer wherever he went.

He was a thorough student and careful prescriber, as taught and practiced by Dr. Biegler, by whose example and precepts he was profoundly influenced.

Dr. Grant became a member of this association first in 1889. He dropped out for a few years, but was reinstated in 1904, and took an active part in discussion and committee work.

He leaves a wife, one daughter and two grandchildren.

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Dr. M. A. Wesner, of Johnstown, Pa., who became a member of this association in 1906, died at his home of heart disease May 24, 1910, aged 65 years. He was a graduate of Jefferson Medical College, Philadelphia in 1876.

Respectfully submitted,

STUART CLOSE, M. D., Necrologist.

Moved that the necrologist's report be accepted and referred to publication committee. Seconded and carried.

Secretary—I would like to make the following report on attendance, so as to get it in the Transaction. The attendance at this meeting was as follows: First session, 42; second session, 24; third session, 52; fourth session, 30; fifth session, 28; sixth session, 41; seventh session, 25.

As a member of the committee on press I report that the newspaper men were taken care of and gratified with proper information for the daily press. Good accounts of our meetings with abstracts of papers calculated to produce a favorable feeling for Homœopathy, were printed in the local papers, and pictures of both officers and visitors were taken and printed in the Kansas City Post.

#### REPORT OF THE COMMITTEE ON PRESIDENTS' ADDRESS.

The committee has studied the address of the president, and congratulate the association upon its ability and valuable character. The practical recommendations there outlined for the permanent establishment of Homœopathy must meet the approval of every thinking homœopath, and the committee expresses the hope that the strong institution described by the president will go into operation at no distant day.

C. M. BOGER,  
JOSEPH LUFF.

Adjourned.

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## BUREAU OF HOMOEOPATHIC PHILOSOPHY.

## THE SIGNIFICANCE OF A SYMPTOM.

BY L. P. CRUTCHER M. D.

The word symptom is as grossly misunderstood in the abstract as it is misapplied in the concrete, and this ignorance is painfully evident in all schools of healing.

Ask a number of physicians to define the word and you will get about as many answers as it is possible for differing minds to concoct and they are, all of them, characterized by lack of philosophical or practical comprehension. In our own school we speak learnedly, or otherwise, of "generals," "particulars," "characteristics" and other subdivisions of symptomatology, and yet when we fall back to the basic question, "What is a symptom?" we find that we have taken much for granted. The writer had, sometime ago, the opportunity to ask a physician of another school to define disease and in perfect conformity to the edicts of his cult he answered: "Disease is the abnormal condition of one or more organs of the body." Very well, doctor, if that be true, then what is a symptom?

He hesitated a moment, and then replied: "Why, sir, you ought to know that disease and symptoms are the same thing." The writer was prompted by this statement, to wonder whether a four years' course in a medical college offers sufficient time for some minds to grasp the rudiments of medical knowledge!

At the same time it is not the stupidity of this type that prompts the high brows to question the thoroughness of our academic instructions because that very answer would "pass muster" in many of the colleges that have escaped the adverse criticisms of this coterie of self-appointed, self-annointed censors.

Again, who has not heard a symptom defined as "a manifestation of an abnormal condition," and how many of you have observed this interpretation given in some of our own books of reference.

To be sure, that definition is of the toothsome type, and goes unmolested till the dissenter advances the question whether a *normal* condition might not also be manifest by symptoms, and then it is that a symptom assumes larger proportions than had formerly been assigned to it.

The healthy man has symptoms of health as much as the diseased man has symptoms of disease, and the basis of intelligent practice must ever be a definite understanding of the difference in these manifestations on one hand and their relationship on the other.

The student of medicine is urged at the outset to learn physiology and the only servicable result from this study is that he learns the symptoms of health, then later he is promoted to the vague but interesting wrestle with pathology, wherein he learns the symptoms of disease (sometimes getting no further than the ridiculous conclusion that they are identical), then finally he reaches the realm of practice, wherein he attempts to supplant disease with health and his success or failure he determines by symptoms. If his inclination be toward progress, he soon learns that he may banish certain symptoms of disease without eradicating the disease itself—while the reverse is true, that if, when guided by the symptoms, he eradicates the disease, he need not have further concern of the symptoms, since with the elimination of their cause they must disappear. Also, he is just as sure to learn that the healthy man does not under any circumstances offer indications for medication.

Let him first learn however that a symptom is simply *a manifestation of a condition*, and the remainder of his medical accomplishments will not be so difficult of attainment.

#### DISCUSSION.

C. M. Boger:—Symptoms are such elusive things that much must be left to the judgment of the man who uses

them. The interpretation of a symptom depends upon the accuracy of the patient's expression and also upon the doctor's ability to correlate them and give each its due importance, and not to put undue importance upon any one that does not deserve it.

The relative value of symptoms is of great importance; many times we are confused by the great multiplicity of symptoms. The proper interpretation of the symptoms of a case depends upon our ability to grasp the case as a whole; the symptoms are nature's representation of a diseased state and we should grasp them as one thing—an entity. The whole complex of symptoms is nature's field in which she needs help, and by means of the homœopathic law she indicates very plainly what she needs. She always puts the important symptoms—that is, important to the doctor—at the last. They are the latest or the most recent to develop.

That is a point that many of us are apt to overlook. That should never be forgotten; the most recent symptoms become the most important guides or leaders, as it were.

We have been taught to expect symptoms to come in a certain order and to depart in a certain order and this is true but it is not always practical. The point that I lay more emphasis upon is this; every symptom is one part or detail of a whole complex, just as each thing in a painting is a part of the whole painting. The complex of symptoms is nature's expression of the disease, and from this point of view it matters not what the disease may be called. We must grasp that idea and look at the symptoms through the eyes of the remedy rather than through the eyes of the disease. The patient has the sickness; he has it in his own peculiar way; we should prescribe for him not from the standpoint of the disease or diagnosis, and then we are prescribing through the eyes of the remedy. The more thoroughly we can do that, regardless of the name of the disease the more quickly will we cure.

J. Stewart Smith:—Does not Hahnemann teach that the sum of the symptoms is the disease? Is it correct to teach

that we are to look upon the symptoms simply as the manifestation of an entity? I think that we are taught very distinctly that we are to look upon *them* as the disease, and when they are removed the disease is gone. Therefore in prescribing it is not the question what disease the patient has but what symptoms does he present. The whole problem is to discover the characteristic symptoms of the patient and to match them with a remedy, irrespective of the name of the disease that the patient may have. When the symptoms are removed the patient is cured, and that is all that there is to it.

There is a tendency and a very strong one, to make symptoms simply the guiding points to a diagnosis. We ask, what is the matter with the man, and answer it by a name. The real question is not what is the matter with the man but what are the characteristic symptoms which he presents—characteristic of him rather than of the disease. In what form does nature manifest his ill-health? Then match the state or sum of the symptoms with a remedy, and the man is cured.

I recently read a paper by Dr. Royal which gave an entirely wrong conception of what a homœopathic prescription is. We are in continual danger of falling into pathological prescribing. The tendency that way is very strong and we should be continually on our guard against it.

J. B. S. King:—It seems to me on a single hearing of this paper that the old school doctor who answered Dr. Crutcher's question was right and Dr. Crutcher wrong, although he adopts an attitude of scorn towards his answer. He tries to make out that symptoms and disease are different things; theoretically they may be but practically, actually, and for our work they are identically the same. I regard Dr. Crutcher's distinction, therefore, as a superfluity.

T. H. Hudson:—I always try to get hold of Dr. Crutcher's papers and read them over carefully beforehand. Then I could talk a week. Dr. Smith has voiced my sentiments



exactly, and I think that it is a true expression of what Hahnemann taught in regard to symptoms. As prescribers we should be regardless of the classification of diseases into certain diagnoses. I have had two cases of pneumonia in which one patient needed an alkali and the other an acid and yet both cases were inflammation of the lungs.

I like Dr. Boger's idea of seeing the symptoms through the eyes of the remedy; I think that I have always tried to do that. I think of the remedy most prominently and not so much of the disease. When I have found a characteristic symptom or a key-note as it is called, I generally find that the other symptoms cluster around and show very clearly what the remedy is.

L. P. Crutcher:—I think that the only criticism to answer is that of Dr. Smith. His statement is correct as he presented it, but might lead to a misunderstanding. The simple statement that when you banish the symptom the patient is cured is not quite true. You may banish a pain with an opiate but the patient may be not the least bit the better. The significance of that statement to me is that we should know the disease by the symptoms and cure by the symptoms, but we do not cure the patient simply by eliminating the symptoms. That is more like old school practice. It is possible to eliminate symptoms without eradicating the disease. We use the symptoms as our guide to the remedy that will cure, but we do not simply eliminate symptoms.

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## BACTERIA.

BY J. S. SMITH, M. D., Kansas City, Mo.

That bacteria or their products play an important part in producing disease is generally admitted, a few may be inclined to question it, but the evidence is too strong to be lightly set aside. Rightly understood there is nothing in the Germ Theory inconsistent with the most orthodox Homœopathy.

Hahnemann teaches that there is a vital force which is



distinct from the material elements and organs of the body but acting through them manifests itself in the phenomena of life, just as other forces, such as heat, light, electricity or gravitation reveal themselves by means of matter, although they are distinct from it. Disease, he says, are only dynamic disturbances of the vital force. (Org., Sec. 70.5.) This is a conception that it is necessary to grasp before it is possible to comprehend the principles of homoeopathic philosophy: A materialist cannot understand the science of Homoeopathy.

Again, he teaches that our vital force, that spirit-like dynamis, can not be reached nor affected except by a spirit-like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life. (Org. 16.)

There exists in all substances a spirit-like (dynamic) force capable of acting with greater or less intensity upon vital force. This force may sustain and strengthen it; then the substance is a food, or it may derange its workings, then it is a drug. It is not the material either of food or medicine that thus acts (although later on that may become incorporated into the tissues of the body and supply chemical waste), but the dynamic force that is liberated from it. Food supplies the waste of the body, but long before it has been transformed by the processes of assimilation it has satisfied the appetite, relieved hunger, renewed strength and awakened mental activity by its dynamic force, which has acted upon the vital force. The same thing is true of drug action, and explains how it is possible for a remedy to continue to act for days and weeks after its administration in an infinitesimal dose, when it is inconceivable that any of the material of the drug should remain in the body.

Continuing the above quotation (Sec. 16) Hahnemann says:—Neither can the physician free vital force from any of these morbid disturbances, i. e., diseases, except by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force, perceiving

this remedial power through the omnipresent susceptibility of the nerves of the organism. Thus healing remedies can and do restore health and vital harmony only by virtue of their dynamic action upon vital force.

Bacteria are extremely minute unicellular plants. Unless they form an exception to an otherwise universal law they must contain in each species a definite dynamic force capable of affecting vital force and producing effects either beneficial or detrimental which will be manifested through symptoms, hence there is nothing unreasonable in regarding them as the "cause" of disease, meaning thereby that the drug force contained acts in a definite way to disturb the vital force, in the same way that we say that Belladonna causes angina. It is just as logical to expect pathological effects from microscopic plants as from larger ones, but the homœopath who understands that it is a force, and not material, that thus manifests itself, can alone explain *why* they can be so virulent. The formation of tubercles, suppuration, tetanus, sepsis, and all the other ills that are attributed to "germs" or their products, are nothing more than symptoms developed by the morbid force contained in the germs, just as fever is a symptom of the drug force of aconite and nausea of ipecac. That bacteria contain dynamic force is shown furthermore by their acting as ferments, producing changes in the surrounding media while they themselves undergo no change. So-called catalytic action has long been an enigma to the materialist, but is easily explained by one who has come to understand the action of dynamic force. A particle of radium will throw off emanations for a thousand years without losing appreciable weight. It is not the radium that throws them off, but the force contained in it, which must be differentiated from the metal.

It would be more to the honor and advancement of Homœopathy if instead of attempting to ridicule the Germ Theory we would take up the study of Bacteriology from a Homœopathic stand point, investigating by systematic provings their symptomology in the same way and as carefully

as we would any other plants. It is probable that they would be found to be among the most powerful of all vegetable products in the manifestation of drug symptoms (dynamic action). If, as is believed, they produce disease symptoms our Law teaches that they will cure similar symptoms when they occur.

There is nothing unhomœopathic in the use of nosodes when they have been properly proved, and are prescribed on the proper indications as every remedy should be, the objection is the prescribing them for the name of the disease and not the symptoms present. But bacteria are not nosodes but vegetables and are as worthy of study as peruvian bark or rhus toxicodendron and doubtless will prove just as useful.

There is also this important point to be noted, nosodes can never be pure but are necessarily mixed products, they are also modified by the constitution, and diseases, chronic and acute, of the patient from whom they are obtained. However carefully proven, they can never, in the nature of things, be duplicated, and hence their action, unless grafts from the original preparation, must always be uncertain. Bacteria on the other hand can be obtained pure, and grown on the original culture medium as frequently as a new supply is required, they can therefore be depended on for uniform symptoms as certainly as remedies prepared from any other plants.

Here is a new and unexplored field for investigation which is worthy of the attention of ambitious and careful students. So far as the writer knows it has scarcely been seriously entered upon, but it will certainly yield a rich return by adding a whole series of invaluable remedies to our armamentarium and greatly enrich our *Materia Medica*; it will show to the world that we are abreast of the times and ready to apply scientifically the results of modern research to the relief of human suffering and the cure of the sick which Hahnemann declares to be the physician's highest and *only* calling. The men who will undertake to do this, and do it ac-

curately, conscientiously, and thoroughly, will make for themselves a name in Medicine that will never be forgotten; for the Law of Similia is immutable and eternal, it is not a theory destined to pass away; and these provings, carefully and exhaustively made, will find their applications as long as humanity groans and travails in pain.

## DISCUSSION.

P. E. Krichbaum:—I enjoyed the paper very much and want to thank the doctor for presenting it. Bacteria of all kinds, both harmless and morbid must have a suitable environment and medium for culture in order to thrive. In some situations they will not grow at all. However deadly a certain species of bacteria may be it cannot cause disease in an individual whose resistive power is so great that they cannot thrive in his organism. If they enter an individual where they can lodge and thrive they immediately cause disease. The main thing to be considered then is not so much the bacteria in themselves as the organism in which they grow and thrive; that is one of the main features. But I think that it is part of the duty of homœopathic physicians to study the subject and to know as much about it and be able to understand the ideas of the old school physicians as they do themselves. We will then be able to judge any ideas that come up with the insight that Homœopathy gives to perceive whether they are false or true.

J. T. Boland:—Some philosopher has said, (I forget who it was) that it is impossible to arrive at a definite knowledge of any cause whatsoever and I believe he is right. The cause of disease is securely locked up in the embrace of the unknowable. It has ever been so and it is so now. All that we can possibly see of disease with our senses even aided by the most powerful instruments of research are the phenomena of effect; the cause is forever beyond our ken. Bacteria along with disease products are effects, and because they are exceedingly minute does not bring them into the region of causes at all. They may be contributors and they may act

as exciting or secondary causes but they do not belong to the primary causes. They do not thrive everywhere, as the last speaker said; they must have a favoring temperament and a favoring temperature. If they come in contact with a suitable temperament, and the other surroundings are favoring, they will develop disease; but if the soil happens to be not favorable, they will be destroyed by the vital force of the individual.

C. M. Boger:—One point that Dr. Smith did not mention was that man has been for ages the host of innumerable bacteria. These bacteria which are perfectly harmless to us, may be very toxic to some other animal than man and vice versa. The human race as such has found itself susceptible to certain bacteria. In endeavoring to protect ourselves I do not know that we can do any better than imitate certain processes of nature; all that is taught about gross pathology has a tendency to make students look at disease in an artificial way. When you see a patient you should do as nature does and find out his weak spots—find out to what he is susceptible. You should find out what makes him feel better and what makes him feel worse; to lie on the right side or on the left side; with the head high or with the head low; until you can grasp disease and the peculiarities of the patient in that way you cannot do effective work with homœopathic remedies.

Dr. Ott:—I remember some years ago that I met an old doctor who said that that German theory of Homœopathy is nothing, and you will live to see the day when it will be discarded. I took that with due allowance; to-day I find that the homœopathic theory is having a larger place in medical science than ever before. The homœopathic principle is being worked out in old school science, and we must reckon with it, and will be wise if we make the best of it. We should not be ignorant of this; we should show that we are already on the field and that they are the trespassers. If we do not do that, we will be ignored and perhaps counted



as trespassers ourselves on their territory. As to vital resistance, I am not so sure about that. I wash my hands three or four times a day and do it as thoroughly as possible and from my hands I can now gather enough staphylococci to inoculate everyone in this room. Everyone of us inhale enough tubercle bacilli to kill us if they were to take root. But we are protected; nature has supplied us with a repelling army in the form of the ciliated mucous membranes of the body. We inhale them, and that is all; the invasion stops there in the majority of cases. We drink water and may be deluged with typhoid bacilli but in the majority of instances we reject them and do not get the disease.

So long as the gastric juice is up to normal condition and composition it is able to repel and destroy many noxious invaders. If they get past the stomach into the intestine they will often find a secure place and typhoid will result. I think that there is going to be a considerable development in the curing of disease with its own products.

A boy with an infected scalp wound did not seem to be able to throw off the poison; no treatment seemed of any avail and the boy was doomed. At this juncture pus was taken out of the boy's wound, and at Rosedale a culture of it was made. The culture was dried and fed to the boy and he got well. We are all getting to be homœopaths. I do not care what it is called so that we are enabled to cure our patients.

T. H. Hudson:—I would not lay an embargo against the study of bacteria. It may not be of much importance from the viewpoint of a prescriber, but still it is part of the knowledge of the physician, and we should keep abreast with the times. A short time ago I asked an old school physician, who makes some pretensions to a scientific education, if he could see the cause of disease. He said: "No, no one can see the cause of disease. The cause of disease is impalpable, invisible; no faculty of man can sense it." I said: "Doctor, what in your judgment is the cause of consumption?" He replied: "The tubercle bacillus." I said: "Well,

you can see them, can't you?" His jaw dropped, and he said: "Doctor, I will have to see you later on that." He has not put in an answer yet.

I have seen a case of tetanus from stretching the contracted tendon of the little finger. The tendon was cut, the finger stretched out and bound straight on a splint. In a short time tetanic convulsions set in and they continued until that finger was released. There was no rusty nail about that case; I do not believe that the tetanus germs could have been found in that finger. We cannot see causes and we can see germs and I regard them as the accompaniment of disease rather than the cause thereof. They come as scavengers and it is in agreement with that that each disease should have its own peculiar kind of scavengers. A person seeing for the first time a dead horse covered with flies and maggots might easily think that the flies and maggots killed the horse, mistaking the result for the cause.

G. P. Waring:—Different people approach this subject from different standpoints. The Hahnemannian believes that the cause of disease is upon the immaterial plane, and hence it is invisible; the materialist thinks he sees it in pathology and bacteria. The real cause of disease is internal and upon the plane of the vital force. In the material plane we do get exciting causes but they are only exciting. There is really no clash between the two sides because the viewpoint is different.

J. Stewart Smith:—We see a wheat field, with the grain ready for the harvest: What made it grow? One man will say because I planted wheat. Suppose that wheat had been cooked, would you have gotten any harvest? It was not the seed; it was the vital force—the dynamic power—contained within the seed. It manifests itself in the processes of nature.

The meaning that I put on the word "cause" I made plain in my paper; it is written in quotation marks.

I do not regard bacteria as causes, but as the vehicle of



the disease-making force. The object of my paper was to call attention to the fact that bacteria were really of vegetable origin—plants in fact and as such had their place in medicine just as much as any other vegetable remedy in the materia medica. I hoped to stimulate research.

If tetanus may be produced, as Dr. Hudson said, without the introduction of tetanus germs, then I should say that that was a case where the tetanus germs would have been a remedy for that case. They would have been homœopathic to the patient's condition. I suppose that many diseases are attributed to the presence of bacteria when no bacteria are present.

In such cases, homœopathic preparations of the bacteria usually found in such cases would be the indicated remedy for those cases. That bacteria do not always cause disease is certain and that alone shows that they are not the final cause. Another point that I made in my paper that was not discussed was that we can never have a preparation of a nosode that is thoroughly reliable because the nosode is contaminated with the other diseased products of the patient's body. Also having a preparation that seems valuable, we can never duplicate it. I really think that that is the most important suggestion in my paper. We can never be sure of the identity of two preparations. Pure cultures can be made and that should be done.

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## LET US GO WHERE WE ARE NEEDED.

BY Z. T. MILLER, M. D.

It seems funny than any one should feel the necessity for preaching the gospel of truth. Hæckel says there is no such thing as truth; maybe there is not, I don't know. But I would like to know what you call what follows, if while in Adam's pre-evil costume you happen to touch the bath-room heater with the rear aspect of your middle hinge. The door is closed, to be sure, so that your communications are strictly with yourself and no other morals are corrupted, but you

can't help thinking that even a scientist may lie, and M. B. E. be little off as to facts, even though she be arrived at the age of maturity.

But whether there be facts or no, we cannot get away from appearances, and appearances tell us that arsenic produces certain invariable conditions; I need not tell you what they are—you know. The vomiting, diarrhœa, cramp, thirst, prostration, restlessness, cold sweat and collapse may be what M. B. E. tells us they are, but I submit that she could not fondle them very long without having her philosophy jolted.

These certain, definite, specific effects or appearances follow all drugs when they find their way into the scientific nothingness of the human body, be it Christian or otherwise. The cold sweat, puke and pallor of Tabacum are ineffaceable, unforgettable memory, and anyone who asserts that they are of the imagination only, has not been next the fat stem stogy that makes Pittsburg famous. Such appearances impress you, so does Croton tig. it scarcely gets in one end until the other begins to take notice. And Petroselinum? Well if any specially selected science lady will swallow the three I don't want to referee the game, that's all. The nothingness of the something would make it dangerous.

We are, at least, justified in calling the effects of drugs "near facts," if nothing more. We don't pretend to tell why Croton chases through the way it does, why Petros. makes us dance to a urinary desire, much less why Tab. starts a factory in every gland that makes you sweat ice water while you vomit. These are things that are and the why is as easy of comprehension as the stupendous immensity of space.

The reasonable mind accepts the apparent effects of unknown causes, after frequent repetitions of incident. We now ask ourselves, have we confirmed the "near fact" of curative likes. If we are as sure of that as we are of the fear of Arsenic, the suddenness of Croton, the haste of Petros., then there can be no question regarding Hahnemann's

contention. The existence of this body is an affirmation of the contention. It is a matter of no moment whether the symptom or similar can be explained so long as we have the "near fact" of cure in evidence, and had there been but one cure effected, it were enough to establish the relation between natural and artificial disease that Hahnemann sought to establish.

Infinitesimal activity is one of those wondrous phenomena known to exist in nature, not because we can appreciate it through the avenues of our present capabilities, viz, sight, smell, taste or hearing, but that come to us by processes of inductive reasoning, a process that has established much as natural that before was thought to be supernatural. Infinitesimal activity places the potency on a basis of strict physical possibility, so that every component of the homœopathic structure is harmonious to the end sought.

But, philosophy and argument never moved a grain of sand. All the water, all the fire and all the locomotive mechanism would never brew steam if you did not bring them together in just the right way. And there is where the so-called homœopathic profession is falling down. I think I smell the aroma of chestnuts, roasted by the caloric of your impatience at an oft-told tale, but listen. I'm going to grant that you know just how to do it, and am going to trust to your decency and believe that you do do it; but, then, you are not the "so-called homœopaths," and, as said, it is the "so-called homœopaths" that are not only falling down, but showing an utter lack of appreciation of an inheritance.

If a man lives by filling his conk with the stuff that other men print in books, he surely owes it to the other fellow to be or do something more than a polly that devours the cracker without thanks. The polly cracker business is the lowest, meanest ingratitude. To remember the indications for Aconite, Bell. and Rhus. tox. then bunch them, is to feed a hash that breeds fatal ptomaine poisoning in the bowels of accurate therapeutics. No wonder the solemn-

visaged gentleman stands just around the corner. Men who prescribe medicines owe everything to the men who prove them. The men who prove have a right to demand verification of the men who prescribe. The two, when acting in conscientious consonance, are the makers of noiseless, smokeless ammunition.

The noiseless, smokeless ammunition is what is needed. While the bacteriologist, pathologist, diagnostician are part of the fight, they are helpless entities on the firing line, they are skirmishers that fall to the rear when the battle is on. Now it is that the man with the "finder" steps in. He has the diseased man, not two or three men, but one man. He has the proven drug not two or three drugs proved at the same time, but one drug, noiseless, smokeless. He brings them together and the result is a square deal between man and drug. When the scrap is over everybody is the wiser, something has been added to the sum of positive knowledge, something that the prover is entitled to, that the prescriber should be proud to give him. The scrubbiest lemon that ever was handed a prover is the combination tablet; to the patient it is worse—he has to swallow it. The citrous is none the less sour when the prover sees the sacrifice of therapeutic accuracy in the alternating method.

I will not be accused of fulsome flattery if I say that this body stands for the good in Homœopathy. You know what I mean. I hope I will not be accused of apostacy if I express a desire to see your steadfast enthusiasm exhibited, not alone to conclaves, where conviction has been already carried, but to that "so-called" aggregation where the leaven is needed.

When the Internationals and Institute met at Niagara Falls, when P. P. Wells was yet alive, I asked the doctor if he was not going to remain for the Institute meeting. "No sir, no sir; I can't ride two horses." "But, doctor," I replied, "you will ride your own horse, but in the other fellow's ring. You must show them that you ride a better horse than they do; that you are a better rider than they are. You must

teach those who do not know." He went home in spite of my argument.

The papers of this body, brim with convincing evidence, are printed in the Transactions and distributed to the faithful. Would it not be better to have them go where they would reach the weak-kneed.

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### A MISTAKE OF THE PAST.

BY J. B. S. KING, M. D.

There are two ways of getting ideas, one way is from objects; the other from the description of objects. This distinction is at least as old as Comenius, the great Middle Age reformer in things educational. Old as it is, and important as it is, it has been lost sight of entirely and re-discovered several times during the last three hundred years.

It involves the plain distinction that exists between a thing and the verbal description of a thing—a distinction that is very often confused in the minds of students and even in the minds of teachers. The same idea is involved in the difference between a science and an art. The very best verbal description of a thing may and usually does, convey a very different idea from that which is derived from an inspection of the thing itself. For instance, what can be more minute and painstaking in verbal detail than the description of the tabernacle, the ark, the curtains, the fifty loops and fifty taches of brass and all the furnishing of the altar in the Hebrew scripture? Yet no two artists of the dozens who have tried to paint them from that description have agreed in their ideas concerning them. Yet each painting answers fully to the verbal description.

When the Arch of Titus was discovered and the actual appearance of the arch, with its seven candlesticks, was revealed, sculptured by men who had seen it—behold, it was unlike any painting that had been made of it, and it too fulfilled the verbal description.

The same thing may be illustrated in the study of Anatomy; in order to *know* an anatomical part, such as a muscle



or a bone, one should derive his ideas of it from the bone or muscle itself; he should *see* the muscle, *observe* its form and osseous attachments, *perceive* its action and *note* its relation to other parts.

He then *knows* that anatomical part; the ideas that he entertains concerning it, are true ones, derived from actual inspection and observation. This is a far different thing from the knowledge that is obtained from memorizing the verbal description of the part and it makes little difference how accurate and concise that description may be.

In the first case, he *knows* it; in the second case, he knows about it. By a similar error thousands of people in the last fifty years have thought they were studying a language, when as a matter of fact they were only studying the grammar or science of the language. It is interesting, in connection with the subject of Homœopathy, to see how much of this very thing there has been about it. The science of Homœopathy has been much studied, but the art has been neglected, or rather it has been taken for granted that if the science were well taught, the art of using or putting it into practice would follow easily, if not inevitably.

My personal experience and my observation of others proves that such is not the case. I had one hundred and thirty-one class mates when I graduated; we were taught the principles of Homœopathy very slightly and indifferently, but much time and attention was given to the memorizing of the symptoms of the *materia medica*. With the aid of the so-called *materia medica* cards we endeavored to perform prodigious feats in memorizing the arbitrary and artificially arranged symptoms of drugs. Almost every student in the class carried a pocketful of these cards wherever he went, and all his spare time, on street-cars, while waiting for trains, in the intervals between lectures, in fact whenever he was not doing something else, was spent at this impossible task.

The practical, indispensable art of finding the remedy in a given complicated case—the crux of the whole matter—was left entirely untouched.

One hundred and thirty-one doctors were thus and then turned loose upon the public; we had studied Hamlet for two years with Hamlet left out. We had not been taught Homœopathy which is the art of curing sick people, we had been instructed as to the instruments and what was to be done with them but not how to use them. We had only been told a great deal *about* it. We were like men who, having been given various kinds of cutting, boring and planing tools and a cord of wood, were pronounced to be carpenters or like men who having been instructed in the various shapes and names of chessmen, the nature and character of chess boards and the moves proper to each, were pronounced chess players and told to go forth and beat the experts.

The result in my own case and in all my classmates' that I have been able to follow was that we practiced a ram-shackle, knock-kneed, erratic, accidental, hap-hazard, strabismic, astigmatic, myopic, ineffectual, despairing, lame, impotent, pigeon-toed, confused and unscientific Homœopathy. Its inherent tendency was to deteriorate. It carried in its bosom the seeds of its own degradation and death.

There were thousands like us; men with homœopathic diplomas, on their wall, homœopathic books in their libraries, and homœopathic medicines in their cases, men who called themselves homœopathic physicians, and were in the habit of boasting about the efficacy of Homœopathy; men who perhaps lectured in homœopathic colleges, and yet they only knew *about* Homœopathy; they did not know how to practice the art of it, which is to find the remedy for a given sick person. They were near homœopathy, above it, below it, before it, behind it, all around it, but never just at it.

There is abundant, even a superfluity, of evidence in our journals, in our societies, in our colleges and in our results to show that the majority of practitioners depend upon a meager assortment of leading symptoms of the polychrests, and perhaps one or two striking symptoms of another dozen remedies and thus accoutered with materia medica knowledge they go forth to practice. My class had an average of, per-



haps, eighty-five in *materia medica* and quite a number of them reached the one hundred mark of perfection and blushing received the congratulations of friends.

As a matter of cold, unfeeling fact, the best of these young men should have received a mark of five or six, in a possible one hundred, his friends and especially his teachers should have done the blushing and he should have been shedding tears; the whole thing had been a miserable failure, and yet everybody was in a state of almost pious jubilation.

The inevitable result was that these homœopathic incompetents grow weaker in *materia medica* instead of stronger; in a few years their meager stock of remedies was still further diminished by disuse and their employment of proprietary preparations vastly increased. The traveling patient medicine men (for they are nothing else) who visit us in our offices, always say that the homœopathic profession is very kind to them and one of their best patrons.

Compound tablets, suppressive external applications, and the use of laxatives are according to some considerable observation, depended upon by as much as 75 per cent. of the graduates of homœopathic colleges. Books gotten up by homœopathic graduates contain evidence, literally on every page, that their authors had never grasped the actual working method of applying the fundamental principles of Homœopathy.

A paper printed in the Proceedings of this Association for the year 1902 illustrates my point very fully. The full hospital records of three cases of intermittent fever, treated in the homœopathic wards of the Cook County Hospital are given. The physicians who had these cases in charge were graduates of and some of them professors in homœopathic colleges; they presumed to teach others, and yet were totally unable to cure these easily curable cases because the thing that I speak of—the one, important, necessary, indispensable thing—how to find the remedy in a given case, had not been taught to them.

The feeble attempts to find the remedy, as shown in

these records, were deplorable, the treatment floundering, blundering, partly inane, partly nonsensical, and wholly ineffectual. All three patients received crude quinine; the first was confined to bed for more than three months. Glancing over the long tabulated record, you will see that he received at first Arsenicum 3X and Apis 3X alternately every two hours. Then Eupatorium 3X, next Natrum mur. 30X four times a day, Veratrum alb., Sepia, Morphine  $\frac{1}{4}$  grain, Quinine 10 grains, Veratrum again, then more Quinine, Capsicum and Quinine, Spts Chloroform, Nux vom, Pulsatilla, Jaborandi, Sambucus, Physostigma, Merc sol and Belladonna. The other two case records were similar in inanity, and result differing only in detail, as one kaleidoscopic figure differs from another.

At the end of the third month a homœopathic physician—I mean a real one—a member of this Association, took charge of these cases and in a few days cured the first case with Sabadilla 30, the second case in one day with Pulsatilla, the third case with Rhus tox. In two cases there was no chill after the first dose of the proper remedy. In the other case the chills immediately grew lighter and ceased on the fourth day. Nineteen drugs had been given to the first case with absolutely no curative result; he was growing worse.

What made the ward physicians helpless before these cases? They had studied materia medica cards, they undoubtedly knew the leading symptoms of the polychrests, they knew two to six symptoms of twenty other minor remedies. If this knowledge had been been doubled, trebled or quintupled, it would not have made it any easier for them to have cured these cases, so easily cured by a man who knew how. They knew, no doubt, a great deal *about* Homœopathy but they did not *know* it. They had never been taught how to find a remedy for a given case. This knowledge is technical, no layman should know it; no layman should attempt it any more than he should attempt to run a complicated engine, without a long technical training under competent supervision.

Materia medica has been taught, the Organon has been taught, keynotes have been taught, many important things have been taught, but the main thing—the crux of the whole matter—how to use the tools that have been provided for us so as to select the indicated remedy for a given case, even if you do not know a single symptom of that remedy has never been taught nor given the commanding position in medical education that it should have.

Now the art of healing the sick by homœopathy is not tortuous like the convolutions of the brain, nor involved and mystical like the tenets of the Rosicrucians, nor obscure like the style of George Meredith, nor intricate like the hieroglyphs of Egypt. It can be mastered by the same time spent upon it as was spent upon the hopeless task of memorizing the materia medica; it involves the observation of the sick person, we all know that. It involves the classification of the symptoms according to the principles of Homœopathy, not so many of us know that; and it involves the cornering down of the remedy by means of the repertory, comparatively few of us know how to do that; and it involves the verification of the repertory finding by the materia medica. It is this last—the skillful use of the repertory—that has been neglected. It has not been taught, as a separate and special branch, so far as I know, in any medical college; and just this I conceive to have been the mistake of the past, although I am mortally afraid that it is also a mistake of the present, and will have to be rooted out by persistent effort.

#### DISCUSSION.

Joseph Luff:—I am impressed with the suggestion of the necessity of giving the students the art of prescribing instead of so much science about it. It is very much the same thing in religion. Christianity lived will do more good for itself and for its propagation than many long lectures about it. What I know about healing the sick I had to learn after I had got through the college, I had to learn it outside the colleges, because nobody taught it to me there. Of the use of repertories I heard nothing in college. When I left college

I really began my education. If there is any way by which this society can set such work in motion and put it on exhibition to the world, it would be the greatest thing in medicine, and the greatest thing for the art that could be done. I think that this organization could do a great work. I have in charge an institution ten miles from here which is both a hospital and a sanitarium. I have been very much alone; I have not had a man to whom I could turn to for advice and help. I could not get a satisfactory assistant from the recent graduates. I have converted an allopath and he is the only real assistant that I have. He was converted by the results of homœopathic prescribing that I was able to show him in my poor way.

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### TYPES AND TEMPERAMENTS.

By W. H. FREEMAN, Brooklyn, N. Y.

The natural state of an individual as regards the complexion, color of hair and eyes, physique and temperament is usually of very doubtful value as an aid in the selection of the curative remedy, notwithstanding the exaggerated importance seemingly attached to same by many writers on *materia medica*.

It is the deflection from the natural state *only*, as represented by symptoms, which can safely be depended upon as an indication for accurate prescribing.

Unless such natural state is essentially abnormal, it usually deserves but scanty consideration; and, even when it is abnormal, it frequently can serve no more practical purpose than as a background for the portrayal of more recent groups of symptoms.

The blue-eyed, gentle, submissive and extremely sensitive blonde, whose tears flow easily when hurt, is often a normal and healthy example of her type. That she frequently needs *Pulsatilla* is, of course, an undeniable fact; but *Pulsatilla* will not change her temperament or complexion; and, unless it covers her symptoms at the time of prescribing, it will not only be useless, but often harmful.

And, also, were we to prescribe Pulsatilla only for individuals of this so-called Pulsatilla type, we would fail to relieve a large majority of the cases who constantly need this drug, though not of this particular type, and who outnumber the first in the proportion of five to one.

The typical Nux vomica type of individual does not necessarily present Nux symptoms when ill. In fact, it has been the experience of all careful prescribers that Pulsatilla symptoms occur and are relieved by Pulsatilla as frequently in the Nux type of patient as they do in any other—also that Nux is almost as frequently indicated in Pulsatilla types as it is in Nux types.

It is the mental and physical state of the patient at the time of prescribing which should guide us in making the prescription, and not the preceding condition, although the latter, if abnormal, may call for the prescription of another drug after the more recent group or layer of symptoms has been removed.

If the patient develops a condition in which he is abnormally fat and flabby or anæmic and phlegmatic, we see a state similar to one producible by Calcarea carb., and which the latter will relieve, provided the other symptoms are also covered by this drug. Other drugs produce a similar state also, however, and Calcarea will never cure where the most recent and peculiar symptoms are better covered by some other remedy.

The fat, flabby, anæmic state, just described, forms but a very small part of the Calcarea pathogenesis, and does not need to be present in order that this drug should be indicated. The symptoms that are present in the case (*and not those which are absent*) are invariably the only symptoms to be considered.

Calcarea will cure just as effectively in scrawny irritable, non-sweating brunettes as it will in fat and phlegmatic blondes, provided the peculiar symptoms of the patient are best covered by this drug, which not infrequently happens to be the case. Failure to recognize this important fact on



the part of many homœopathic physicians results in the neglect of this remedy in a large percentage of cases that can never be relieved without its use.

Secale and Argentum nit. will cure fat people just as effectively as those who are thin and scrawny; Bromine will cure brunettes and Iodine will cure blondes; and each and every remedy in the materia medica will likewise cure those cases in which the peculiar symptoms of drug and patient correspond, whether the type or temperament is that which was demonstrated to be the most susceptible during the drug provings or not.

While the type and temperamental affinities of drugs and men are occasionally helpful in differentiating remedies, when there happens to be a dearth of peculiar and characteristic symptoms, or may lead us to think of a certain drug or group of drugs in those rare instances when symptoms of distinctive character are positively unobtainable, their value is invariably subordinate or negative in every other respect.

#### DISCUSSION.

C. M. Boger:—In going over the symptoms of a case, it is very important to get the actual symptoms—the true symptoms that actually exist—not what you think he ought to have nor what you think belongs to the disease. Mental states are very important. We must be intelligent and see as far into the case as possible; when statements are made we should be ready to allow for exaggeration and be ready to interpret a symptom that fails owing to imperfect powers of expression.

I have found that the best procedure is first to hunt up the locality, then the modality, and then the concomitants. By the time that you have done that you will have few remedies left, and can easily pick out the one needed. It should be the constant endeavor to strip the case of all superfluities, regardless of temperament and everything else. Get what the actual state of the case is, not your own opinion, not the patient's opinion but the facts of the case. This is fundamental.

T. C. Crosby:—If you have the symptoms of a case, and give the remedy and it fails, what are you going to do? Go over the case again and find the same remedy indicated. I have noticed that in certain cases—in one case Pulsatilla seemed to be indicated on the symptoms, but did not help, while Arsenicum did.

C. M. Boger:—They are complementary; they mutually supplement each other.

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### THE MOST EFFICIENT DOSES.

BY J. C. HOLLOWAY, M. D.

Doubtless every physician in the medical world is, at heart, desirous of the best curative results; of adopting that course which promises the most for his patients, and of incorporating into his practice every detail which embodies science, art and skill.

The diversity in practice, then, is only the natural outcropping of different convictions; and to make a Hahnemannian in such fashion that he will always look like himself, it is necessary to reach his convictions. If this were accomplished even in the homœopathic ranks, then the exact mode of preparation of drugs, the most efficient doses and the proper period for repeating the dose, would be questions of common understanding, and we would all walk in the footsteps of Hahnemann.

In the preface to the first edition of *Chronic Diseases* we find the following: "From unbelief in the efficacy of the small and attenuated doses of medicine which I made known to the medical world after a thousand warning trials, as being the most efficient (distrusting my faithful assertions and reasons), men prefer to endanger their patients for years longer with large and larger doses. Owing to this they generally do not live to see the curative effects, even as was the case with myself before I attained this diminution of dose. The cause of this was that it was overlooked that these doses by their attenuation were all the more suitable for



their homœopathic use, owing to the development of their dynamic power of operation."

That unbelief is as rank and as general now as when the foregoing was written, though the number of drugs now entering into a compound and the size of material doses have been greatly modified; but what Hahemann called "small and attenuated doses" were not regarded as *doses at all*, neither by his opponents nor some of his professed followers. And that is just as true today as then.

One so called homœopath remarked to me that since "regulars have so modified their doses, there is no practical difference now between the two schools." Such a remark betrays a mental blindness hardly excusable in any one who ever read a homœopathic book. It is our business as Hahemannians to impress upon the public mind the fact that however small so-called regulars may administer the dose, that dose is still the *crude, material substance*.

The impassable gulf between the materialistic mind of allopathy and the conception of the immaterial, spirit-like powers of medicinal substances, has always been and is to-day *immaterial, dynamic medicines*; and what has hurt Homœopathy more than any other fact, has been the induction of *materialists* into the homœopathic kingdom *without conversion*.

As well talk about that which is material being spirit-like; about the possibilities of an elephant flying, as to talk about a physician of a *materialistic stamp* practicing homœopathy. A man whose mental constitution compels him to *perceive* with his fingers, can never be a homœopathic practitioner. He must have the intuitive genius to recognize in all crude medicinal substances a remedial power which color, nor taste, nor chemistry, nor laboratory, nor microscope can ever reveal; a *hidden* power down deep and beyond the material recesses of every drug; a power which, before the advent of Homœopathy, was unknown to the medical world; a power unfolded and developed by a process peculiar to

Homœopathy, and *revealed* by a practical test in the healthy human organism.

Hahnemann's first motive in potentizing drugs was to diminish the dose. The fact that this process developed the curative power, *was discovered afterward*. Experience taught him that he dared not employ large doses of crude substances when prescribing by the law of similars. So he invented the process of potentization and by it "attained this diminution of dose;" but he says "it was *overlooked* that these doses by their attenuation were all the more suitable for their homœopathic use, owing to the development of their *dynamic power* of operation."

That is the doctrine. First, diminution of dose; and second, *development of dynamic power*. First eliminate the material elements of a drug that those parts of the patient's system not affected by disease, may not be affected by the drug; and second, develop the dynamic power of the medicine that it may be made to correspond to the patient's susceptibility and penetrate to the very innermost, thus extinguishing disease and saving life when the same could not be accomplished by any other means.

If any call in question this philosophy, surely it should not be one who professes to practice Homœopathy; to have graduated in a homœopathic college; to have imbibed homœopathic doctrine, and to be a follower of Hahnemann. The double fact here taught by the founder, that potentization diminishes the *material* and develops the *immaterial*, explains the very heart and essence of the homœopathic mode of preparing drugs. But this is where the prevalent *unbelief* manifests itself—*immaterial medicines*; "dynamic physician," as Hahnemann styled the practitioner who employs immaterial medicines and depends upon them as agents of cure.

This infidelity betrays itself in the effort which so many professed homœopaths make to hide from the public this *spirit-like, immaterial, dynamic power* which is the very heart of Homœopathy. Some even go so far as to employ discs of

color, some red, some yellow, some green and *nasty looking*, and these they medicate generally with a low attenuation, and all to impress their ignorant patients with the idea they are getting *material*, crude medicines; and thus they bolster up and foster the old school ideas with which their patients have been indoctrinated instead of educating them in homœopathic principles and giving them the true, clean cut Hahnemannian practice which will accrue to their own interest as well as to those whom they serve.

The founder of Homœopathy here affirms that the small and attenuated doses are the "*most efficient*;" and to designate a practitioner who *does not believe that*, as a homœopathic physician, is a misnomer; and physicians like Dr. Doe and Dr. Roe and many others who are ostensibly homœopaths, yet who have nothing on their cards, nothing on their windows, nothing on their doors, and practically nothing *in their practice* to indicate homœopathy, are not the type of men who held up the hands of Hahnemann and helped to inaugurate the new system amid derision, persecution and personal sacrifice. Nor is this the type that will perpetuate pure homœopathy and hand down to succeeding generations the unaltered doctrine of the immortal Hahnemann.

On the contrary there is a call for men who are proud of the distinction, "Homœopathic physicians;" proud to be numbered with the true adherents of the greatest human physician the world has ever known, and proud to be identified as practitioners of the only system of medicine which has a therapeutic law, the science of cure and the healing art.

Every drug has its own distinct individuality; and that which individualizes it is its *spirit*, its *dynamis*, its hidden *inner nature* when brought in contact with the dynamis of the healthy human body. If in superficial diseases, nature is able to appropriate enough of the dynamic power to cure when the whole drug is administered, it is the *spirit* of the drug which proves effective, even then. The reason is, the curative principle does not reside in the material elements, but in the *drug-spirit*. This tested in the healthy human

body reveals the curative principle of that drug and enables us to prescribe it with scientific accuracy and to cure with a satisfying certainty—*secundum artem*.

The law of similars is magnified in certain quarters, as if that were all sufficient; but the law of similars can not cure deep-seated, miasmatic diseases when crude substances are employed. Even in some acute diseases, such as syphilis and sycotic gonorrhœa, no man can cure by the internal administration of crude medicines. The dose must be diminished by dilution and potentization, as the master ascertained and taught, and the dynamis being thus secured free from its material encumbrance, it must even then be raised to a higher power of development, higher and higher, until it corresponds to the plane of the patient's susceptibility.

No one achievement perhaps contributed so largely to the immortalizing of Hahnemann's name, and to the common benefit of the whole human race, as his process of *diminishing the dose and of then developing its dynamic power*. This places before mankind all medicinal substances in a form at once the most efficient and wholly harmless; for however poisonous a given drug in its crude form, or however inert, dynamization renders it penetratingly efficacious on the one hand, and incapable of drugging or killing on the other. And when we reflect that *drug diseases* are the most prevalent and the most difficult to cure, it is hard to estimate the ultimate good that will inure to mankind because of this homœopathic process.

If there is one phrase more common than another in the writings of Hahnemann, it is the expression, "The spirit-like medicinal powers." I would like to impress upon the minds of all who think they can administer tinctures and low attenuations without doing violence to homœopathic principles or running counter to Hahnemann's homœopathic example, the fact that only the *immaterial* can have a spirit-like action. The idea can not be predicated of crude substances, nor utilized by those who administer crude medicines.

Some, not knowing any better, have sneered at Hahne-

mann's practice of administering these spirit-like medicinal powers by olfaction; but permit me to submit that whether by olfaction or by one or two material pellets, moistened with a high dynamization of the indicated remedy, *the power is in the aura*; and the medicinal power that is stronger than disease is the *immaterial* power, the *dynamic* power, the *aura* of the drug. This understood, there will be no further tendency toward crude, material doses. And if Hahnemannians would teach this great truth to their patrons and the general public, they would not only advance the true interests of pure Homœopathy, but build around themselves a bulwark impregnable to the fads and heresies of the day.

In her process of preparing drugs and in her therapeutic law Homœopathy stands exclusive and alone. Let the public understand these issues, then they will not only be able to appreciate the philosophy, but competent to recognize the genuine and detect the *counterfeit*. Is it argued that laymen are not capable of understanding such intricate subjects and that they could never be educated to *immaterial* doses? I answer, they would have to make a pretty bad showing, indeed, if, under patient education their *materialistic tendencies* should develop in a greater ratio than those of doctors!

Hahnemann lived hundreds of years in advance of his day, and his system of medicine still lives hundreds of years in advance of the times; but I am sanguine in the belief that the day is coming when the world's physicians and hence, the masses, will recognize the spirit-like powers which lay hidden in the inner nature of crude medicinal substance; when they will acknowledge Samuel Hahnemann to have been the greatest public benefactor and the most eminent medical genius of the ages; when they will crown his memory with wreaths of appreciation and gratitude, and when they will embrace Homœopathy as the only system of cure possessing the inherent qualities worthy of universal acceptance and adapted to universal application. God speed that day! and may all professed adherents acquaint themselves with the fundamental principles; the very gist and essence



of his system, and be filled with his energy, enthusiasm and convictions.

The millions of English speaking people who have turned away from traditional medicine and identified themselves with some no-medicine fad, indicate by their open course that they are tired of *material* medicine, and for the want of light and knowledge concerning the *immaterial* powers of crude substances, they go to the opposite extreme and denounce medicine in general.

The safeguard of Homœopathy now, as in the beginning, is *education*, not deception: opening the eyes of the public to the chasm between Homœopathy and Allopathy which is as wide as the North is from the South, and not permitting the masses to conclude that there is not much difference after all, We concede that what they are often taught to *call* Homœopathy, does not differ from the old school in any vital particular worth mentioning; but the *real* difference between Homœopathy as taught and practiced by its founder, and all other systems of medicine, is the difference between the *material* and the *immaterial*.

1. He taught that disease cause is *immaterial*, outside of the domain of surgery.

2. That disease itself is a derangement of the *immaterial* vital force.

3. That such morbid derangement, called disease, can not be removed by the physician in any other way than by the *spirit-like, dynamic, immaterial* powers of the serviceable medicines.

And his conception of the immaterial powers hidden in the inner nature of crude substances, is clearly expressed in a footnote of his Organon; page 194, as follows: "The medicinal power becomes much more potentized, and *the spirit of this medicine*, so to speak, becomes much more unfolded, developed, and rendered much more penetrating in its action on the nerves."

"The spirit of this medicine," or its equivalent, is an expression never used by the tongue or pen in the materialistic

camp; but is peculiar to dynamic physicians, to pure Homœopathy and to pure homœopathic literature.

We conclude, then, that the most salutary and efficient doses of medicine are:

1. *Immaterial doses.*

2. *Immaterial doses* raised to a high power of development.

3. *Immaterial doses*, the minimum in size, that the vital force may not be shocked by the exaggerated action of the aura, whether conveyed to the system by one or two moistened pellets, or by olfaction.

4. *Immaterial doses*, repeated at proper intervals, "according to the nature of the different medicines, the corporeal constitution of the patient and the magnitude of his disease;" but in no case until the previous dose has exhausted its action.

5. *Immaterial doses*, chosen for the patient and homœopathic to his *individual image of disease*, whether acute or chronic.

The idea that high dynamizations may cure some chronic diseases, but that they are wholly inadequate for acute and malignant disorders, emanated from materialists. Hahnemann never taught it.

In the last issue of THE MEDICAL ADVANCE Dr. G. W. Harman, of Newark, N. J., said: "They" (intelligent homœopaths) "know that Homœopathy is not a matter of dose, but a matter of law in the selection of the remedy. They know that the only small thing in connection with Homœopathy is the death rate."

That was an unfortunate statement to have been printed in his home paper, the Newark Evening News. Unfortunate because *untrue* and *misleading*. The people of Newark may have taken it as "all wool and a yard wide," but when the doctor sent it out to THE ADVANCE he had a different audience.

The smallest thing in connection with Homœopathy is the dose; and when I quote the founder's words respecting



this subject, I think all will agree that Homœopathy is a matter of dose as well as of law in selecting the remedy. This idea that Homœopathy is not a matter of dose has been worn threadbare by materialists, to the great detriment of pure Homœopathy, and is always misleading to those who do not know. The doctor who strives to impress the general public with the idea that Homœopathy does not necessarily imply small doses, will never succeed in building up a homœopathic practice that will compare favorably with that of Hahnemann or Boenninghausen or Dunham or Hering. The truth is *no man can successfully practice Homœopathy without employing the small dose.*

In paragraph 275 we find the following: "The suitability of a medicine for any given case of disease does not depend on its accurate homœopathic selection alone, but likewise on the proper size, or rather smallness, of the dose. If we give *too strong a dose* of a medicine which may have been even quite homœopathically chosen for the morbid state before us, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the unnecessary, too strong impression which, by virtue of its homœopathic similarity of action, it makes upon the vital force which it attacks, and, through the vital force, upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease." Again, he says: "For this reason a medicine, even though it may be homœopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity and the higher the potency." This doctrine is corroborated by Boenninghausen in the following words: "In the last few years the homœopaths have made experiments in this field which speaks decidedly for the *highest potency in the smallest dose.* Therefore the better homœopaths of today make use only of the smallest part of a drop of the highest (decillionth) potency (one, at the most two, of the tiniest pellets moistened

therewith), and not one has had occasion to return to the use of the larger dose."

Knowing that some have been misled by the assertion that Hahnemann employed low potencies, permit me to quote what he has to say respecting that matter: "The praise bestowed of late by some few homœopathists on the larger dose is owing to this: Either that they chose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago from not knowing any better, or that the medicines selected were not perfectly homœopathic."—(Foot note, *Organon*, page 188).

So when it is argued that Hahnemann chose low potencies, the corollary should always accompany the statement, namely, that it was "from not knowing any better!" If this is the plea in justification of low potencies today, then we should be very lenient, indeed, and I feel sure such is the actual reason, whether so frankly acknowledged or not.

In the announcement of a Chicago medical college for 1910-11, one, too, which probably teaches more Homœopathy than any other in all this country, we find the following motto: "The Homœopathy of Samuel Hahnemann our guiding law of therapeutics. Neither a 'high potency' or a 'low potency' college, but a homœopathic college. There is no law of potency, but there is a law of cure." That is just what mongrels have maintained for these many years; namely, that "there is no law of potency;" and hence, that one can administer the medicine in any form he chooses and still be a homœopath. Now, is that a fact? No. It is one of those bald-headed assertions without any foundation whatever in the *Organon* or *Chronic Diseases*. I have just cited Hahnemann's pointed statement that when he chose low dynamizations it was at a time in his career when he *did not know any better*. That is his open confession in the last edition of his *Organon*. He did not hide behind the assertion that "there is no law of potency;" that he was neither a high nor a low potency man, but just a practitioner of homœopathy; but admitting that he used to choose low dynamiza-

tions, he gave as the reason for having done so that at that time he *did not know any better*.

The doctrine here, by the strongest implication, is that the physician who does know better, who is up to the minute in the homœopathic philosophy, *does not use low dynamizations*. I submit that *there is a law of potency*. It may be found in paragraph 269, which reads as follows: "The homœopathic system of medicine develops for its use"—note that expression, "*for its use*," "to a hitherto unheard of degree, the *spirit-like* medicinal powers of the crude substances." Now I submit that the *spirit-like* medicinal powers which he says the homœopathic system of medicine develops "*for its use*," are necessarily *immaterial* powers. No *material* medicine can possibly have a "spirit-like" action, but a physiological.

These medicinal powers developed by the homœopathic system of medicine by a process peculiar to it and "*for its use*," are "spirit-like" because they are *immaterial*, and low dynamizations are *never* immaterial. Therefore, I affirm—and challenge contradiction from Hahnemann's pen—that no man can be a homœopathic physician and administer *material* medicines, and that no college can be a homœopathic college, inculcate the homœopathy of Samuel Hahnemann, and teach the doctrine that "there is no law of potency." *There is a law of potency*, and that law requires that the material elements of the crude substances shall be *wholly eliminated* in order that the medicinal powers thus developed may be "*spirit-like*." The law of potency is again defined in paragraphs 277-280, as follows: "A medicine whose selection has been accurately homœopathic must be all the more salutary the more its dose is reduced to the degree of minuteness appropriate for gentle remedial effect. Here the question arises, what is the most suitable degree of minuteness for sure and gentle remedial effect; how small, in other words, must be the dose of each individual medicine, homœopathically selected for a case of disease, to effect the best cure?" And he answers this question in the following words: "This

incontrovertible axiom of experience is the STANDARD OF MEASUREMENT BY WHICH THE 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, let the dynamization of the dose go ever so far, and appear ever so incredible to the materialistic ideas of ordinary physicians, their idle declamations must cease before the verdict of unerring experience." Notice, please: "*They shall excite a scarcely observable homœopathic aggravation.*" This, the master says, is the "STANDARD OF MEASUREMENT—the *law*," wrought out by experience. And he says this is the "STANDARD" by which the doses of *all* homœopathic medicines, *without exception*, are to be reduced.

Now, I submit, when the doses are thus reduced according to this fixed STANDARD or law handed down by the founder, they will invariably be "*spirit-like*." There is, then, a *law of potency*; and that law is expressed in terms as clear and decisive as the law of similars. The similarity of the pathogenesis of a given drug to a case of disease is a matter to be decided by the prescriber; and the diminution of the doses so that they will excite a scarcely observable homœopathic aggravation must also be decided by the prescriber. But that the remedy chosen must itself be able to produce an affection similar to the individual sickness to be cured is LAW; and that the doses shall be so reduced that the preponderance of their symptoms over those of the natural disease shall be "*scarcely observable*," is also LAW—emanating from the same fountain-head and belonging to the same system.

It is high time that we come right to the front on this question and *re-teach* what Hahnemann taught, and not cater to the ignorant prejudices of the uneducated masses, neither for the sake of practice, nor a few medical students. If we are going to be Hahnemannians; if we are going to maintain pure Hahnemannian Homœopathy, let us turn out the *pure, unadulterated, naked article*.

We have a pure food law, and we ought to have a pure Homœopathy law. If it is important to this nation that a can labeled "beans" shall contain beans, and not beans and something else, how much more important is it to his patrons that a physician professing to be a homœopathist shall be compelled to practice Homœopathy or *change his label!* No one circumstance has been so fatal to the perpetuation of Hahnemannian doctrine as the fact that the masses have been confronted with *allopathic practice under the homœopathic name.*

They have now concluded that there is not much difference in the two systems; and that the balance of difference, whatever it is, belongs to the old school—by right of discovery. As a matter of fact, they have never seen pure Homœopathy demonstrated, and do not know what it is. This is a great injustice to the founder and a daily hindrance to the real homœopath. Let those who court the success which the master enjoyed note his warning words: "It seems to me my duty to publish the great truths to the world that needs them, untroubled as to whether people can compel themselves to follow them exactly or not. If it is not done with *exactness*, let no one boast to have imitated me, nor *expect a good result.*"

#### DISCUSSION.

L. P. Crutcher:—It is inspirational to hear a paper of this kind and we are glad to hear Dr. Holloway's conception of the truth, but I do not subscribe for one minute to the contention that the crude drug is never curative. If there is no curative power in the crude drug, there can be none in the potency which is made from it. That power may be on a low scale, it may be only slightly developed, but it must be there. I believe thoroughly in potentized preparations and use them constantly, but I cannot take the stand that the crude drug is entirely non-operative. The element that cures never kills, as it does in the old school. Some patients and some cases of disease may require a low potency or a crude



form of the remedy, but I do not regard that as an important contention and the principle that Dr. Holloway insists on does not seem to me so important as he makes it. The main thing is to select the remedy, in any potency, according to the homœopathic law.

Dr. Leonard:—It strikes me that Dr. Holloway's paper was strictly Hahnemannian. It is not whether the drug in the crude form will cure or not, but in what form will it make the safest and best cure. The best method is as the doctor has described it. The crude drug or the large dose may cure, and I believe does sometimes cure, but if it does so it does it upon the homœopathic law which is a law of universal efficacy. Anything that is cured at all, is cured by the homœopathic law because there is no other law of cure. You may make an ax-handle out of a tree, but you would be foolish to use a whole tree to make one handle. It took me a long time—thirty years—to get rid of my notions about the crude dose. You have seen chicks running around with pieces of shell sticking to them. It took me a long time to shake off all the shells.

Joseph Luff:—I am glad that I am able to say that I endorse this paper from A to Z. If papers of that character were more frequent, papers assertive of the principles of the Organon and then papers verifying the principles by clinical experiences and practical cures, there would be no need of any other propagandic work. The danger to Homœopathy lies in the apathy of its own men and such work would remedy it. Homœopathy has the right to challenge investigation of all the claims that it makes. A man who has convinced himself that the crude elements in drugs are the only efficacious ones, is incapable of comprehending that paper. The radical ground taken by Dr. Holloway is inspiring. In my limited experience and in my lonely work, far from any other Hahnemannians, I have greatly felt the need of some kind of moral support and I am very glad to be able to be here and get the benefit of it. All the experience that I have had has increased the conviction that Hahnemann was right and was

supported in his discoveries by the truth. I believe in them as I believe in religion. I believe that God Almighty raised Hahnemann up for His own purpose, and Homoeopathy is the voice of God in medicine. I hope that I can reach a point where I can put into actual practice the enthusiasm that is engendered by the hearing and publishing of such papers as this. It makes me more anxious than ever to be a thorough and expert Hahnemannian.

C. M. Boger:—The man who is able to use high potencies only has something to learn, and the man who can use low potencies only has much more to learn. The man who has learned to use high potencies has come up through many troubles to the point he has attained; but that does not invalidate the fact that the low potency user has also learned a good deal. We cure disease by the use of remedies, and we become skillful by what we do ourselves, not by what others do for us. What does a cure mean? A cure means that a reaction of the vital forces against a diseased state has been started up by the exhibition of a remedy.

The law of similars is much larger than the Organon; it is a universal law, and anything that is capable of exciting a reaction is capable of making a homoeopathic cure, and from that standpoint every real cure is a homoeopathic cure. There is no other true cure; there can not be. If you send a patient into a different and more appropriate climate and get a favorable reaction, it is a homoeopathic cure.

A mother tincture may make a homoeopathic cure, notwithstanding Dr. Holloway's contention. The true and artistic way to start up a reaction is to touch the vital force so gently with a similar remedy that it will come back to health without unpleasant accompaniments.

If the touch is too violent, it may be too much for the life of the patient. That is the rock bottom foundation of every cure; Hahnemann knew it, although he did not say so. You should use potencies when you know how to use them. That is no excuse for murdering patients with the tincture. The use of all remedies according to the homoeo-



pathic law involves the touching of the vital force so as to bring about a proper curative reaction; it does not always take a high potency to do this—it generally does, but not always. This is something that we have to learn by observation and experience.

P. E. Krichbaum:—Being of a materialistic turn of mind the first dose of medicine that I gave was Belladonna 4m. That was my first prescription. I was working with my brother at the time. He was going to a meeting of the Kentucky State Society and left me in charge of a very sick baby. He said for me to take Johnson's Therapeutic Key and go down and see that child. I had learned that the first requisite of a physician was to look wise, so I went down there looking as wise I could. I drove home thinking hard about it and the harder I thought the harder I drove and I came near killing my brother's horse. I heard the next day that the child was better. I am so materialistic that the case of medicines that I carry with me in my daily practice is full of 9m remedies and nothing lower. Occasionally—very rarely—I go into the low potencies.

Not very long ago I gave Ipecac in the 1st decimal to a case of asthma in an old person. Such practice, however, is with me the exception.

L. P. Crutcher:—I do not know of any law of potency. If there was such a law the doctor could know beforehand what cases needed the high and what the lower potencies.

President:—You will get over most of your troubles before you solve that question.

Dr. Baxter: The curative power of drugs is liberated by the process of potentizing them, but it seems to me that it can not be liberated in all drugs at the same point. Drugs are different in character. They range from hard mineral and chemical bodies to volatile substances, like Rhus tox and Camphor. It does not seem likely that the curative force of all these substances will be liberated at the same point. Part of the reason, at least, for different potencies lies in the differing character of medicinal substances.

W. D. Foster:—I have practiced Homoeopathy to the best of my ability for a long time, and I have always taken pleasure in listening to discussions upon the potency question. The question seems to be so wide and so broad that it seems hardly possible to define a line upon which all physicians will agree. I have never been able to secure the remarkable effects from high potencies that have been claimed for them by others; or at least only occasionally. It is a question that will no doubt continue to agitate the minds of homoeopathic physicians in all time to come. I have been much interested in both papers and the discussion that I have heard.

President:—Any more discussion? If not I will call upon Dr. Holloway to close the discussion.

J. C. Holloway:—I confess that it is a little disappointing, after working along in a small country town where the allopaths are rampant and there are no homoeopaths to consult with, to come to the International Hahnemannian Association and find a number here not ready to stand up for what Hahnemann taught. In differing from me not a man cited Hahnemann. I know what Hahnemann taught; not a man living can controvert a single item of it, and I claim to be a Hahnemannian because I follow what Hahnemann taught.

I was once as crude a mongrel as ever lived—a mutton-headed mongrel—too stubborn to listen to better teaching. I went to Dr. Kent and asked him if he could teach me to cure syphilis, gonorrhoea, leucorrhoea and all those serious diseases with the potentized remedy and nothing else. He said, "Yes, sir, I can." I told him that I had no confidence in the high potencies, and I told the truth when I said that, but it was my absolute ignorance.

I am surprised that any man of the Hahnemannian Association will say that the tincture would cure when the potency would not; I know that such is not the case. You will find nothing in my case lower than the 200th, and I treat all kinds of acute and chronic cases that any man

treats. I will compare notes with any man in acute or chronic diseases, and I never use anything lower than the 200th.

I want to cite one case. My own boy had one of the worst cases of prolapse of the rectum that I ever saw. It seemed to be very slow and hard to cure. I consulted a number of Hahnemannians but they could not help.

I watched that case for a long time before I found the remedy. At length a diarrhoea revealed the fact that Mercurius sol was needed. That remedy in the 3m cured the diarrhoea, the straining and the tenesmus and at the same time I observed that the condition of the rectum was helped for two weeks. Then it came down again very dark and bloody with a tendency to sit and strain. I made the same improvement for three successive times with the 3m, each improvement lasting two week. Then I gave one dose of the same remedy in the 50m and the condition went away never to come back from that day to this and that has been four years ago. No one need tell me that there is not more power to cure in the 50m than in the crude drug or in the low potencies. I know there is.

P. E. Krichbaum:—I rather resent the tone of Dr. Holloway's remarks. He seems to be laboring under the impression that nobody but himself has any right to an opinion. I am just as good a homoeopathic physician as he is, and would be glad to compare my results with his. To make an idol of Hahnemann is sure to hurt the cause of true Homoeopathy. I do not believe that Hahnemann was divinely inspired or that he knew everything that there is to be known. At the same time I believe that I pay him fully as great reverence as Dr. Holloway, but it is more rational.

L. P. Crutcher:—How high did Hahnemann himself go in the potency line?

J. C. Holloway:—I tell you that if we knew as much as Hahnemann did we would know enough to practice more successfully than we do.

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## BUREAU OF MATERIA MEDICA.

CAROLYN E. PUTNAM, CHAIRMAN.

### SPONGIA TOSTA.

BY GRACE STEVENS, M. D.

*Spongia tosta* was one of the remedies proved by Hahnemann. A tincture is made from the turkey sponge toasted brown, or the attenuations may be made by trituration.

The remedy is not a simple one. On the contrary, it might be called a natural compound tablet, for it contains several different medicinal substances, as may be proven chemically and illustrated by its therapeutic action. From the toasting of a vegetable substance we get the likeness to *Carbo vegetabilis*, while from the sea-water in which the sponge is grown come traces of Iodine, Bromine and Phosphorus, so that it is natural to find in the action of *Spongia* marked resemblances to those four remedies. Hundeshagen, a German chemist, found in some tropical and sub-tropical sponges as much as fourteen per cent of Iodine, and common bath sponges yielded from one to one and a half per cent. In the tests that I have made with the toasted sponge the Iodine was liberated only after a two days' digestion with sulphuric acid, but then its presence was clearly demonstrated. Phosphorus was more easily found, and even the 1x trituration responded promptly to tests for phosphates. Hundeshagen proved also the presence of Bromine and Chlorine in sponge.

The most marked action of *Spongia* is on the heart and respiratory organs. This action on the heart appears in some of the mental symptoms—fear, anxiety and aggravation from excitement. Besides these, we have in the mental sphere fear of the future, obstinacy and dullness of mind. Faulty heart action is shown in the congestions which are characteristic of the remedy. In the head we have congestion with throbbing and a sense of pressure, bursting pain, worse in the forehead and vertex, and there is violent congestion of the head and chest after slight exertion, with general feeling of heaviness and exhaustion. There is palpitation of the heart, waking the patient at night, especially after 12 P. M.

Often there is pain in the region of the heart, and *Spongia* has proved useful in rheumatic endocarditis and angina pectoris, as well as in valvular insufficiency. The paroxysms of suffocation seem to be characteristic.

This drug causes a very marked dryness of the mucous membranes of the respiratory tract, and in the throat this is shown by a soreness and rawness with burning and stinging usually aggravated by eating sweets. At times the burning or tickling extends into the ears. The voice is hoarse and the larynx is dry and painful with aggravation from hawking. The hoarseness resembles that of Iodine and Bromine, but the *Spongia* cough is dry, whereas that of Bromine is accompanied by rattling in the larynx. *Spongia* has also a chronic hoarseness like Phosphorus in which the voice gives out while singing or talking.

Respiration is difficult, especially inspiration, and there is often a sensation of having to breathe through something, as a sponge or flannel. At times the respiration is wheezing with a dry, barking or asthmatic cough which, like *Carbo vegetabilis*, causes burning in the chest. It is better for eating and drinking, worse for cold air and lying with the head low. The Bromine cough is usually unaccompanied by expectoration, but is attended by rattling in the larynx and trachea and is worse from deep inspiration, exercise, or on entering a warm room. A cough aggravated on entering a warm room from the cold air we associate especially with *Bryonia* and *Natrum carbonicum*, but the modality is found also under *Antimonium crudum*, *Allium cepa*, *Bovista*, *Verbasum* and *Veratrum album*.

Iodine has a dry morning cough caused by tickling in the larynx with burning in the chest, but at times there is a profuse expectoration which relieves the cough.

The respiratory symptoms of *Spongia* are not accompanied by fever, in which the remedy is like Bromine, but contrasts markedly with Aconite, which it sometimes follows in croup. The croup of Aconite usually follows closely upon some exposure to a dry, cold wind. That requiring *Spongia*



is apt to develop more slowly, perhaps twenty-four hours after the exposure. When Aconite relieves only the restlessness and anxiety and the patient is still feverish with a croupy cough, Iodine is probably the right remedy, but if the fever disappears and the croupy symptoms return with a dry cough, Spongia will almost surely relieve.

T. F. Allen says that it is quite possible to avoid giving Spongia by making a careful choice between Iodine and Bromine, and doubtless this is often true, but if the patient has no fever, in contrast with Iodine, and the cough sounds dry and barking, in contrast to Bromine, Spongia seems the remedy to be chosen rather than either of the others. Suffocative paroxysms of dry cough suggests Spongia, which has been given with success, where such cough is associated with aneurysm of the aorta or enlargement of bronchial glands; also at times in pneumonia when the patient cannot lie down, and in consumption with paroxysms of dry cough, worse in cold, dry air. This same dry, barking cough may be caused by the pressure of an enlarged thyroid. Such enlargement is characteristic of Spongia, and causes a sense of suffocation that often wakens the patient with a start and makes it impossible to sleep with the head low. As in the croup of Spongia the larynx is sensitive to touch and on turning the head. An interesting point to consider here is the discovery of the presence of Iodine in the normal thyroid. This may help to explain the action of Spongia and Iodine on the gland in health and in disease.

The digestive symptoms of Spongia resemble those of *Carbo vegetabilis*, although they are less intense, and show the presence of fermentation and putrefaction in the gastrointestinal tract. Hiccough, distension of the abdomen, with rumbling and griping pains better for emission of flatus, are among the more prominent symptoms. There is a marked increase of appetite and thirst.

Under urinary symptoms we find frequent urging and scanty discharge, sometimes involuntary. The urine is apt to be frothy, with a thick grayish or yellowish sediment.

*Spongia* is sometimes useful in treatment of disorders of the sexual organs. In the male we find swelling of the spermatic cords and testicles, going on to a well-developed orchitis. In the female the menses are too early and too profuse, preceded by pain and soreness in the sacrum, colic or empty feeling in the stomach, and palpitation of the heart. During menses the patient wakes with a feeling of suffocation.

In the extremities there are rather indefinite sensations of stiffness, cramping, stitches or dull pain, with numbness, and there is a feeling that the whole body is heavy, which again reminds us of *Phosphorus*.

Afternoon sleepiness is characteristic of *Spongia*, but the sleep at night is interrupted by dreams of a fatiguing character, and the patient starts up from sleep with the feeling of suffocation that has been referred to before. This last symptom is illustrated by the following case of Mrs. K. H.:

For four months she had suffered from shortness of breath, and a rapid, violent heart action, aggravated by exercise, especially playing her violin; very much aggravated by excitement, and from hearing music, of which she is very fond. Her breathing is more labored in a warm room. The heart action is rapid even during sleep. She is sleepy during the day, but does not sleep well at night, especially when alone. She is much afraid of being alone. She is generally unhappy, suspicious, fearful and lachrymose. Micturition is frequent. There is slight enlargement of the thyroid gland, and exophthalmus is noticeable, but not extreme. *Spongia* 200.

Three weeks later the patient reported better sleep, with no starting up or twitching of muscles; micturition less frequent, and the heart action and respiration more normal. Unfortunately about this time the patient, who was the wife of an old school physician, left town and was placed again under allopathic treatment, so that I can never know whether *Spongia* would have cured the case or not.

A case of beginning goitre was that of Miss B. S. On February 5th, she reported a swelling of the throat which



seemed to be an enlargement of the left lobe of the thyroid. There were subjective symptoms of discomfort on turning the head, a feeling of oppression on breathing or eating, and she was obliged to sleep with the head high. *Spongia* 200 was prescribed and in two weeks she reported relief of all the subjective symptoms. She could sleep on one pillow as usual, the swelling was somewhat smaller and softer. The remedy was continued and later the swelling disappeared entirely.

Bromine and Iodine both have enlargement of glands, including the thyroid. Bromine is suited to light, Iodine to dark complexions. Bromine has also the starting up from sleep with oppression of breathing or with a cough which is relieved by drinking. With the respiratory troubles the Bromine patient feels that he must very frequently take a long breath. He sweats on the least exertion. Iodine has great failing of strength and profuse night sweats.

To recapitulate—the most prominent symptoms of *Spongia* are fear and anxiety with aggravation from excitement; rapid and violent heart action; suffocative paroxysms, especially at night; dryness of mucous membranes, hard, dry cough and wheezing respiration with no fever; enlargement of glands.

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### THE STUDY OF MATERIA MEDICA.

BY R. E. S. HAYES, M. D.

As I never attempted to teach *Materia Medica*, or even studied but three remedies with the object of memorizing them, possibly I may not be competent to offer suggestions on that subject. Practicians of our school often say in commenting on effective hits by Hahnemannians, "O, that *Materia Medica* head!" or "He has a wonderful memory of *Materia Medica*," or similar expressions. The idea that the skill of Hahnemannians depends on memory of *Materia Medica*, though it be true in a certain way, is really a superficial comment, not a serious attempt at explanation. The man who depends on memory alone in any study or profes-

sion will not amount to much. Skilled prescribing depends no more on memory of symptoms than an author's art depends on memory of words. It is the use which the literary artist makes of words which enables him to make a vivid word-picture. It is the skilled use of symptoms which enables the therapeutic artist to make an accurate prescription. It is the use of principles and methods which enable Hahnemannians to use the single potentized remedy with such success as to exclude any need of local remedies—cathartics, narcotics, palliatives or injurious drugs—and, except in mechanical complications, of surgery. It is necessary, first, to obtain, value and group the symptoms of the sick person so as to reveal his individuality. Second, and paradoxically, to know *Materia Medica* through study of it in relation to individuals. When the choice has become limited by exclusion or repertory work to a very few remedies, comparison is made between provings and the sick person. In this way a practical knowledge of remedies is obtained. By using patients as object-lessons this knowledge is obtained naturally and easily, through the senses. The symptoms become distinct, vivid, humanized and permanent mental images. This kind of *Materia Medica* knowledge serves to impart that composite image of patients known as the "totality," which means individuality. The recognition in every patient of individuality, that most precious of all created qualities, the expression of organic unity and independent character, is necessary to synthesize a similar individuality from a proving. One may read a hundred pages descriptive of a certain person and then not know him as thoroughly as he could after five minutes' personal acquaintance. This illustrates the fact that more accurate and analytical memories may be acquired by trained senses and thought in actual experience than by any amount of mere memory-stuffing from books. According to my ideal, the study of symptoms, or even of key-notes, from books for the purpose of memorizing is almost as dry as studying the cobbles on a Brooklyn pavement.

When I study the pages of a *Materia Medica* I am look-

ing there for the portrait of my patient. And I am not satisfied with a mere cave dweller's sketch. I want to see the photograph. The symptoms of provings synthesized into the likeness of living personalities creates in the mind of the student a humanized *Materia Medica*. This kind of symptomatic capital will pay good dividends in actual use. I surmise that the famous off-hand skill of Lippe could be explained by this method. Probably most of us study that way more or less unconsciously. Having that purpose will clarify impressions and extend their range.

An essential factor in prescribing is how to use the symptoms so as to discover the similarity, the picture. When the way is learned it is almost as easy to find it in an unknown remedy which has a satisfactory proving as it is in an everyday remedy. Generally speaking, if the similar cannot be recognized at once the way is to make the sketch with the repertory, then develop the finished picture from careful review of a proving. A physician might not do that if he knew a million symptoms. But unless that is done his mental creations will be only mummies—and accomplish no more.

In referring to methods of study I would speak of our present day schooling, especially the nerve weakening system used in our public schools. As to the results compared to the natural wonderful possibilities of the youthful mind, it appears to me to be a watered milk proposition. In the straining to get them over a certain amount of "knowledge," most of which is never thought of after leaving school, these educational *Oliver Twists* are mentally starved by neglect of the principle of development of natural faculties. They are fed plenty of thin memory-porridge, but not much of the nourishing food of faculty training. The ability to do independent thinking and planning, of making quick and accurate deductions, is stunted. Spontaneity and original expressiveness, those natural gifts of childhood, are not encouraged to develop, they are methodically stifled in the haste to get the children through a certain amount of book and pencil work within a certain time. Never mind the irrit-

able nerves, the weak organs, the thin legs and necks; never mind the cripples who fall by the wayside. The "standard" in this Marathon race of children must be kept up. Development of strength, quality and individuality is apparently of slight use.

Slight analysis of the normal functions of mind would convince anyone that present day so-called education is not training, but straining. The first function of mind begun in the infant and continued throughout life is the acquiring and qualifying of impressions. These must come through seeing, hearing, tasting, smelling and the muscular sense. The more fine the sensate functions the more distinct, accurate and lasting the impressions on the memory. Second, the analysis, comparison and classification of impressions. The impressions by being subjected to these processes are reduced to their laws of condition. By fine analysis of anything we perceive its laws. Then the mental material is ready for the third function, reproduction of memories or impressions in new combinations suitable to the present work or purpose. We have, then, for the purpose of description, three principal divisions of mental action; viz., impression, analysis and synthesis.

Bodily function illustrates the same process. First, outside material is taken in; second, it is digested or separated into simple forms; third, it is used in organic energy. The phenomena of life itself are exhibited by the transit of force through substance, interacting with it, producing organic unities, impelling organic function. Whether the sphere is mind or body the principle is the same. Ingestion, digestion, synthetic energy, these are the normal processes of life—and it is the normal process of mental function.

The prevailing fault of schooling or mode of study is the same as it is in supplying material for bodily tissues—we take in large quantities without corresponding assimilation and use. We eat too much; we impress the memory too much. We do not use all that is taken in. Consequently, bodily function and mental function become clogged and slug-

gish, compared to normal possibilities developed by use. When the intake of physical food is restricted to just enough of kind and quality to balance individual need, organic energy is permitted to a degree that would be astounding to those whose appetite is not satisfied until they realize a sense of fullness. If besides this there is a normal degree of daily exercise yet, more use of food and tissue is made. This causes more rapid changes, more rapid decay of older tissues; quickened replacement by new—a new and sound condition of body and mind. So in mental schooling. By constant stuffing of the memory with facts from books, by constant stretching of the youthful neck to attain a certain height, the natural possibilities of analyzing, of independent thinking, of able expression and influence, are crippled. The young minds are fed more than they can digest and make use of. Habits of fine, quick analysis and expression cannot be formed. Consequently the development of truth throughout the world is comparatively slow. The development of a strong vigorous race even slower.

The doors of the storehouse of knowledge should be opened outward. Expression, *use* of knowledge, should be practiced. Expression meets new impressions, is modified by them, deepens, combines with and confirms them. Expression liberates spontaneity and hastens movement of ideas. If youth could be trained in accordance with these simple principles how happily, normally, the child would develop into efficient manhood.

Observe the expression and demeanor of children who recite or sing in any public entertainment. The little ones of kindergarten age exhibit, most of them, the natural grace and free expression of budding individuality; the outward direction of mental action. But children of higher grades, when appearing in public, are self-conscious, constrained and uninteresting. In the kindergarten and home knowledge is obtained objectively and expressed freely. In the higher grades the grind of book and pencil, of "standard"



and old maid discipline, suppresses spontaneous, normal, mental and emotional expression.

The exercise of mind in observing, analyzing, comparing and deducing strengthens it for that work. Mind then perceives the relation and law of things and knows principles. What the world needs for progress and improvement is knowledge of law and use of principles. These show the way to right living and normal development. Their use develops true progress.

These ideas may seem far removed from the study of *Materia Medica*, but the same principle is involved in it. Study of *Materia Medica* should go hand in hand with clinical experience and use. Then the vital relations between them will be developed. The skeletal bones of *Materia Medica* will develop interesting forms, simulate personalities when required, and then become useful.

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### **SOME EXPERIENCE WITH MALARIA OFFICINALIS.**

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

I find in reviewing a number of interesting cases recently under treatment, that *Malaria Officinalis* has stepped in and most materially tided me over not a few situations, difficult for patient and doctor alike. In an early volume of the Transactions of this society there is an article on this remedy with an account of some interesting experiments with the poison of malaria made by G. W. Bowen, of Indiana, back in '62. I believe the remedy to be of sufficient importance to warrant our deeper investigation, for just such a little known remedy as this, hidden in obscurity may, on occasion, prove to be the one and only medicine that will unravel a stubborn case.

The following cases taken from my practice are offered in evidence:

Case I. La Grippe. Mrs. H. J., aged 31, weak and exhausted for years, had appendix removed, said to be dilated. Right ovary enlarged and prolapsed. Ligaments were short-

ened, uterus suspended and curetted. Very painful menstruation not relieved by the operation. When the surgeon did not give the relief expected, the patient was asked to return to the hospital and remain long enough to be built up. While there an examination of the blood proved her case to be one of "malaria." The quinine injection method was given in quantities sufficient to inflate her nerve cells and produce stimulation simulating a cure. She returned to her home only to meet disappointment. The attack of La Grippe for which I was called, presented very few symptoms. Temperature 103, pulse full and hard. Aching all over, aggravated by motion. Headache from any movement of the body. No thirst. Tongue white and flabby. March 28th Bryonia. March 29th, slight relief. March 31st, no improvement past two days. *Malaria officinalis*. April 3rd, patient reported that she was perfectly well in every way. I have not seen her professionally since.

Case II. B. S. Boy aged 6. This child was taken down with influenza, running a temperature of one to two degrees. There did not seem to be much the matter with him. Sleep was fair, no aches or pains. Wanted to be left alone. Frequent sneezing, slight coryza. One or two remedies were prescribed, including Sul., but no benefit followed. Four days after giving Sul. *Malaria* was administered and no more medicine was needed.

Case III. Mrs. W. C., aged 33, has borne two children, and has a cervical laceration. Has suffered with malaria ever since she can remember; never fit for anything. This patient came to me for treatment in 1908. She has had a great deal of menstrual pain; faints during the menses; in fact, her case very much resembles Case I, plus the laceration. Frequent attacks of diarrhoea are always controlled by Ars. This patient in two years received for different illnesses Bry., Puls., Aloe, Phos. acid, Sepia, Gels., Ipe., Medor., Lil tig., Cup., Actea., Psor., Cactus, Kreosote, Sul., Ars. April 6, 1909, *Malaria officinalis* was given, and has wrought many changes. No more medicine since.



Case IV. Mrs. J. F. M., aged 48. This is an incurable case of Bright's disease of three years' standing. Her death was predicted by the specialist who saw her with myself two years and seven months ago, but she is still with us. Her feet and legs to knees are one solid mass of foul discharging ulcers, tremendously swollen. This tendency to ulceration has doubtless prolonged her life. She has sat in her chair for three years. Malaria has never failed to bring on such an aggravation that I have to follow it immediately with Nat. mur., its antidote in this case.

Case V. Mrs. R. S., aged 51. La Grippe. This patient's symptoms called for Nux vom., but Nux failed to relieve her till Malaria was given as an intercurrent; then Nux went to work. This patient was sick fourteen days.

Case VI. Mrs. —, aged 84. Chronic paralysis of legs; severe attacks of pain, stabbing in character, mitral regurgitant. Tendency to looseness of the bowels. Malaria officinalis used as an intercurrent made no impression whatever.

Case VII. Mrs. M. F., aged 63. Rheumatism in hands and feet. Hands swollen slightly, look purple; aggravated in rainy weather and by exercising till tired. Sensation of internal trembling. May 7th, Caul. May 9th, no better, no change, Malaria officinalis. May 26th, improved; continue Malaria.

Case VIII. Mrs. F. S., aged 50. Nervous prostration for four years. All sorts of troubles since "change of life." This was a typical Cinchona case, and Cinchona was often repeated, always giving relief. This March I decided to give Malaria as an experiment. No other medicine has been given since, and the patient continues to improve.

Case IX. Mr. A. A. F. Elephantiasis of the testicle. There has been no increase in growth for three months. I am only watching and waiting for something definite.

Case X. Malarial Grippe. No permanent response to medicines prescribed. Malaria officinalis cleared up the whole case in two days after fever for fifteen days.

Several prescriptions were made from March 9th, in-

cluding Sul., with very little improvement resulting. April 9th, *Malaria officinalis* was given with immediate and continued improvement till April 24th, when Sul. was repeated. No more medicine required. When *Malaria* was given Ars. seemed the remedy, but Ars. failed to make any impression.

Case XI. Mrs. C. K. W., aged 86. This patient has been growing weaker daily in spite of my best efforts. Ars. has been the remedy, but she failed to respond to it until after *Malaria* was prescribed. The subsequent administration of Ars. startled her niece, a very close student of Homœopathy. They never saw such a "miracle."

Case XII. Mr. S., aged 32. A full history of this case before giving *Malaria* would be of interest, but I shall confine myself to my text. This young man is one where the mental exceeds the physical. One of those men who believe that stimulants (Alcohol) helps one to do lots of work. Reverses in business were very trying to him. After a hard winter's work, and many disputes with his partner, he broke down completely March 9th, 1909. He began almost abruptly with high fever, continued thirstlessness, complained of heat and craved the fresh air. Slight sweats, dry cough, and pain in the lobe of the right lung, stitching in character, aggravated by lying on either side. Sleeplessness and restlessness completes the picture. Diagnosis, acute miliary tuberculosis, confirmed by the insurance doctor. So positive was the last named gentleman that he advised the insurance company to cancel Mr. S.'s policy. It was.

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#### DISCUSSION.

J. C. Holloway:—How is that remedy prepared?

P. E. Krichbaum:—I believe that it was first prepared

and introduced by Dr. Bowen, of Fort Wayne, Indiana. It is the vegetable growth from stagnant water in a malarial district—a kind of fungus growth, collected and made into a tincture with alcohol.

J. C. Holloway:—What was the basis of the prescription then? It had never been proved, had it?

Dr. Joseph Luff reported a case that had been cured with the 30.

J. C. Holloway:—Yes, but what was the basis of the prescription? How did you come to give it when it has no proving?

P. E. Krichbaum:—It brings about a reaction, something like Sulphur does.

J. C. Holloway:—I am constitutionally opposed to using unproved remedies. I do not even give Sulphur without Sulphur symptoms. Sulphur is a wonderful remedy, and does a world of good in suitable cases, but I do not believe in the doctrine of giving Sulphur because you do not know what else to give. I say, if you do not know what to give, give Sac lac. and wait until the case develops symptoms.

C. M. Boger:—Sulphur has been so thoroughly proved and analyzed that you can find almost any case in Sulphur. We have to be careful about giving any of the polychrests—that is, be careful that you know that they are really indicated, because the repertories lead to them so many times when a less well known remedy is indicated.

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### JUSTICIA ADHATODA.

By W. A. YINGLING, M. D., EMPORIA, KANSAS.

*Justicia Adhatoda* is from far away India and was introduced by Sarat Chandra Ghose, M. D., of Calcutta. According to Dr. Ghose the plant is a small tree, or large shrub, flowering in the cold season. It will not be necessary to go into detail as to the plant itself, as a full description may be found in the Homœopathic Recorder for May, 1905. The part employed in the homœopathic preparation is the fresh leaves. The plant is highly esteemed in India in respiratory

troubles and coryza, and is called "the mother of physicians." It is there claimed confidently "that no death can occur from cough of any kind if *Vasaka* can play its role and find time to display its healing virtues." Dr. Ghose says: "It is cooling, a destroyer of hoarseness and a sure and strong arrester of blood. It is highly efficacious in cold, coryza, cough, bronchitis, pneumonia, phthisis, spitting of blood, fever, jaundice, vomiting, thirst, loss of appetite and constipation."

It has been proved in the tincture, but needs a fuller and more careful proving in the potencies, as it has proven itself a valuable remedy. I place it in the front rank of remedies for common colds, coryza and cognate conditions and symptoms. In fact, it has served me so well that I think of it first in those cases where no particular remedy is indicated in consequence of the paucity of symptoms or the meagre report telephoned or sent by carrier. The child may report or bring a note to the effect that mother has a bad cold, she sneezes some, coughs a little and feels bad generally. In such cases *Justicia* has given prompt relief within a few hours. These cases are not mere recoveries, as some doubting Thomas may suspicion, for the relief is prompt and the patient feels so much better in every way and in so short a time that we must attribute the result to the action of the homœopathic remedy. Patients often say, "That medicine acted like a charm." In such nondescript cases of common colds I find nine out of ten are relieved within the twenty-four hours, and a majority get magical results in a very brief time, often feeling a change for the better within the hour. Of course *Justicia* is not a cure-all for common colds. It has its sphere of action and ordinarily must be selected on its symptomatic indications. It will do no good where another remedy is clearly indicated. The true prescriber must select the indicated remedy, but where that cannot be done he must do the next best thing, and *Justicia* will help him in many cases where other general "cold remedies" will fail or greatly prolong the sick condition and expose the sufferer to more serious and dangerous conditions.

The coryza is usually fluent, more or less copious, with sneezing, cough, eyes may or may not be suffused, though usually somewhat involved, generally some irritation of the throat, and more or less labored breathing. In some cases I have hesitated between *Euphrasia* and *Allium cepa*, then gave *Justicia* with success. It has not the *Euphrasia* eye condition markedly, nor the very acrid nose symptoms of *Allium cepa*, but may be considered to involve both conditions to some degree, with the added difficulty in breathing, which may not be marked enough for the patient to complain of, because his mind is on the other features of the case. Yet cough with difficult breathing, with the sense that but for the cough, the breathing would be easy and normal, or that the cough causes the difficult breathing, is a marked feature, and may be considered as a key-note of the new remedy.

"J. D. W. C.," of Richmond, Va., reports a short proving of *Justicia*, in which he says: "I had a first-class sneezing fit and a genuine coryza, with other suffusions and troubles succeeding," with sore throat, suffused eyes, stuffy, stupid feeling in the head, "supplemented with a very queer sort of headache, seeming to arise from a displaced brain, and which disappeared upon assuming the erect position, when the brain seemed to flop over into its normal position." The next day his throat remained sore, head and eyes suffused, hands puffy and swollen, feet and legs swollen and quite puffy, and was in a generally used-up condition.

Difficult breathing is a marked feature when accompanied with a cough, which seems to be the cause of the asthmatic respiration. A jeweler, subject to what he called asthma for years, came to me for help. He could give but very few indications for a prescription aside from the asthmatic attacks. He thought the spells were brought on or aggravated greatly by the inhalation of sawdust used to dry the parts of watches after cleaning. After two failures in my attempt to help him, and directions how to watch his symptoms, he reported that the exhalation was difficult,



and not the inhalation, but could discover no modality or cause of aggravation unless the sawdust was the cause, and this I considered very doubtful. Finally, one day when I saw him in a paroxysm of labored breathing, an asthmatic cough, flushed face induced by the breathing efforts, he remarked: "I believe my breathing would be all right if it was not for this ——— cough." I then questioned him along that line, and found he always had the cough with the paroxysms, and that the more he coughed the more difficult became the breathing. I gave him *Justicia* 2m, my own potency, based on the 30th of B. & T. The next day he smilingly reported prompt and entire relief. He had no further return for many months, though still using the sawdust, and with carelessness, and then he only had a slight spell, again quickly relieved by *Justicia*.

Another case, that of a railroad conductor, has had asthmatic attacks for fifteen years, worse about midnight, worse when lying down, must get up, worse from exercise, dust or gas, better when quiet. Considerable cough and when the cough is better the asthma is better and the worse the cough the worse the asthma. Vaccinated four year ago. His symptoms were meagre. I gave him *Justicia* 900 (Y). For a couple days he thought he was worse; that is, he coughed more, but reported on the third day that he felt much better, had a good night's rest, cough much less, wheezing very much less. He seemed improved in every way. I have had no word from him since, hence feel sure he remains better.

Mrs. S., aged 57. Has been sick for years. Has stoppage of the nose, intense itching with sneezing in the morning, sometimes about 4 to 5 p. m. Profuse watery discharge or like cooked starch, white, at times cannot breathe through nose. Nasal voice. Takes cold very easily when she is generally much worse. Swelling of the feet and ankles; has a tingling pain as if *bursting*, must remove her slippers. This is about as troublesome as her nose. Eyes scratch and itch, like little sticks in them. Haws up a decidedly salty mu-

cus. Constipation very bad, must use enemias. Sometimes in the morning the hands feel puffed, which passes off by rubbing them. When vaccinated had quite a bad arm. Had the itch when a child. Can hardly breathe in a close, warm room, must go to the open window. Cannot endure a close, warm room. Mouth feels slippery with salty mucus. Pulsatilla gave her a little relief for a short time, as did Marum verum, but neither held the case. All the old symptoms returned as bad as ever. *Justicia* 900 (Y), four powders, one every three hours, soon gave relief and her daughter reported on the third day that she was "better in every way, even the feet gave no trouble, did not have to remove her slippers yesterday, the first time in a long while; no salty or bitter taste." Two months after she felt nearly well. After her feet got better she had pains in the stomach, which seemed to alternate for awhile.

In the following arrangement I will give my own clinical symptoms in paranthesis:

Mind: Anxious and discouraged. Averse to conversation. Inclined to be angry; extremely irritable; everything puts him out of humor. Sensitive to external impressions.

Head: Faintness on rising. Head full and heavy with pressure towards the forehead. Heat of head. Pulsation in both sides of forehead. Burning in forehead. Dull headache. Headache seems to arise from a displaced brain, disappearing on arising when brain seems to flop over to normal position.

Eyes: Lachrymation; burning pain; eyes confused and swimming with tears. Profuse lachrymation with coryza. (Eyes scratched as if they had little sticks in them.)

Ears: All noise unbearable.

Nose: *Coryza, profuse, fluent, with constant sneezing.* Obstruction of nose. Swelling with painful tenderness. Fluent coryza, with shooting and aching in the forehead. Nostrils ulcerated. Loss of smell and taste. Dryness with obstruction (or with flow of thin mucus). Stopped at night. *Coryza, with cough.* Excoriating discharge, nose sore. Tick-



ling, burning. (Itching of nose intense, with sneezing, in the morning or at 4 to 5 P. M.). (Nose obstructed with profuse discharge, thin, watery, or like cooked starch.) (Takes cold very easily.) (Common cold in the head, with more or less discharge, slightly sore throat, sneezing and disagreeable feeling in the forehead above nose.)

Face: Red, burning hot. Gnawing pains, better by pressure. Pale, with blue rings under eyes. Puffy.

Teeth: Shooting, extending to cheeks.

Mouth: Dryness with thirst. Mouth, throat and tongue dry. White coating of tongue; yellow coating. Bitter taste. Loss of taste. (Mouth feels slippery, with a very salty mucus.)

Throat: Dryness. Pain, as if excoriated, during empty swallowing. Tenacious mucus, difficult to detach by repeated coughing. Sore throat, worse swallowing food. (Hawks up a decidedly salty mucus).

Appetite: Total loss of appetite. Taste insipid, putrid; repugnance to food. Great thirst for cold water.

Nausea and vomiting: Nausea. Vomiting while coughing. Vomiting mucus. Exhaustion and paleness of face after vomiting.

Stomach: (Pains in stomach, alternating with swelling, and bursting feeling in the feet.)

Abdomen: Pain in region of liver, mostly shooting and gnawing. Abundant flatus with gurgling. Sometimes escape of flatus. Liver tender and congested; sore, worse from pressure.

Stool and anus: Stool loose, mixed with mucus, with slight colic, better after stool. Inactive bowels. *Habitual constipation*. Stool dry, hard, and seems too large.

Respiratory organs: Hoarseness, cough and rattling in chest. Painful tenderness of larynx when touched. *Frequent paroxysms of cough, with suffocative obstruction of respiration*. Vomiting with cough. *Cough with sneezing*, stitches in chest and red face. Cough worse at night. Dry cough; *paroxysms* night and day. Convulsive cough. Whole body

trembles when coughing. Severe dyspnoea and shortness of breath after coughing (or with the cough). Stitches in chest with cough. Dry cough, from sternal region all over chest as if it would burst.

Expectoration bloody; slimy matter or of tough yellow mucus; yellow and must be swallowed; rust colored, bloody.

*Dyspnoea, short breath:* quick, difficult respiration. Rattling of mucus in chest. *Tightness across chest.* Constrictive pains in chest. Tough mucus in trachea, only loosened by repeated hawking. (Asthmatic breathing, labored, worse from coughing or caused by the cough). (Asthmatic attacks, worse about midnight, worse lying down, exercise, dust, gas; better when quiet). (Can hardly breathe in warm room, must go to the window). (Cannot endure a close, warm room.)

*Whooping cough severe.* Cough immediately after eating and drinking, and vomited what had been eaten, convulsions during the course of whooping cough; paroxysms last a long while, till breath is nearly exhausted. Body becomes stiff and rigid; rattling of mucus in chest; paroxysms come every 30 to 40 minutes; tough, ropy mucus with vomiting; obstinate constipation.

Broncho-pneumonia. Phthisis. Bronchitis. (Asthma.)

Extremities: Hands puffy and swollen. Feet and legs swollen and quite puffy. (Hands feel puffed in the morning, better by rubbing them). (Tingling pain in the feet, as if bursting, must remove slippers.)

Fever: Pulse quick and hard. Temperature 102 to 104. Chilly every now and then. Chilly every evening. Night sweats. Creeping chilliness.

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## RADIUM.

BY FRANK W. PATCH, M. D.

"Radium as an Internal Remedy" was called to the attention of the homoeopathic profession through a monograph written by Dr. John H. Clarke, of London, and published about two years ago. In this little book several fragmentary

proving are noted and numerous cases reported showing in some degree the probable scope of the remedy.

In spite of the interest in Dr. Clarke's book, very little further material seems to have been published in regard to the homoeopathic use of the remedy since that time, and the object of this brief paper is to further emphasize the possible value of this wonderful substance in our daily practice, and suggest further study of its nature to members of this society.

In December of last year Mrs. B. submitted to the removal of a small tumor of the right breast. The diagnosis did not determine absolutely that it was carcinomatous, but such was supposed to be the case by the attending surgeons. The operation presented no unusual features; a few axillary glands were found involved and were removed; recovery was without incident. She came to Woodside on the 13th of January, 1910, with the wound practically healed. Shortly after this she developed considerable muscular lameness of the upper extremities, with a little glandular swelling in the left axilla; this pain and lameness continued to be exceedingly troublesome, causing insomnia, until February 12, when there began to develop on the dorsum of the right foot an eruption resembling eczema. For several weeks the eruption spread steadily, finally involving most of the right leg below the knee, a part of the left leg and several large spots on different parts of the body. It was intensely painful, stinging, burning and itching to such an extent that many nights the patient could get only one or two hours of sleep. There was the usual weeping discharge, redness, and, in fact, all the symptoms of a true case of eczema of the most severe type.

Several remedies were administered without effect. On March 4, she was given a dose of Radium 6x, this being the only potency then at hand, and thereafter she had a dose of the same medicine once in two or three days, then every day for a time. Improvement began at once and went on very slowly but steadily, though it seemed true that whenever the

remedy was discontinued] for many days the patient became distinctly worse for the omission. Finally a supply of the em potency was obtained and on April 8 she was given one dose and this was repeated once daily for the next month by which time the eruption had entirely disappeared and normal sleep was restored.

The condition seemed to be a metastasis following operation for cancer and it suggests an interesting question if one may be allowed to reason backwards, so to speak, that is, a possible relation between eczema and cancer in the human body. Severe cases of eczema are often most intractable things to overcome and it is to be hoped that the above experience will call the attention of other physicians to the matter of possible further usefulness of Radium in excema and cancerous conditions.

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### LYCOPERSICUM ESCULENTUM.

BY HERBERT A. ROBERTS, M. D., DERBY, CONN.

*Lycopersicum esculentum* belongs to the *Solanum* family botanically, from which we have derived so many of our valuable remedies. Yet as an individual member of this large group it has characteristics which distinguish it from all others of the same generic origin. It has many features in common with all the other members of the race. All the members of the botanical group stimulate the accelerator centers and have a tendency to paralyze the pneumogastric nerves. The heart action is rapid and peripheral blood vessels are dilated. Delirium is common to the whole group. It now develops upon us to show *Lycopersic* individual characteristics.

In an article before the American Institute of Homœopathy, in 1900, I showed its action from a series of provings made by myself, which provings were made from the ripe fruit with the seeds thoroughly macerated. Gross has made a fragmentary proving, using the fresh plant in his provings. It seems to me that the ripe fruit and seeds give us the best outline of its actions, and in practice have proven very effi-

cacious. I shall confine myself to its action as developed from the ripe fruit and seeds when potentized. Under the mind we get a few valuable symptoms. The mind is usually active for short periods when it seems to lapse into a quiescent state. This is shown with delirium, when it becomes quite active for short periods, then patient becomes quiet. This, of course, is in the congestive stage of development. Then in the nervous state after acute febrile states have subsided we get the same manifestation being able to apply ourselves for short periods at a time when it becomes impossible to keep on any work in hand.

Another symptom in common with Bell, is the marked disturbance from noises and jars. This again is found in the congestive states and in the purely nervous conditions without congestion. In this congestive state there is giddiness on attempting to walk, if persisted in, patient faints.

The headache is of a congestive nature, hard, throbbing pain starting in occiput and extending up vertex and settling with great force in temples. Sensation as if head was being compressed. This congestive headache is very like Bell again, but with it we have only moderately dilated pupils, or else, as I have often observed, contracted pupils. Following these headaches again we get the very sensitive scalp so characteristic of Bell., hair pulls and slightest touch of scalp is painful.

The nervous headache is very much like Ignatia, with its sensation as if something was driven into right parietal region. This headache is ameliorated by tobacco smoke, even by being in a room where tobacco has been smoked. Again is relieved by warm applications and by being in a warm room. The marked relief from tobacco is the opposite from Ignatia. The eyes again enter into this congestion. There is the sensation as if eye-balls were being contracted. Intense aching in and around eyes. Pupils contracted. Eyes are suffused and letters run together from the abundance of tears.

There is a profuse watery coryza excoriating alae nasi,



drops down into throat, of a salty taste, markedly aggravated out of doors, therein differing from *Allium cepa*. Later the coryza is thick, white and tenacious. Sneezing abundantly. Itching in anterior chamber of nose, greatly aggravated by least dust. Relief indoors; it has proven a valuable remedy in some cases of hay fever.

The mouth is foul with thick yellow coating on tongue, more in center of tongue.

The throat is again very like *Bell.*, in that it is worse on the right side, with burning dryness in throat, with constant desire to clear throat. There is a marked tendency to go from right to left side of throat. Throat very red, especially about arches of palate and uvula.

We always have thirst with *Lycopersicum*, large quantities and often.

The abdomen feels full, especially about liver, with sharp, stitching pains. The flatulency is marked from 10 a. m. to 11:30 a. m. with violent eructations of gas.

Stools are painless, no urging, brownish yellow, making us think of *Podophyl*.

The dribbling of urine when in open air and its cessation when in a warm room has proven a valuable indication in enuresis. The provings show an abundant secretion of urine which is normal in total solids. It should prove a valuable remedy in both types of diabetes.

The respiratory organs are markedly affected, causing congestion of the whole tract. The voice is hoarse and harsh, with scraping in larynx and trachea. Cough deep, hoarse, coming from deep in chest. Sense of oppression in chest, especially is this marked in right lower lobe. It has a dry, hacking cough coming on at night and keeping one awake after going to bed. This symptom makes me think of *Puls* and *Rumex*, but it differs from *Puls* in that it begins before retiring, towards night, while *Puls* is very much worse after retiring. From *Rumex* in that it is not noticeably aggravated by change of air.

Expectoration is white and comes in lumps. Is worse in

morning, soon increasing markedly for some little time after rising. The chest symptoms have proven of much value.

In the muscular sphere we have symptoms indicating intense congestion. The aching is very marked, especially in back and limbs. No "grip" pains were any worse than the proving. With the aching in the muscles there is restlessness, not being able to keep in one place long.

There is also a rheumatic condition in the right deltoid muscle causing pain in raising arm upward and outward.

The rheumatic pain is much like Sang. The rheumatic condition is worse on right side; in fact, almost entirely confined to right side.

The sleep of such a patient is, of course, restless, and there are confused and disagreeable dreams. The febrile condition is mingled with a chilly sensation. There is thirst for large quantities of water. Sweat is profuse, and is mainly confined to a strip down the back about four inches wide.

It will be noticed that *Lycopersicum* affects the right side principally, but may and, in fact, has a tendency to the left side, but never becomes as violent on the left side.

The aggravations are marked and are manifest while in the open air. From motion, especially if continued, noises and jars. While the ameliorations are from warmth or while in a warm room.

*Lycopersicum* is a remedy of no small importance, and is proving of more and more value as we come to know its action by the crucial test of clinical experience.

It follows well Bell., Sang. and Capsic. Bell. has often followed it, as well as Dulc. and Sang.

It is very valuable in cases of sudden acute congestion—in enuresis, in rheumatism, hay fever, and, I believe, we may look for good results in certain forms of diabetes.

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## KALI ARSENICOSUM AND ARSENICUM ALBUM COMPARED.

BY P. E. KRICHBAUM, M. D., MONTCLAIR, N. J.

After comparing these two remedies in full, I found that this paper would be too long and too much involved to be interesting or instructive. I concluded, therefore, since Arsenicum has been written upon so often, to give only enough of its symptoms to show wherein it differs from Kali arsenicosum.

The dominant school has used Kali ars. very extensively in intermittent fevers, where vomiting has been a prominent feature, and in cases where Quinine has not agreed. They discovered that Fowler's Solution was "incompatible with an infusion or decoction of Cinchona." They claim great success by its use in lepra and other inveterate cutaneous affections; also in menorrhagia, chorea and headaches. It has been employed as a topical application in foul ulcers as well. This mere thread of empirical indication has been an all-sufficient therapeutic justification for the old school; but the homoeopath runs on a finer, more elusive trail, and must know the kind of a headache that this medicine fits, the peculiarities of the menorrhagia and the characteristics of the chorea it cures. Arsenic is the chief ingredient in nearly all of the empirical remedies for the cure of cancer by external applications. "Plunket's Caustic" was a remedy of this kind, of great celebrity, and consisted of the *Ranunculus acris* and *Ranunculus flammula*, each an ounce, bruised and mixed with a drachm of Arsenious acid and five scruples of Sulphur. The use of the vegetable is to destroy the cuticle, for unless this is done the Arsenic will not act. Throughout the South and West we have "cancer doctors," who possess the knowledge of such topical remedies, some of which, I can testify, do remove all cancerous manifestations upon the surface, but I never heard of them making a cure. But why all this? Simply to show how closely the observations of the other school have come to our provings of Kali ars.;

yet these once lauded experiments are now by the profession laid away as ancient history.

Dr. J. H. Clark tells us that the homoeopathic preparation, Kali ars.,  $\text{KHAso}_3$  Fowler's Solution, consists of Arsenious acid one part, Carbonate of Potash one part, Compound Tincture of Lavender three parts, Distilled Water ninety-five parts.

The Kali ars. patient is one whose trend is towards malignancy, gout, cancer and inveterate skin diseases. Mentally they are dissatisfied, discouraged, easily excited, jealous and in every way most disconsolate. Suppressed grief and jealousy frequently begins their troubles. The Kali ars. patient is also very self-analytical, wants the wherefore for all her symptoms, is quarrelsome, nagging and scarcely answers when spoken to. Objectively, the Kali ars. patient is white, with puffed skin, and has a startled look, with protruding, brilliant eyes. The cheeks may show some redness, lips are at times extremely red, but the whites of the eyes are too thick and yellow for one to mistake the magnitude of the physical disorder.

Kali ars. has its place in neuropathic conditions. Nervous headaches, when the head feels larger than usual, and as if pressed upon. The patient behaves like a crazy person, scolds and pants till exhausted. (Moschus). I have not used Kali ars. in intermittent fever, but found Lachesis most frequently indicated after its abuse. Kali ars. has a peculiar form of anæmia; the eyes protrude, look glassy, with a distinct yellow conjunctiva, which fact is strikingly different from Arsenicum. The skin symptoms of Kali ars. include those found when the condition has been diagnosed lichen, psoriasis, ichthyosis, lepra and lupus. It may also be indicated in deep ulcers and gouty nodes. Or there may be a nodular eruption on a pale cadaverous looking face. Or again, we may see papules resembling small boils.

Kali ars. and Ars. have very similar mouth, tongue and throat symptoms. The Kali ars. tongue is more apt to be red, raw looking, with swollen gums. Under Ars. there is

more apt to be swelling of both tongue and gums. The Ars. gums bleed more. Ars. has relief from radiated heat, while Kali ars. is aggravated by heat, and also by cold air drawn into the mouth.

Both Kali ars. and Ars. have vomiting. Kali ars. has vomiting and purging. In one case the vomiting was repeated every five or ten minutes for two hundred times. There is a sensation of a ball rising from the pit of the stomach to the larynx, threatening suffocation, relieved by loud belching. There is under Kali ars. a hysterical feeling at the pit of the stomach, accompanied by palpitation. Both remedies have sinking at the epigastrium with fainting. Both also have swelling, tenderness, burning and hardness of the abdomen, with watery stools and aggravation after stool. Kali ars. has sensation of red-hot iron in the anus. Ars. has hemorrhoids, as if pricked with hot needles.

Female generative organs: In a case that I treated with Kali ars. in a woman 47 years old, cauliflower excrescence protruding two inches from the cervix was present. The discharge was dark, mixed with clots and horribly offensive. The pains were sharp, shooting and radiated down the thighs. When walking there was a sense of weight in the vagina. The patient was nervous, irritable, analytical and questioned all I said. Kali ars. not only removed the odor of the discharge, but entirely cleared the cervix, leaving the surface denuded, but healthy. A surgeon was called at this time and he advised immediate operation. The operation was a success, but the sequence was a transference of the disease to the cord, and the poor patient suffered untold agony for only a few months, thanks to nature. I have never quite forgiven myself for consenting to the operation. If it did not shorten her days, it certainly rendered her unresponsive to my best efforts with medicine.

In the skin we find that both these remedies under consideration have great dryness. Kali ars. has more emaciation, and the eruption comes out in red papules, varying in size from a pin's head to that of a three-cent piece. These

papules disintegrate and form vesicles on their summit, which in turn form crusts and fall off, leaving a dark cicatrix. The skin has intolerable itching, worse on undressing or letting the air to it.

Kali ars. is indicated in some cases of small-pox. The body is covered with papular spots, with the exception of the face, the palms, soles and part of the chest. Kali ars. may do good work in cases of psoriasis with a scaly eruption. The itching is so intense that one patient of mine begged for a "curry comb," so that he could have one good scratch. After scratching the parts would exude a yellowish water, which raised into crusts one-twentieth of an inch high. Kali ars. and Ars. have about the same amount of weakness, burning, thirst, etc. Kali ars. has not as much restlessness as Ars., but more nausea with the vomiting and the *yellow* sclera. In my opinion Kali ars., when fully proven, will develop many symptoms different from Ars.

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### A NEW NOSODE.

BY DR. MACLAY LYON, KANSAS CITY, MO.

I made this nosode from a gastric carcinoma obtained post-mortem in the case of a patient whose illness was observed by me, and the diagnosis made previous to his death by two well-known pathologists and myself.

This patient had tumor slightly to the right of the median line, with tenderness and feeling of nausea upon slight pressure. There was no vomiting, but little blood in the feces, and dropsy only during the last two weeks of his illness. He had almost constant nausea and weak, faint feeling. Digestion was very imperfect. He never suffered actual pain until the last four days of his illness. This was undoubtedly caused by the fact that his family had called in a Christian Science healer a week previously, who insisted that he eat anything and everything he might want. Post-mortem over a quart of decayed bacon, eggs, beef and bread were found.

I made my potency, which is the 30th centesimal, from

a portion of the gastric carcinoma at the point of its ulceration, and also a few drops of the yellow, creamy "carcinoma juice" found in infected nodules in the overhanging lobe of the liver.

I have used this nosode in a goodly number of cases in which a positive diagnosis of carcinoma can be made and it has done admirably. In two cases in which tumor was prominent and the case well advanced, the tumor disappeared and the digestion was better than it had been for several years. One of the cases seemed to be making a splendid recovery when a sudden uraemia carried off the patient. From the history of the case I learned that the patient, as a boy, had had scarlet fever and for some time afterward had an acute albuminuria. At the time I examined him first there were no traces of albumin, nor any tube casts. The other case recovered and is apparently in the best of health. She had her trouble three years ago.

I regret that I have not a higher potency, but one of our homoeopathic pharmacies is soon to prepare it for me in the 1000th hand potency.

I have never made a proving of this new nosode on the healthy individual as yet, but I have observed the clinical symptoms exhibited. During its exhibition and for a day or so following the patient is very nervous, sleep is disturbed and the patient complains of an undue activity in the region of the stomach. Digestion and appetite are nil. Following this the patient feels greatly stimulated, digestion and appetite are better than usual and they begin to believe they are getting well. I have never failed to observe its having benefited these case and I believe it has completely cured a number of them.

Dr. Maclay Lyon:—I made this nosode myself from a gastric cancer. I examined the case on two occasions, and made a diagnosis of cancer; this was confirmed by two well-known pathologists, who also examined the patient. After his death I attended the post-mortem examination. I took a section of the lesion and submitted it to one of the same



pathologists who examined the patient before death, and it was pronounced an undoubted gastric carcinoma. Its site was typical; near the pyloric orifice.

I placed a little fragment of it in a clean bottle. In another bottle I placed a small piece of carcinomatous tissue and juice from a nodule in the liver. Upon these I poured dilute alcohol, and allowed them to macerate for a week. This I called the mother tincture, and run them up with strong alcohol to the 30th. I have been experimenting with it empirically, as no proving has been made as yet. I have tried it in well-established cases and in doubtful cases, as well as in cases lying midway. I have followed the rule of giving one dose a day for three days and then waiting for developments. If none occurred I would repeat. The patient seemed to be greatly aggravated the second day; becomes nervous and does not sleep well. Has terrible dreams; stomach stirred up to the point of refusing food; some activity of the bowels, occasionally amounting to a diarrhœa.

Examination of the stomach contents showed that it reduced the amount of Lactic acid perceptibly. In a number of cases the amount of free Hydrochloric acid was increased. In the cases that have had the greatest aggravation there has been the greatest subsequent relief. Later I intend to have my cases tabulated and reported. Three cases which were decidedly helped by it, developed inflammation of the kidneys and two of these died of the kidney trouble.

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## BUREAU OF CLINICAL MEDICINE.

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C. M. BOGER, M. D., CHAIRMAN.

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### **"A PLEA FOR STRICT OBSERVANCE OF THE LAW."**

BY DR. JOHN W. MULLEN.

"Ye shall know the truth," is the prophesy of the immortal Nazarene.

In a former paper we endeavored to prove the Law of Similars, a part of the great Law of Truth, and if our conclusions were correct and withstood the test of harmony—which is the test for *all* truth—then it follows, reasonably, that the Law of Similars is divine in origin.

Presuming from this specific basis, this originality of the Law of Similars, it might be to our mutual advantage to examine further into the merits and adaptability of this law, when as homoeopathic physicians, we endeavor to apply its precepts in our treatment of the sick.

Hahnemann, our illustrious leader, who was the first to intelligently apply this law of similars and to incorporate it into the system of homoeopathic therapeutics, proclaiming thereby the birth of our school, together with his early followers—the sturdy pioneers of a new faith, all recognized alike the fact that the promotion of health to the sick, like the promotion of true happiness to the sinner—depends upon our strict observance of the law.

Does the lapse of time obliterate this truth? It would so appear were we to take notice of our present day efforts of applying Hahnemann's method in treating the sick, for while in name his votaries are many, in truth they number few who are guided by his teaching and adhere to the law.

In Euclid we are taught that, "a straight line is the shortest distance between two points."

This is self-evident truth—how plain, how beautiful, and yet withal how simple. In other words, to follow truth, which is the law universal, we follow the line of least resistance, and when we have knowledge of a law of cure for the sick, equally self-evident, which stretches in a straight line



from sickness to health—what think you is the duty of a professed follower of Samuel Hahnemann?

I am persuaded that none of our school are ignorant of this law's existence—this line of least resistance between disease and health—and yet it is difficult sometimes to understand why, in the face of this knowledge, we as a school prefer to follow error through the by-ways and hedges of confusion and discord into the realms of medical empiricism, darkness and decay.

As I have said, we can not explain our apostasy by claiming ignorance of the law's existence, and in looking for other causes let us consider two, viz.: First, "Failure to recognize the majesty of the Law," and second, "Ignorance of the Law's adaptability and sufficiency for the restoration of health to the sick when rightly applied."

But before proving the majesty of any law we must first offer our evidence for the entity of the law; that our reasoning may escape the charge of being faulty.

Law is defined to be the result of perfect reason, and some wise man has said for our benefit that "He who will not reason is prejudiced; he who can not is a fool; he who dare not is a slave."

From these premises, I take it, we are all willing to reason, and if we do so perfectly, our conclusions can not fail to make the Law manifest.

It is our privilege when ignorant of any natural law, to first observe its effects, and then our duty to prove its existence by seeking and finding the certain and invariable cause.

Primarily, there can be no exception to this method of proving the existence of natural law, and our investigations must proceed in the inverse order of sequence, from effect to cause, from the negative to the positive.

Hence, the therapeutic Law of Similars plainly establishes, not only its entity from this axiomatic reasoning, but proves its potency and positive relationship as an integral part of the great central truth—the divine law.

Let us now consider some material proof of the existence

of a therapeutic Law of Similars, and if the evidence leads us to perfect conclusions we not only convince ourselves that this law exists, but we shall likewise succeed in removing all doubt of its majesty.

The force and power of drug action is determined by the resisting power of the vital force of animal life, whether administered during sickness or health, and by such applications we find that drug vitality is always more potent than the animal vital force, from the fact that repeated doses of a drug administered will always produce certain symptoms.

Again, we know that each drug administered singly to a person of sound health will produce symptoms of its kind, revealing the fact that each drug has a separate inherent force common to itself, which we might term the vital force of the drug.

Now, inasmuch as all disease conditions manifest themselves by a disturbance of the animal vital force, revealed to us by subjective and objective symptoms, it is possible to find a close similarity between the symptoms produced by both forces.

Furthermore, if we find in disease a disturbance of the animal vital force whose symptoms are similar to the vital force of a certain drug, and we administer that drug to the patient, we will demonstrate to our entire satisfaction that the disease condition has been checked in its progress; the animal vital harmony restored to the patient, and the majesty of the Law of Similars firmly established; providing, of course, that the animal vital force be not exhausted beyond the power of reaction, in which case death is the victor.

We will now consider briefly "The adaptability and sufficiency of the Law of Similars to restore health to the sick when rightly applied."

The adaptability of the law will depend upon the degree of similarity existing between symptoms shown by the disturbed animal vital force on the one hand and those produced by drug effect on the healthful animal organism on the

other. The closer this similarity is found to be the easier it will be to prove the adaptability of the law.

Sometimes the drug selected to oppose the disturbed vital force may be imperfectly adapted because of lack of symptoms at the time the application is made; but in this case the similarity will be found sufficient to hasten the development of the tardy symptoms, which enables us to find the drug perfectly adapted to the case, and when applied the curative result demonstrates most positively the adaptability of the law.

Moreover, with the establishment of the law's adaptability we have reasonable proof of its sufficiency to heal the sick "in the shortest, most reliable and safest manner, and according to already intelligible reasons."

Not alone do *we* assert the sufficiency of the law, but from the early days of Homoeopathy to the present time, the grand truth of Similia has continued to prove its sovereign might in the field of medicine.

And to those of us who love the truth for the truth's sake, and who are yet unfamiliar with the fact that the therapeutic Law of Similiars is a part of the great truth unit, we would advise a more intimate acquaintance with this subject, for if "truth is mighty and must prevail," the destiny of the Law of Similiars is assured a most glorious ending, and those of us who worship at her shrine will feel the inspiration that led the fathers of Homoeopathy to this faith and held them immovably to believe that, even though crushed to earth, this truth shall rise again.

And while we reverently pay honor to the memories of our illustrious teachers of the past, and gratefully acknowledge before the world our appreciation for their noble efforts put forth to alleviate the sufferings of the race in the battle with disease and death—our duty is not yet done—but rather should we wear the mantle of their conscientious responsibility, and in accepting the fruit of their toil for our heritage march onward with the banner of progress, remembering that, though "yesterday be dead and tomorrow yet unborn, *today* is the crisis of life."

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**MAMMARY TUMOR CURED BY ONE DOSE OF SULPHUR.**

BY E. W. BERRIDGE, M. D.

August 9, 1900. Mrs. W., aged 49. Health bad during childhood and girlhood. Menses irregular for last six months. All her life weak and nervous. Father died of phthisis, with hæmoptysis, at age of 30, having been ill for two years. Two years ago subject to attacks of sharp, cutting pains in abdomen, diagnosed as gall-stones, temporarily removed by purgatives; but if she does not continue the purgatives she becomes constipated and the pain returns. For fifteen years subject to throbbing pain in vertex. Always constipated since childhood. When and since nursing first child, born twenty-five years ago, has noticed a painless hardness of right breast; also of left breast to a less extent. For last two years, at intervals of from four to eight weeks, breasts have felt larger; had to remove clothes from them, and to turn over in bed very cautiously. Sleep very bad at times. Three months ago noticed a hard tumor in left breast; an allopathic doctor diagnosed cancer; he treated her for a month, but without result. Then she was under the care of a homoeopathic physician for two months, who gave Conium every three hours for a month. This reduced the size of the tumor, and patient felt better in herself, stronger and more cheerful. Then axillary pains came on, possibly from overaction of Conium; the doctor then gave Colocynth in the same way, which made her worse. She took the last dose today. In the left breast I found a fibrous tumor about the size of a filbert; hard, rather tender, freely movable; in the right breast a similar but large tumor in the center. Nipples not retracted. The right breast has not improved under the last treatment. For the last few days burning in the right tumor. Often at night the entire hands feel swollen, heavy, aching and burning; this has been so for a year or more. For several years burning of soles at night.

I ordered complete abstention from any medicine; enema to be used if necessary. I prescribed no medicine for a

month, so as to give the Conium and Colocynth full time to act, to allow any aggravation to pass off, and to obtain a clear picture of the symptoms, uncomplicated by medicinal effects.

September 7. Constipation unchanged; has ceased the purgatives, but had to use enema two or three times weekly. Has had three or four attacks of the abdominal pains, as before. The sensation of enlargement of breasts, with sensitiveness to contact of clothes, has not returned since May. Less nervous. No return of the burning in tumor, or of the symptoms of hands or feet. Both tumors much smaller. As the curative action of one or other of the former medicines was still in force, I made no further prescription.

October 5. Constipation unchanged. Has had five attacks of the abdominal pain. The throbbing in vertex has been very severe. More nervous, fears to go out alone. Burning in right tumor returned once. The symptoms of the hands returned two weeks ago, and for the last week they have renewed every night, and sometimes by day. The burning in soles at night has returned for last week, and has extended all over feet. For last three weeks profuse sweat at night all over her, but chiefly on trunk. It comes on either on waking or a few minutes later. The tumors seem stationary as to size. The burning in feet compels her to put them out of bed to find a cool place. The former improvement having now ceased and new symptoms arisen, the evident *simillimum* could be selected, and I gave *Sulphur m. m.* (F. C.) one dose.

November 7. Constipation improved at once; has not used enema; bowels act alternate days, but stools still hard and somewhat difficult. No more abdominal pain. Throbbing in vertex better, and none for last week. Sleep better. Hands are swollen, with burning and aching; worse at night. Burning in feet better, sometimes only in left great toe. Night sweats rather better. On November 3, noticed pain in left mammary tumor, like asoreness, and tenderness to touch with sharp pain there. This has continued ever since. The



left tumor seems about the same size. Burning in both tumors. Hands not so troublesome as during previous month.

November 23. Stools rather hard, alternate days, but no enema used. No more abdominal pains. Throbbing in vertex for last two weeks. Hands swell and burn more, but feet have been much better. More night-sweats. The pain in left tumor improved on 24th, and has been much better since. Less burning in tumors, which are very much smaller.

December 21. Has not used enema. Only occasional throbbing in vertex. Symptoms of hands and feet recur at times. No more burning in tumors. Right mammary tumor much less; left tumor almost gone; but on the outer side of left breast is another large tumor, which she noticed about a week ago; it was then as large as the other left tumor used to be, but is now smaller.

February 2, 1889. Right tumor almost gone; left much smaller.

July 29. Writes to say that tumors are entirely gone.

A single dose of the *simillimum* acted better and more permanently than repeated doses of what was no more than a *simile*. Also to give repeated doses of two antipsoric remedies in quick succession, without allowing the first to expend its action, was an error. As for the diagnosis, I believe it was a case of fibrous tumors, occurring in a patient with a tuberculous diathesis. Nevertheless, the allopathic doctor said it was cancer; and we know that the allopaths are so correct in their diagnosis that it is generally confirmed by the *post-mortem*!

#### DISCUSSION.

P. E. Kirchbaum:—That is a splendid paper in my opinion. It shows what can be done if you give the right remedy, get an effect and wait for it to work out. Old Dr. Guernsey was a stickler for allowing the remedy to act before giving another dose. A couple of years ago I treated a case of grippe. After the patient was over it he told me that he had noticed a remarkable thing, namely, his bowels had been

moving with a regularity that they had not had for thirty years.

W. A. Forster:—I do not see anything remarkable in that case. In the first place the doctor did not know what was the matter with the woman and we do not know now. Then again, we have only her word for it that she was cured. Women frequently imagine that they have tumors in the breast and that they are affected with a cancer. It is the first thing that some women think of when they have a pain. Did she really have tumors? If she did, did they really entirely disappear, or did she merely get into better physical condition? Allowing that she had tumors, there is strong doubt in my mind about their being cancerous.

They might have been enlargement of the milk glands, a chronic inflammatory condition of the glands. That condition generally occurs in both glands. It is rare, almost never, that we have cancer in both breasts. It is rather rare to have fibroids in both breasts. I have seen two fibroids in one breast, but very rarely in both breasts. A paper like that is exceedingly unsatisfactory because it proves nothing, leaving us in doubt what the condition really was.

J. C. Holloway:—It seems to me an exceedingly satisfactory paper. It is one of the beautiful things about Homoeopathy that it cures whatever the patient is suffering with. She had something abnormal in the shape of tumors and whatever they were they disappeared; the constipation also disappeared. If we would only learn to treat the patient and throw aside the name of the disease, how much better it would be. The name of the disease has nothing to do with the treatment. Here are symptoms, concomitants and modalities—an image or picture of the patient's condition and here is a corresponding image or picture in the proving of the remedy. You apply it and the patient gets well.

It is a fact that Sulphur high and in one dose will cure more cases of constipation than anything else we have. That just happens to be so and it does not excuse the giving of



Sulphur in a case that does not call for it.

Dr. Baker:—Diagnosis is not such an accurate thing that medicine can be proud of it. How often are mistakes made and a case pronounced cancerous when time or the postmortem reveals that it was no such thing. A great German pathologist, I can not recall his name, said that a diagnosis could not be made in 65 per cent of all cases. The way to cure is to get away from names and seek the image of the patient's condition in some remedy, no matter what is the diagnosis. A cure is a real thing; a diagnosis is a guess.

I respect surgeons, but my opinion is that surgeons make mighty few cures. They may cut away results, but that is far from a cure.

C. E. Putnam:—It often happens that after the surgeon has cut away a tumor the patient remains sick. I have seen that myself.

C. M. Boger:—It often happens that when the diagnosis is beyond doubt the patient is beyond help. I want to report a case: A woman had a cancer of the left breast; there was said to be no doubt about the diagnosis, and the breast was amputated. In a year cancer recurred in the scar, and also appeared in the right breast. That woman was cured of the whole condition with a few doses of Nitric acid. It is a singular thing that cancers are sometimes cured by remedies that are not antipsorics. A most threatening case was that of a young woman with a nodule in the left breast, with atrocious pains that would not allow her to sleep day or night. The nodule was firmly attached to the ribs. Ignatia 200 relieved the pains, and the tumor has almost disappeared. No one would accuse Ignatia of being capable of curing such a condition as that. It was prescribed for the patient, not for the cancer, yet it cured it.

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## THE REPERTORY, AN AID TO PRESCRIBING.

BY DR. J. C. CALHOUN.

During my college days and early practice I knew nothing of the repertory nor its uses. About two years ago I

had sickness in my own family, and the attending physician asked for a repertory that he might check up the case. I did not own a repertory then, but did the next day, and through his study and use of the repertory I found what an aid it was in prescribing, especially in obscure cases.

I cite the following case, not because I think the cure so wonderful, but because the selection of the remedy effecting it was entirely due to my use of the repertory:

Mrs. M. M. P., aged 28, one child aged 6 years. Family history negative. Dark complexion. Spare build. Had an attack of typhoid five years ago. Treated then by an allopath. Has had since then more or less trouble with her stomach. Her condition at various times and by different physicians diagnosed as hyperacidity, gastric ulcer and gastritis. At one time was on a liquid diet for six weeks. Spent most of this time in bed. Stomach was washed at frequent intervals. She got some relief but had recurring attacks.

She came to me much worried as she knew she was going to have another bad attack, which she dreaded. Was low spirited; depressed; lacked ambition; tongue over clean; taste metallic more than of copper; appetite poor, cared for but little food; regurgitation of food; nausea; burning sensation in stomach and abdomen; tenderness on pressure or even jar of walking; vomited at times slimy, then again like coffee grounds, slime predominating; not much thirst; hot drinks and food did not agree; dull headache.

In checking up I found the following to be more or less indicated: Acet. acid, Ars. alb., Apis, Abies c., Arg. nit., Arum, Bry., Capsicum, China, Cantharis, Caust., Carbo veg., Hepar, Lycopod., Merc. corr., Nux vom., Phos. acid, Puls., Sepia, Secale and Sulphur.

In going deeper I found that Merc. corr. covered the case better than any of the other remedies.

She was given a two drachm vial of the 6x in tablets (B & T), with instructions to take two tablets every two hours. Improvement was apparent in thirty-six hours and

continued. Renewed remedy in same potency with instructions to take two tablets four times a day.

That was seven months ago, and she has had no recurrence since then, and she tells me that this is the longest that she has been free from trouble since the first attack.

I believe I am entitled to be credited with a cure, thanks to the repertory.

Let all the younger men learn the use of a good repertory, and then Homoeopathy will do more for them and their patients.

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### BORAX.

BY JULIA MINERVA GREEN, WASHINGTON, D. C.

Borax (*Natrum boracicum* or *Sodium bi-borate*) belongs to the *Natrum* group of remedies. The term Borax comes originally from the Arabian *baurach*, a name which the Arabians applied to the *Nitrum* of the Greeks. Later the difference between *nitrum* and *borax* became known.

There are many broad characteristics conforming to the *Natrum* type. This remedy has the *Natrum* nervous excitability, an oversensitiveness of the nerves, an intense nature, sensitive to noise or excitement; also the *Natrum* lack of endurance, aggravation from exertion, sensitiveness to weather changes and to cold, chilliness, flushings of heat and sweats, stitching pains, catarrhal states with copious mucous discharges, crusts in nose, etc.

The typical Borax patient is pale, with clay colored or earthy skin, which looks wilted; he is emaciated, or the flesh is flabby and muscles lax.

He is changeable, extremely irritable nervously, and indisposed to mental exertion, easily confused. His nerves are on edge; he starts at the least noise, even a distant one; he is full of anguish and fear, of changing moods, finds fault and scolds from an irritability of the nerves, wanders about from room to room without occupation or reason. Add to this the peculiar dread of a downward motion which often leads to the selection of Borax and we have a picture, per-

haps somewhat overdrawn, of the mental state of the remedy. The patient is aggravated on going downstairs, even from rocking; the infant cries and throws up its arms when put down in the crib; sometimes just the prone position aggravates. In lesser degree there is an aggravation from going upstairs or ascending heights. This peculiar and strong modality is a real key-note to this remedy. There is more than aversion to mental exertion, there is a physical aggravation from it. Deep thinking brings on nausea, with excitability.

Another broad characteristic is the power to heal aphthous conditions anywhere in the body. The indiscriminate use of Borax for "nursing sore mouth" is to be condemned; in infants sensitive to its action this has brought on the Borax diarrhoea and other Borax symptoms. But aphthous patches on any mucous membrane belong to the nature of this remedy. The buccal membrane is highly reddened, the palate looks wrinkled, the child screams when nursing and lets go the nipple, the gums are shrunken, the tongue is often dry, with red blisters on it, mouth hot and dry, sometimes bleeding from it when nursing; there may be herpetic eruptions around the mouth or on the lips. Sometimes there is a loathing of the breast in infants with this sore mouth; the milk tastes badly and the child refuses it. The same aphthous condition may be found in nose, oesophagus, stomach, bowels, rectum; urethra and on genitals; the anus may be covered with aphthæ.

The pains of Borax are stitching-drawing pains, with tingling, stinging, crawling, itching sensations in the regions affected. Parts usually red turn white, and some of them turn a more intense red. The tip of the nose is red; the tips of the fingers turn red.

There is much congestion to the head, with fullness in the brain, pressure round the eyes, heat of head. Hot head of infants, with hot mouth and hot palms. Pulsating in the head, often in occiput, extending to whole head. Headache

worse from mental work. Head sensitive to cold and bad weather. Hair tangled and split at the ends.

There is congestion in the eyes also, with pressure in eye-balls and lids, inflammation of external canthi, with nightly agglutination. Itching in the eyes. Eye-lashes turn inward.

The ears have the same stitching, stinging, shooting pains, with itching, swelling, discharge of pus, worse in the evening and from cold, better from pressure and warmth. There is hardness of hearing in left ear, with roaring in it.

The nose has dry scabs, also discharge of thick greenish mucus, with the same itching and tingling, sneezing.

Toothache in hollow teeth, with the tingling, shooting, cramp-like pains, with swelling of gums, worse in wet weather.

The throat is dry, with tenacious mucus, very hard to loosen, green, bloody, lumpy. This remedy is useful in diphtheria, where we find an extensive pearly membrane, with points of ulceration, fetor and salivation, and a persistent tickling cough, with the general features of Borax present.

The Borax patient is uncomfortable while eating and afterward. Nausea and restlessness while eating; pressure in stomach after eating, especially after eating fruit; colic after smoking, as if diarrhoea would follow. Nausea, with inclination to vomit, while riding in a carriage, while thinking, during animated conversation. When the aphthous patches extend down the oesophagus there is vomiting after drinking. A so-called stomach cough is characteristic of this remedy, with gagging and retching. There is a desire for sour drinks, a bitter or insipid taste.

In the abdomen is a general feeling of debility, also a pinching pain with the diarrhoea. Colic, as if hard, sharp bodies were rubbing on each other in the bowels and in the hypochondrium.

Borax is often given for its diarrhoea, especially in nursing infants, diarrhoea with rumbling and grumbling and extremely sour stomach. Stools are light yellow, with much



mucus, white, like boiled starch, sometimes greenish, sometimes bloody, but always mucus in them. In older patients there is weakness and faintness, with the diarrhoea. Before stool the patient is peevish, lazy, dissatisfied, then comes this diarrhoea with burning in the rectum, then a cheerful, contented state of mind. Aphthous patches around the anus.

Children scream and are full of excitement before urinating. The urine burns and the orifice pains as if sore after urinating; sometimes it feels closed as if with gum. The urine feels hot in passing.

Borax cures membranous dysmenorrhoea with labor-like pains preceding passage of pieces of membrane, even sometimes a cast of the uterus; it cures this dysmenorrhoea provided the general characteristics of the remedy are present. The leucorrhoea is profuse, like white of egg, hot in passing, flowing down the legs. Sometimes a sterile woman who needs Borax becomes pregnant after receiving the remedy and this kind of leucorrhoea grows better.

Labor pains seem more violent in the stomach than in the uterus; they dart upward and the child's head goes back; they are often accompanied by frequent eructations. These symptoms in a woman of Borax temperament with a history of this leucorrhoea or dysmenorrhoea or both, will surely find much relief from this remedy. Another peculiar symptom is pain in one breast while the child is nursing the other. The milk is thick and scanty, tastes badly, the child refuses it. Aching in the breast when empty, must press on it.

Borax has been prescribed frequently for its chest symptoms, appearing in the right chest, stitching through the centre of right lung to the scapula, pain that is as much stitching as the Bryonia pain. The cough is dry, hectic, with these shootings in the chest and an expectoration that tastes mouldy.

In the back and extremities are found the same tingling, stitching and itching, with trembling weakness. Aching in lumbar region, burning when sitting; itching and tingling in coccyx; burning around upper arm and thigh; trembling of

feet; itching of joints of fingers and of ankles; stitches in soles of feet; sensation of warm water running down thighs; heat and redness of fingers and toes as if frost bitten; ulcers around finger joints and on buttocks; erysipelatous conditions; beating in tip of thumb day and night.

The skin is wrinkled or wilted, much disposed to suppurate, pale or livid. The proving brings out erysipelas, herpes, ulcers, intertrigo, eczema of the face and scalp, besides the aphthous patches on mucous membranes.

This patient cannot sleep well, starts at the least noise, wakes early or wakes frightened. He is a cold, shuddering, shivering patient, with trembling weakness and great nervous excitability. Especially is there chilliness during sleep; heat in bed with shivering on being the least uncovered; flushes of heat; perspiration during morning sleep.

On gathering together the peculiar symptoms of the remedy, we find quite an unusual list of them: The itching, tingling, crawling here and there; a crawling on the lips; a sensation on face and backs of hands as if covered with cobwebs.

While thinking, or after mental exertion, restlessness, trembling, nausea, stupefaction, vertigo.

Weakness of joints; ulceration round finger joints.

Heat of all secretions and all orifices.

Oversensitiveness to all noises, even distant ones, as the shot of a pistol at a distance.

Dread of a downward motion.

Anxiety increasing until 11 p. m. and suddenly ceasing.

Redness of parts usually white; buccal cavity very red, palate wrinkled, redness of tip of the nose and tips of fingers.

Hair tangled, splits, sticks together; eyelashes turn inward.

Breath smells mouldy; expectoration tastes mouldy.

Milk tastes badly, child refuses it; pain in opposite breast while nursing; breasts ache when empty.

Orifice of urethra seems closed as if with gum.



Sensation of hard, sharp bodies in abdomen, rubbing on each other.

Muscular palpitation in corners of mouth.

Aggravation from eating fruit.

Aggravation from riding in a carriage.

The following cases will serve to illustrate a few of the various aspects of Borax:

Case 1. Reported in THE MEDICAL ADVANCE for January, 1904, by Dr. Margaret E. Burgess. "Borax 3m relieved following symptoms at once: Painful shortness of breath and gasping on assuming recumbent position. The manifestation was purely hysterical; improvement when first prescribed was so immediate that when symptoms returned in a few weeks, I prescribed other remedies, thinking the first effect merely a coincidence. Three or four remedies were given without success, then Borax again with almost miraculous results."

Case 2. Reported by Dr. Maurice W. Turner. "A nursing infant of seven months developed brownish, offensive, loose stool with aphthæ after the mother ate some apples in the early autumn, without, however, the mother being affected. Appetite was lost; mouth bleeding, aphthæ very sore; drowsy, but startled by slight noises; cries much, especially from rocking, or when laid down in the crib would at once awake. Borax 200 given to the mother, cured at once."

Case 3. In article on Borax in Hempel and Arndt. "A man had a bronchial catarrh, but with this peculiarity, that with every cough he had a nauseous, mouldy taste. His breath smelled mouldy, and the loose expectoration had the same odor and taste. Borax 2, two doses a day, cured in six days."

Case 4. Same source. Mrs. M., aged 34 years, several years married, but never pregnant, tall, rather dark, thin, had suffered extremely at every menstrual period since the menses were first established. The hardest pain began in the right ovarian region and extended to the thigh of that

side and sometimes to the knee; the pains came on in paroxysms and were accompanied by expulsive efforts simulating those of labor. The paroxysms ceased with the discharge of cylindrical shreds of a meaty appearance, varying in length from one to two inches and in diameter about the size of a common lead pencil. Cured by Borax crude, given in five grain doses, taking in all seventy-two powders.

This prescriber evidently did not know the greater efficacy of a single dose of a high potency.

Case 5. Reported by Dr. Schwartz in THE MEDICAL ADVANCE for March, 1903. Miss G. S. A history of several attacks of rheumatism, sometimes laying her up for several months. Chronic sore throat, for which, years ago, the tonsils had been cut out. The previous year diphtheria, antitoxin treatment, since which she had had sore throat constantly, and had been feeling "tired, sick and miserable all the time." Always sleepy, could sleep fifteen or sixteen hours at a time; dreams about work with people whom she knows. Appetite irregular; craves coffee, which always makes her sick. Pain in back and right side; "rheumatism flies all over her." Can't sit still, but moving does not give relief, though she feels she must move to get in a more comfortable position. Headache, top and front of head and eyes. Dizzy, almost falls, fears falling when at head of stairs, on edge of sidewalk. Bright spots before eyes, seem to fall from above downward. Everything looks yellow. Teeth all right, but all teeth and ear on left side ache, worse by heat. Back of hand, top of foot and tongue itch and tingle. Menstruation every two weeks, very profuse, bright red. Leucorrhœa in intervals, like white of egg. Always cold. Likes to be alone. Always tired, dreads to start any work, don't care how things go, feels old. Slight injuries do not heal. Has a slight cough. Can't hold things steadily, weak knees, weak about girdle. Pulse 80, has lost in weight. This has been her condition for several months. Borax 1m was prescribed. More than three weeks later she came into the office with springing step, as though full of life and

vigor, smiling and happy, looking plump and rosy. She said she felt quite well; headache gone, no more neuralgia, no sparks before eyes; doesn't fall as she used to, feels steadier; no sore throat, still some itching and tingling in hands; last menstruation normal and interval almost four weeks; pulse 72. Heard since that she continued well after taking one dose of Borax cm.

Dr. Lemon:—Borax is one of the common things used in households, and we seldom think of it, seldom look for it and seldom prescribe it. and yet it is frequently demanded by the symptoms of the sick. I suggest that every person here get a copy of this paper after it is published and study it. They would find it of the greatest use to them. I do prescribe a little, although I am not in general practice.

Last spring a year ago—in May—I was called to see a child that had been treated unsuccessfully for spasmodic contraction of the neck of the bladder. I had to use chloroform, but then I succeeded in emptying the bladder in about a minute. The skin was irritated and sore in the arm-pits, on the nates and at the anus; the child was restless and nervous, had a strong tendency to spasms; strength and health seemed to be waning. I told them that I would prescribe the next day. Then I sent down a package of Squibb's powdered Boracic acid. The child got better immediately. I did not give any medicine; the Boracic acid cured the whole trouble.

P. E. Krichbaum:—I saw a child two and a half years old who could not sit up. The trouble was ascribed to the too free use of Boracic acid in the mouth as a wash. It was at Carleton's clinic.

A. Verges:—Borax is so important that everybody should study it well and thoroughly. Two or three times a year I meet with cases of Borax poisoning, not only from its common household use in the mouth, but also in food. As a curative agent I have used it in pleurisy with great success. It has stitching pains similar to Bryonia.

## CLINICAL CASES.

Z. T. MILLER, M. D.

Mrs. R. B.

In the early sixties, when I was terrifying the enemy by running away from him, I stumbled upon an animal in the mountain fastnesses of West Virginia, the exact kind of which I had never seen before. A lank, lean, bilious-looking gentleman with a left buccal tumor informed me that the animal was a razor back pig.

I never looked at Mrs. B. that I did not think of the buccal tumor and the R. B. P. Had I stumbled upon the man with the buccal tumor and obtained my information as to his identity from the razor back pig, and the R. B. P., had told me the man was a razor back from way back I could have believed him. There was only one difference, the left buccal tumor. A razor back has a very sharp spine; it looks like a safety under the microscope. It cuts its way under mountain underbrush, and one not wishing to have his bifurcation extended to the seat of his benevolence had better not try to ride him.

Mrs. B. is thin, sharp and drawn out to five feet six. Her central apparatus is of the high frequency kind with low potential. She tips the beam at 110, and is coupled up for better and worse with 200 pounds of brutally frank, red-headed masculinity. For seven years there was nothing doing save a distressing pain in the right side of Mrs. B.'s abdomen, which pain was relieved by flexing the leg upon the abdomen and pressing the seat of pain.

Sixteen months ago Mrs. B. was recommended to consult me by one of my agents. I am a great believer in free will. She came wanting to know whether she was pregnant or had a tumor. Her case, strangely enough, had been variously diagnosed by others (and there are others). One said it was a dermoid cyst, another a floating kidney.

She had missed her changes, her abdomen was large, breasts sensitive and some gastric disturbance. There was also a growth of some kind on the right side of the womb.

I diagnosed pregnancy and assured her that time would sustain me.

A few days later I met her brother-in-law who said, "Well, you will have a hell of a time with her."

In due season I was sent for, and with not more than the usual amount of caloric delivered a girl baby. Under the relaxed walls I distinctly felt a growth of the shape and size of a paw paw.

No razor back ever scooted through a hedge easier than that woman had that baby. She pulled herself together and was full of brave pluck throughout.

Fourteen months later she began to flood. I now found a tumor the size of a cocoanut with much soreness.

The baby had been weaned. Operation<sup>as</sup> was decided upon. This bundle of nerves went to the table with absolute composure. She took the anæsthetic heroically and in just thirty minutes Dr. Wm. Alvah Stewart removed the tumor which was attached to the right ovary, also both ovaries, both tubes which were swollen and inflamed, and amputated the womb above the cervico-vaginal junction.

The tumor was pear shaped, with two cornua. When opened it was found to be tightly stuffed with hair, so tight, indeed, that tenaculum forceps were required to pull the hair apart. In the meshes of hair was a fluid that looked very much like mayonaise dressing.

"Father, will you have some mayonaise dressing for your salad?"

"No, thank you, dear; not any."

Before the mass was cut into, the surface looked like a moss-flecked stone, except where moss is green the discreet patches were bright red, seemingly clusters of vessels.

For thirty-six hours the patient suffered considerably, but after that was as comfortable as possible, leaving the hospital on the twentieth day.

That this women should have been sterile for seven years owing to the diseased condition of her reproductive organs then became pregnant and carry to terms seems quite



anomyous. The tumor grew more rapidly after the delivery than before, but the pain was about the same.

A dermoid cyst is a most interesting object. I have long since concluded that almost "any old thing" can grow in, upon or about the reproductive mechanism of women. I was perfectly willing to magnanimously allow her a monopoly of such distinction, but when I examined authority for the purpose of fixing absolutely her right to be the mother of everything, especially when of questionable character, I was astounded to learn that the seat of man's spontaneous generation could likewise be invaded, that he too, under favorable conditions, could have a miscarriage. The thermometer of a certain egoism immediately sank to the frost line and immediate inspection to see whether a stray chromosome had lost his longitude and found lodgment in an entirely unsuspecting testicular region was made. Nothing doing.

The literature of dermoid cysts is not meagre, and like much other is mixed with superstition. It is not my intention to take your or my valuable time telling you what this gentleman says that contradicts the previous gentleman. Jos. McFarland's Text Book of Pathology, 1904, and almost any book on Histology has it all.

Mrs. G. was 30 years old when it was determined by the surgeons that she needed an operation. There is nothing particularly startling in this. The surgeons did not need the money and Mrs. G. may not have needed an operation, but as decided distinction attends an operation, both to the operator and the operated, the opportunity to have the brow wreathed in the green of chirurgical glory was not to be passed.

Mrs. G. was operated, both ovaries and tubes were removed, and at the end of four years, after the laurels had browned and crumbled, she sought other distinguished aids to health. I shall not permit anything to deter me from stating that she applied to me, however much I may be

overplussed with that characteristic which is often said to forbid such mention, but does not.

Having so far foolishly digressed, I remind you again that Mrs. G. was operated. Her ovaries were "cystic," her "tubes were large and inflamed," but Mrs. G. "never had much pain in them." What pain she had was in the region of the gall bladder, and for those pains she sought relief four years after operation.

The strange feature of Mrs. G.'s post-operation life is that she menstruated. Six weeks after the organs upon whose functioning menstruation is supposed to depend were probably preserved in formaldehyde she changed normally once. In six months after she began again, and every twenty-eight days for the next six months changed regularly. Following this was an interval of three months, when she began again and continued, her menses appearing every twenty-eight days for the next ten months. Again she missed for six months. Last October a year she changed once, and reported that about the same time last October they showed up again, scanty and offensive. Many times when she did not flow she had all the old menstrual signs, and they appeared about every twenty-eight days.

Her surgeon assured her at one of her periods, when she was actually flooding, that she could be certain that she was not having a miscarriage. He also assured her that, while it was rare for a woman to change who had no ovaries, it was not unprecedented. He also assured her that both ovaries and tubes had been extirpated completely.

Mrs. G. is slender, has dark hair and eyes. When she came, and since—strange—she had shed the crown of Cæsar, and her mouth wears an almost perpetual smile, quite rivaling a certain dear and departed statesman of the dollar mark. It is not my business to inquire the way and wherefore of the hilarity on the part of Mrs. G. True, the skill in mutilation peculiar to a part of our profession had relieved Mrs. G. of some very troublesome apparatus, and by rights she should have escaped the further periodical incon-



veniences incident to menstruation and gestation, but she did not, and thereby Mrs. G. may think she has the laugh on us, but in charity and partial gratitude, restrains her outbursts to a mirthful play around that part of her phiz situated between the neither point of her nose and chin. Mrs. G. has had no more babies, and that may give birth to the smile, a parturition, which, upon my honor, is the only one trimmed that way.

Mrs. G. is gaseous, and gets rid of it, orally, at either end. (Don't permit the use of the word either and neither to mislead you as to my nationality. I have never used it before, but being in Kansas City I feel it incumbent to display such culture as will distinguish me from the semi-civilization that is supposed by many to prevail in the expanse of western deserts.)

Where was I? Oh, yes, Mrs. G. was getting rid of wind, orally, at either end. But it must be remembered that it was because she could not do it before that she came smiling. She told me that her distress was in the right side of her abdomen, under the ribs; pain goes forward and extends back to the shoulder blades, pain better when lying on the back.

Nasty taste, bitter, metallic.

Black spots before the eyes.

Face was yellow; now pale.

Pain worse from eating porkchops or anything sour.

Has taken calomel. Rheumatic pains, worse from changes of weather.

Can't stand the heat.

Sweats cold on the forehead; sweats much under the arms. Pains in the right side, followed by bladder difficulty.

Hands and feet cold and clammy.

Gas accumulates in the region of the pain.

Hæmorrhoids.

Leucorrhœa, yellow, offensive.

Soreness of joints of index finger of the right hand.

Backache at waist line when on feet much.

Very irritable. Wakes several times during the night.

Had tonsils removed for quinzy.

Bloated with the pains.

The foregoing symptoms show that Mrs. G. could smile under difficulties, and that a surgical operation that sterilized her, without boiling, did not cure her.

The first prescription was made January 30th, '09, *Lycop.* 30th, followed February 12th by 10m, until March, *Nux vom.* 94m., March 21st; *Bry.* 30th., April 4th, *Medorr. cm.*, April 30th, *Sulf.* 30th., May 12th, *cm.*, May 22nd., *Bry.* 30th., June 5nd, *Nux vom.* 30th., July 4th., *Bell.* 12th., July 9th, *Phos.* 85m, July 14th, *Nux* 1st., August 8th, *China* 6th, *August* 17th, *Nux* 1st., August 20th, *Bell.* 30th., and from that on *Nat. sulf.* 6th. and 200th.

These remedies were given as the symptoms seemed to call for them. *Nat. sulf.* persisted in has made Mrs. G.'s life worth smiling, and I really believe that had I put her on *Nat. sulf.* at first and kept her there, I would have gotten less of Mr. G.'s money. I believe that the rock bottom trouble in the case is sycotic, and that *Nat. sulf.* and *Medorr.*, with *Thuja*, must complete the cure. At present Mrs. G. is enjoying very good health; she experiences no pain, except after great fatigue; her color is good; all functions left to her are performed quite normally.

She has a daughter who has patches of psoriasis on her knees.

Was Mrs. G. really menstruating when she thought she was? If so, there was no interrelation between ovulation and menstruation. She may have a Roosevelt womb, I don't know. I shall bring the matter to his attention, and fully expect him to extend his hunting excursion to the lair of the beastly surgeon who trimmed the fringes of "my policy."

A gentleman who is old enough to dye his hair and whisks a seal brown, makes a living by running an engine. He is well healed and, I am told, is some kind of a healer himself, but like all of us healers fell down when it came to putting patches on his own holes.

"Doctor, there is something up in me that comes down

and prevents my having a stool." Now, when a man talks about "something up in me," I immediately conclude that he refers to his rectum. When a woman says it, my conclusions are different. Of course, I asked him if he had piles, po'ypi, etc. He said he did not know, neither did I, we met on equal grounds.

If a person has a sore throat, a sore ear, or a sore eye, I look into it, but there are other places to be looked into that I avoid, not that their functioning properly is a whit less important. It was Gauthier, I believe, who said that the water closet is the most important room in the house. This gentleman with the seal brown probably agrees with Gauthier, for he said he got up two or three times a night to occupy the most useful room. When he urinated, he could, if his education compassed the historical fact, have thought of the grand old man who could not tell a lie and drank hemlock to please his enemies. His water would start, then stop, then start again. But that was not all. The thing that came down prevented his bowels moving, and was accompanied by much soreness about the lower rectum. Nothing actually came out. He said he always used "Cuticura" salve which seemed to relieve him. Of course, I knew he was mistaken. How he could expect a cuticura to recticura is a problem in skin physics that none save a seal brown engineer could solve.

Being somewhat sympathetic I did not care to turn that bottom out for inspection in the month of December, so proceeded, along the lines of absent treatment, to give Ratanhia 3rd, assuring him that unless he was speedily better it would be necessary for me to look into his affairs. I called it "his affairs," because Hubbard says the evidence of true literature is the saying things by saying something else. I adore true literature in the reporting of clinical cases. Physicians may not know what I am talking about, but that would but be a further evidence of real symbolic art. Ratanhia licked that "bum" into the paths of rectitude. He said he

felt like a schoolboy. I like the master of a reformatory. Ratanhia.

I have a holy admiration for anything that will keep a sphincter onto its job. Ratanhia, Aloe and Petroselinum are the guardians that stand between man and calamity. Language absolutely fails to put you next, only the refined tendrils of an olfactory cope with the situation of a pucker that won't.

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### CLINICAL CASE.

E. B. BECKWITH, M. D.

Mrs. C. E. S., age 45, has been running down ever since she had bilious fever, at the age of 18. On June 1st she complained of chills daily in the afternoon. Vomiting spells every morning between 2 and 4. Vomits only water, or remains of food. No thirst, and drinking cold water caused nausea at once, but the water did not come up. She was hungry, but could eat nothing, and for several years had been on liquid or semi-liquid diet. Gas formed two or three hours after eating, which was relieved by belching, and very much aggravated by lying down. In fact, she could not lie down on account of the distress. Bowels were too loose, moving from two to six times a day. Stools were watery and malodorous. Menses had been absent for three months, and when last occurred were profuse and lasted eight days. She became chilly easily, her hair falling out, and she was very sad and gloomy.

June 1st, Tuberculinum Im, one powder.

June 8th. Patient reported general improvement, but had the following new symptoms: A sore spot at the top of the right scapula worse lying down. Goes to sleep promptly, but wakes about midnight, and tosses about for the rest of the night. Strong aversion to potatoes, meat and vegetables. Feels like crying when she first gets up in the morning. Weak spells at 2 or 3 o'clock in the afternoon, flushes of heat followed by cold sweat, then a chill.

Much worse during the night. Terrible dreams of living people.

Prescription, Pulsatilla 1m, one powder.

June 15th. Patient reports entire absence of symptoms, but still very weak.

June 22nd. Patient is still well, with the exception of slight nausea on two occasions. Much stronger last week.

It is too early to pronounce this a cure; but considering that she has been in the hands of "regular" physicians for twenty-seven years, with no improvement, but gradual failure of health, I consider this case a victory for Homœopathy.

## REPORTS OF INFREQUENTLY USED REMEDIES.

BY ROYAL E. S. HAYES, M. D.

It is always interesting to find new conditions and to prescribe new remedies. With me it is a red letter day when study of patients reveals the necessity of a new or rare remedy. While it is necessary usually to tread along the beaten paths, it is desirable to keep the therapeutic vision on the lookout for conditions demanding rarely used or unknown remedies. There is no doubt that Murex will not infrequently do better than Sepia, Tuberculinum avaire or Calcareo fluoricum better than Rhus, Chloroform better than Phosphorus, and so on. The prophylactic for therapeutic monotony and unfruitful routine is, first, an interest in the principles of prescribing; second, a mind not crammed with symptomatology, but having an unbiased interest in solving each problem as presented, and, third, sense enough to use a repertory.

### CHRONIC DIARRHŒA.

Miss A., bookkeeper, age 27, a large, stout brunette, had chronic diarrhœa a few years. Phosphorus had benefited temporarily six or eight months previously, then failed entirely. Symptoms:

Desires no breakfast.

Headaches over eyes, worse before menses, worse evenings.



Desires sleep, can never obtain enough. Especially sleepy in the morning.

Diarrhœa watery, copious, worse during menses, worse from eating any fruit.

Oranges cause pain in the abdomen and aggravate the diarrhœa.

Bananas cause distressed pain in stomach.

Much abdominal flatulence.

Hiccough after eating.

General aggravation before menses.

Bad taste.

Succus fructi cm. G. 1.

The result was general improvement and cure of the above symptoms with the exception of the susceptibility to oranges which at this date, two years later, is yet present. There was notable improvement in nervous energy. Dr. Yingling's fertile idea certainly bore fruit in this patient.

#### "OSTEOPATHIC" LESIONS.

Mr. R., age 50, a fine grained, well balanced farmer of athletic build. Seven years previously had suffered a slight strain of the spine while wrestling. He was warm and perspiring at the time. In addition to that he was wet by a thundershower. During the years following he had at various times drug and electric treatments for the resulting neuritis, but without relief. The neuritis began in the right shoulder. Some of the time the pain was in the shoulder, sometimes in the arm, sometimes along the entire extremity. There was some pain in the left extremity also. At times stitches occurred around the intercostal regions. He could abduct the arm but slightly. At no time since the injury could he lift the right arm above the head. Examination of the shoulder and arm negative except that certain nerves were tender and that the muscles were flabby and emaciated. There were, however, points of muscular rigidity perceptible to palpation near the spine in the dorsal region; also small points of tenderness lateral to certain of the spinal processes.

The pains were worse lying on the affected side, worse lifting, worse on first retiring, had to roll and tumble for one to two hours before he could obtain an easy position in bed, sometimes worse after becoming warm in bed, worse in damp weather.

Here was a case which would delight the heart of an Osteopath for he could conscientiously claim it to belong to his sphere of treatment. However, we decided to let Homœopathy have a thorough trial first. The first prescription was on July 15, 1909. *Rhus tox.* 5cm F. I.

July 23, no change. Tired aching and paralytic heaviness in the arms.

*Calcarea fluorica* 200, 4—one morning and evening.

August 3, rests better nights. Thought there was gradual slow improvement. *Sac. lac.*

August 23, improvement had ceased.

*Calcarea fluorica* 5m G. I.

September 4, shoulder worse. Has to lie with arms raised to relieve the pain so he can sleep; worse morning on waking.

Pain begins after lying a short time, better lying on the back with the arms raised.

*Calcarea fluorica* 6, fourteen powders—one morning and evening.

No report for more than three months. Then reported splendid improvement. Could even raise the arm above the head. Cutting pain in region of heart apex extending to the back, worse on deep inspiration.

Sulphur 25c J. 1.

Dec. 19. More improvement.

Stiffness under left knee.

Shoulder no worse. The worst time was after work, which needed raising of the arm (in orchard). *Sac. lac.*

Jan. 10. Shoulder worse again, now in the morning before rising, better after rising.

Wakes at 5 A. M. *Sac. lac.*

Feb. 1. Watery coryza and sore throat. Neuritis much



improved. Slept on the affected side last night, the first time in seven years. He was directed while lying to keep the hand under the face or under the pillow and face, so as to distribute the weight to the forearm, elbow and arm, avoiding strain of spine and connective tissues of the affected side. Sac. lac.

Feb. 13. Absolutely no symptoms. Discharged. No trouble to date.

My experience with *Calcarea fluorica* in strains has been that the condition which requires the remedy is of longer duration than that to which *Rhus* is applicable. That in old conditions *Calcarea fluorica* will loosen the tissues and cure where *Rhus* will only ameliorate temporarily.

#### CALCAREOUS DEPOSITS.

Mrs. H., aged 43, had become relieved from the ill effects of allopathic treatment of grippe attacks and of psoric symptoms by the use of *Causticum* and *Sulphur*, but several months of this treatment had no effect on an annoying tinnitus aurium which had been present several years.

Crawling sensation all over the skin.

Aching muscles under left scapula.

Roaring noise in right ear, worse nights.

Cold feet evening in bed; cold wrists; cold spots on ankles.

Calcareous deposits on *membrana tympani* of right ear, the largest being about as large as the head of a pin.

*Calcarea fluorica* 200, April 11, 1907.

June 27. "No noise in ear and feeling fine." Sac. lac.

Aug. 22. Noise in ear again, after worry from loss of pet horse. Wants the same medicine.

*Calcarea fluorica* 5m G. 1.

Deposits and roaring cured, as proved by examination less than a year afterward.

#### DEBILITY.

Mr. W., a tall, slender man of 65, became quite weak, the result of hard work and worry plus a tubercular inheri-

tance. Father, mother and a brother died of tuberculosis. He had been in my care for infiltrated right lung and neuritis of radial nerve. Nitric acid, Lycopodium and Tuberculinum avaire had cleared out the lung and nearly restored normal condition of the affected nerve.

Had suffered from increasing weakness for several weeks before consultation.

Had had attacks of sudden falling without warning or apparent cause. Did not lose consciousness. Then became cold, numb and perspiring.

Frequent sighing.

Spells of difficult breathing, worse from slight exertion.

Sleep good until 12, then sleepless until 4. At other times sleepless during early part of night from thoughts of business.

Urination frequent. Urine copious, pale.

Strontium 40 m. F, 1, was used with fine result.

#### TUBERCULINUM AVAIRE.

Pardon a brief digression into therapeutics. Tuberculinum avaire is a component of my repertoire which I find necessary to obtain results in many cases. I find it to be frequently indicated. The special parts in which in my experience it most frequently evidenced its symptoms were the mind, spinal nerves and branches, muscles, joints, bronchi and mucous membranes. The sphere of the remedy is wide, but I mention these parts so as to attract clinical attention to the remedy.

The mentality is changeable in feeling and purpose, dissatisfied with present conditions and surroundings, desires change, is depressed, easily frightened, has desperate, wicked feelings. The sense of dissatisfaction is such as to cause a desire to do something wicked or destructive. The moral sense becomes irreverent. The recklessness of an unaccountable dissatisfaction with everything expresses the emotion better than any words that I can think of.

The desire for change is physical as well as mental. Muscular and nerve pains are relieved by motion, but the

patient tires easily. These pains and the mental symptoms are relieved in the open air.

There is a changed quality in the tissues of these Avaire subjects, which is hard to express, but it might be called a relaxed, degraded condition of the tissues and secretions. It is evidenced by the dingy, unhealthy, doughy or aged appearance and feeling of the skin and soft tissues and an old, catarrhal aspect of mucous excretions. It is a degradation of the physical and mental quality. In acute conditions the rapidity of the emaciation is notable. Grippe and its sequelæ frequently require the Avaire.

My experience had led me to select the cow Tuberculinum for patients presenting more pronounced localizations in the meninges, abdomen, skin, glands, or a joint; but the Avaire in patients who were affected by a more evident depreciation of quality in the entire person at the same time, such as occur after grippe or similar crises. This differentiation is intended merely as a suggestive hint and not authoritative until verified by corroborative experience. The observations are entirely clinical. Tuberculinum avaire should be a frequently used remedy.

#### SUBACUTE CATARRH.

The patient was a boy of six.

Nasal passages raw, ulcerated; discharge thick, bloody. Nostrils closed with crusts preventing passage of air.

Entire face swollen.

On wrists and forearms a confluent eruption of fine papules, with itching and burning, worse from warmth, worse in the morning, evening and night, relieved by scratching. Desquamation of tiny white scales.

Complained of being tired; whining, fretting, everything plagued him.

The parent was positive that the child had not been exposed to any poisonous shrub.

*Rhus venenata* 20m F. 1.

In two weeks the nose and skin was normal except roughness on the wrists. General improvement was evident, but

he was rather irritable. Arsenicum 100 completed the cure. The Rhus symptoms disappeared in the reversed sequence of their appearance.

#### TRACHOMA.

Mr O., a draftsman, consulted me for conjunctivitis granulosa. The condition was subacute. It began in the right eye and finally extended to the left.

It was better mornings, worse evenings, relieved after rubbing, relieved after free discharge, worse from light, worse about 4 p. m.

Discharge yellow.

Tired sensation. Constipation.

No other symptoms being obtained prescription was deferred ten days when Lycopodium was ventured without result. Finally, the following were obtained:

Discharge thick, containing specks of yellow mucus.

Itching inner canthi.

Warm applications ameliorated, cold air or washing caused aching.

History of some notable eruption on the head in infancy suppressed by an ointment.

Thin, blonde, mental temperament.

Mezereum. 3m J. 1.

Just why a beautiful specimen of favus did not reappear on the phrenological exterior we may never know. However, the eyes became cured and general improvement was also observed.

#### RHEUMATOID ARTHRITIS.

Miss D., age 52, had had arthritis four years, though she had had rheumatoid symptoms since girlhood. Arthritis was a family trait.

The joint affection began in the left hand, then appeared in the right, then in the left ankle, then right, then knees, etc. The inflammation began after the cessation of the menses. The initial seizure had been modified by Lachesis from another prescriber. Then he could go no further.

Worse autumn and spring.

Worse from least exposure to coolness, to every change to cold or wet weather or to cool air; from approach of a storm.

Putting hands in cold water crippled her for weeks.

Heat in any form relieved.

Joints worse morning, better after moving a while.

Headaches connected with pain in joints of cervical and dorsal regions. Can not bear pressure of clothing on back of neck.

Pains are pressing, darting, sore, aching, cramping.

There were many other symptoms and pains, but they were modified by the modalities mentioned above.

Quite likely the gentle writer promptly observed that these symptoms were the most sensitive of any in the patient, and that the entire symptom picture centered round these modalities. But no, he didn't. He studied that patient a year, prescribing a different remedy every few weeks or months. Then it was discovered that the mother was a Magnes. phos. patient, and it was observed that the daughter also possessed the temperamental characteristics of the remedy. A little further study—more illumination.

Magnesium phosphoricum 5m, 3. One morning and evening.

Result: Six weeks later reported that she walked out doors several times, the first in several years. Headaches less, bowels regular, etc.

Magnes. phos. 45m F. 1.

Several months later there was scarcely any inflammation apparent in the joints, though the deformity remained. Patient declined to continue treatment. She contended that her "rheumatism" was so much improved that it was not necessary.

#### GLYCOSURIA.

Mr. P., aged 38, presented himself in a much debilitated condition, which had been appearing for several months.

He was much emaciated.

Skin white, waxy and cold.

Urine 1040, with sugar and urates.

Anxious, restless, irritable. scolding.

Anxious sensation in stomach; empty, sinking sensation.

Tongue red, burning.

Insatiable thirst.

Itching at urethral orifice.

Had been alcoholic until two years previous.

Kali arsenicum. Five drops were mixed in four ounces of water, and one teaspoonful used four times a day for two weeks. At the end of a few weeks he discharged himself as cured. There has been no return of the trouble after eight years.

#### SUPPRESSED MILK.

I will present these facts just as they were related to me. One of my homœopathic families resides in a mining camp in Arizona. At their request I had sent them a few remedies with indications for possible tarantula bites, one of which was *Vespa vulgaris*. Now, Mrs. P. had a young spaniel who succeeded in acquiring a new family of pups, but the milk could not be extracted even manually. One gland was hard and swollen, the nipple was very red and hard, the surrounding area very white. The dog was restless, and had paroxysms of wave-like chills. Mrs. P. had a few leaves of an old homœopathic book. Searching them for a remedy, she found under *Vespa* "Wave-like chills" and "Chilliness around red spots." She gave the dog a dose of *Vespa* 1m, after which the milk came readily. Mrs. P. said the dog had similar symptoms the next year, but as the milk could be extracted she did not use a remedy.

#### RHEUMATOID CONDITION.

Mr. H., a farmer of 60, got his feet wet, which incited lumbago. The pain finally settled in the right thigh. The pain alternated between the hip, thigh and knee or below. It was constant, worse at night.

Restless changing of position at night.

There was contraction of the muscles. He could sit com-



fortably if he did not straighten the limb. Reaching up caused more pain than anything else.

The muscles were shrunken, the extremity was weak.

Guaiacum 34m F, 1, relieved.

Ten weeks later the trouble appeared on the other side in less degree.

Guaiacum 300, 1, finished the cure.

#### DEBILITY.

R. W., aged 5, was normal until he had tonsilitis, which responded nicely to *Phytolacca*. But two weeks later it was observed that he was:

Becoming thin, though he had a good appetite.

Irritable, quarrelsome, peevish, whining, especially in the morning. Whining, fretting in an aggravated degree without apparent cause.

He was most emaciated about the chest.

Skin dry, rough, inelastic, dingy.

Desired sweets and dainties for which he whined daily.

Cried out in sleep.

Pale face, wan, tired, worried expression.

Saccharum album 50m Sw. 1., changed him to the plump, sunny little fellow that he was before.

#### DYSMENORRHOEA.

Miss T., a schoolteacher near 30, had dysmenorrhœa not influenced by *Sepia* and other constitutional remedies which improved otherwise.

Before and during menses, dull, dragging pain extending down thighs, becoming sharp at times.

Sense of weakness and desire to lie down, but restless.

Pain in lumbar region of back during the painful period.

Anorexia before menses.

Sudden heat appeared when she became tired.

Helonias 200, 1.

Five months later reported that she had been free from menstrual discomfort, a condition which had not been experienced in several years.



## ODONTALGIA.

A man of 38 made grievous complaint of toothache.

Dull, heavy pain in upper left canine, extremely sensitive to touch, became almost unbearable when having hot or cold liquid in the mouth.

Had been present three days.

*Bellis perennis* 200, 1.

Relief began in one-half minute and the tooth was not even sore the next morning. The hyperesthesia was incited by the slight pressure of a plate, but that fact was not known to either of us at the time of the prescription.

## URINARY IRRITATION.

Miss P., aged 35, complained of bladder irritation.

Urging constant while the spells lasted, which were sometimes hours. Compelled to rise seven to eight times at night.

Aching in the bladder.

At times the urine was pale and copious, at other times scanty.

Tired all over. Exhausted sensation whether she exercised or not.

Listless, aversion to least excitement.

Especially exhausted from least loss or disturbance of sleep.

General heaviness in the morning, becoming worse as the day passed.

General amelioration from quiet, from bathing the face with cold water.

Nervous tension of muscles when not thinking of it.

Dull, tired sensation in frontal region.

Eyelids heavy.

Nausea in the morning after rising.

Desired milk; drank three glasses per day.

This combination was no snapshot affair, but we "got there" at last.

*Lac defloratum* 45m F. 1.

Nothing more was needed for three months. Then the

patient confessed to consequences of being jilted by her lover twelve years before, etc.

Conium then did more good work.

#### EFFECTS OF MILK.

Mr. S., a farmer aged 24.

Sudden, diffused, painless swelling of face, chin and cheek, mostly on the right side. It began every evening and continued until 9 or 10 a. m. next day. The resulting expression was monstrous.

Sleep broken. Sleepiness in the morning, also in the evening, in the theater or when looking long at anything, when reading.

Unaccountable lazy expression.

Sensation of pressure in the head,

Drank two quarts of milk daily besides the usual three hearty meals.

Lac defloratum 200, 1.

Quick relief and return of symptoms after two years though he persists in using too much milk.

#### NEURALGIA.

Mrs. H., near 70, consulted me by mail for severe neuralgic pains in various parts of the body, present for several years. Causticum relieved for six months.

Then was seized with severe, cutting, smarting pains in the toes. Strange swimming sensation in the head, also dizziness. Broken sleep.

Fluttering sensation in the heart.

Streaking pains about the heart.

Oxalic acid 9m F. 1.

Heart was relieved almost at once and relief of other symptoms satisfactory. Nine months later reported after being overworked at her business, which was canvassing.

Unaccountable weakness some days.

Complexion lemon colored.

Eruclatations of food.

Paroxysms of severe pain along sciatic nerve caused her to cry out. Has some pain there every day.

Hips and thighs cold.

Emaciation.

Cold aggravates.

Indifference to usual interests and felt existence a burden.

Oxalic acid 70m F. 1.

This benefited substantially, both locally and generally. I could not find the above mental symptoms in my literature, but I found the opposite. One of our American authors recognizes a natural law which he has named "Polarity." He says that the principle of Similia is wrapped up in that law.

### INCIPIENT APPENDICITIS

JULIA C. LOOS, M. D., H. M., HARRISBURG, PA.

Mrs. I. C., 50 years of age, had been under treatment for three months, with digestive disturbance, constipation and insomnia, when she developed the following group of symptoms:

Abdomen, intense pain in right iliac region, entire right side, to median line and to ribs; began suddenly at 2 A. M. and continued intense until 6 A. M. Soreness through entire abdomen.

Pain ameliorated by heat, reclining on right side and back; aggravated reclining on left side, by motion and inspiration, and cough.

Flatulence; flatus expelled by rectum, eructations more difficult.

Rectal evacuations absent since two days previous, though rectal urging accompanied the pain.

Urination twice since 2 A. M., painless.

Head, soreness as if bruised, through vertex, aggravated by jar of cough. Patient had suffered with bronchial catarrh during the two weeks previous, and occasional cough occurred at this time.

Tongue, gray coating, offensive taste. Thirstless.

Chills on uncovering, extending upward from feet.

Temperature, pulse and respiration are not recorded.

The general aspect of the patient was more indicative of

serious sickness than revealed by the listed symptoms. She remained, as near motionless as possible, on right side, late in the day, when first seen by the physician, and her countenance was very sickly. Physical examination of the abdomen led to the conclusion that there was inflammation in the ileo-cæcal region.

Directions were given for absolute quiet, application of heat, externally, as proved comfortable, no food to be taken and only water to be drunk.

Bryonia 10m was administered, with sugar dissolved in water, at hourly intervals. The following morning, when seen, the patient was comfortable, after a good night's rest, and wanted to be out of bed.

The acute condition disappeared in a few days, but the patient did not recover strength and good tone, though all evidence of local inflammation disappeared.

Rectal evacuations were daily, hard, dark, small lumps, small amount at a time. These were preceded by stream of blood from hemorrhoidal tumors, and dropping of blood followed, until the prolapsed tumors were replaced. Flatulence occasioned cutting pains through abdomen, associated with rumbling.

Weakness persisted, hands trembling on raising them to head.

Numbness in left hand and wrist, then in right hand and wrist, and later in left foot and leg. Occurs at night, in bed, relieved by rubbing and motion; preceded by tingling in affected parts.

Sleepless, though knows of no occasion for wakefulness.

Medorrhinum 1m was prescribed, on a basis of information gleaned from the condition of other members of the family. The report in four days indicated general improvement, but sleeplessness continued, and unsatisfactory defecation. Opium 24m cleared this condition, and the patient was happy and strong and active for awhile. The acute condition and all its train of disabilities disappeared completely.

Case II. Mrs. E. H., 42 years old, had been under treat-

ment for two years, with no symptoms referred to the digestive tract. On January 10 she complained of pulsating pain in right iliac region, intermittent for two days, becoming more constant. This had wakened her from sleep on the night of the 8th. Pain, worse reclining than when sitting or standing, also from jar of stepping. Sharp pains extended across the hypogastrium, yesterday, aggravated during urination. Urination less frequent than usual for a few days. Rectal evacuations on 9th soft and mushy, formed 10th, with clear or yellowish mucus and much flatus. Legs cold to knees, 9th. Appetite poor. Pulse 84, temperature not registered.

Use of Belladonna 45 m., with no accessory treatment, was followed by a night of comfortable rest; fair appetite, though there was a fear of eating. Rectal evacuation in the morning was narrow, formed. Pain increased by exertion about the house in the morning.

January 13th chill occurred at 11:30 p. m., beginning at feet. Pain immediately increased and continued, though the applied heat and warmth of bed dispelled the coldness. A powder of Bryona 1m. had been left for use in case of increase of pain and this was taken at 1:30 a. m. The patient slept from 2:30 to 7 a. m., warm and moist during sleep and free from pain after waking. Pulse at 9 a. m. at rate of 72. There was no pain in the affected region after the 15th and all symptoms associated with the siege disappeared completely. This patient was about the house attending to the lighter household affairs, though forced to be much less active than usual.

These cases are cited as illustrations of the action of indicated remedies in internal inflammation in this location as elsewhere. There is to be no conclusion drawn that any one remedy is to be used when appendicitis is incipient, but the remedy selected according to the classic rules for prescribing may be relied upon for prompt action. If the case is a rapid fire one, remedies having this feature in their nature must be used. If reaction is poor, after the acute condition has disappeared, as in the first case, then a constitu-



tional remedy must be sought according to the patient's system and history. Early operation is unnecessary when remedies can do such work, and the work of carefully selected remedies makes later operation unnecessary.

Homœopaths should be careful to investigate every avenue for indications before asserting that, according to our philosophy we should be able to eliminate the tendency to recurring appendicitis, but as a matter of fact, we do not cure it. Chronic conditions must be investigated most carefully where complete recovery from acute attacks does not occur. The complication of transmitted and inherited miasms, often more than one, makes difficult the work of the physician, yet careful study and faithful investigation will reveal to the perception of the unprejudiced mind just what is required to start the patient out of the valley of affliction.

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### PULSATILLA.

BY MARGARET E. BURGESS, M. D.

I want to bring to the attention of the members of the I. H. A. a case which gave me no end of trouble, mortification, and hours of hard work, but which yielded ultimately to the simillimum within twenty-four hours after its administration.

The patient, a woman of 75 years, had had motor paralysis of the entire right side for two years; for four or five months she had been suffering intensely with a "red hot coal" sensation on the upper and outer side of the right (paralyzed) foot; the pain covered an area about the size of a dollar; did not trouble her during the day, but would waken her at 1 or 2 A. M., when she became frantic with pain, and was only *relieved by letting the foot hang down*.

I made frequent and varied repertorial workings of the case, but all to no avail. All her symptoms seemed localized, and I could get nothing but that "red hot coal."

Arsenicum and Lachesis, which had been my sheet anchors with this patient, failed completely. For repertorial study I selected the following symptoms: 1, burning pain;

2, pain on paralyzed side; 3, anxiety; 4, restlessness; 5, relief after midnight, 6, aggravation after sleep; 7. relief letting the limb hang down.

Finally I found under Pulsatilla "burning as from glowing coals near or above an ulcer on foot;" also "burning pain on back of foot;" and then, also, on the same page, in Hering and in most of the repertories, Pulsatilla has "Complaints worse when allowing feet to hang down." I gave Puls 2m, and the result was immediate and permanent.

### **A REMARKABLE CURE OF BLINDNESS BY ACCIDENT.**

BY W. L. MORGAN, M. D., BALTIMORE, MD.

Mrs. B. was born forty-three years ago of healthy parents and had a good health record up to her seventh year when she had Cerebro Spinal Meningitis which, by skillful medical management (?) kept her confined to her bed for one year during which time she lost the sight of her right eye. After a time her general health became normal and she grew rapidly. When fully grown she weighed as much as two hundred and twenty pounds. She married and became the mother of four children. Several oculists had tried to restore the sight, but failed, the condition of the eye always remaining the same. At times she could distinguish a strong light, but otherwise was totally blind in that eye.

On November 1, 1909, she took cold from exposure in a storm while on a visit to the country, and after suffering considerably returned to her home in the city on the 5th, and sent her son to me with this description of her symptoms: Aching, tired; bitter taste in the mouth, sore all over from head to foot, headache, which is worse when stooping, coughing, sneezing, etc., noises of any kind annoy me and make everything worse, eyes pain when I try to use them. She said nothing about the blindness, but with the symptoms given the only remedy indicated was Bryonia, of which I gave two powders of the 50m (50,000) and S. L., the second powder to be taken in two hours after the first if not better, to be followed by the S. L. every two hours.



I heard no more from her until November 29th, when I was called by telephone to see her, as she had the grippe and wanted to see me at once. I went immediately, and the first thing she told me was that she had been blind in her right eye for thirty-three years, and ten minutes after she had taken the first dose as directed she felt a strange feeling in the blind eye, and before taking the second dose she could see clearly with the right eye. She took a third dose, and was all right the next day. She had another attack of grippe, but she can see just as well with the right eye as with the left.

From the anamnesis it is hardly likely that anyone who is acquainted with homœopathic usages will ask why I used Bryonia, but it is expected that many will ask why I used the 50m (50,000). I will explain, as it brings up the prejudiced oppositions of the many who never made but one trial of high potencies, and in a case where it was not an indicated remedy; the failure made them think that there is nothing in it, and they would never look to their selection of the wrong remedy as the cause of the failure. I will ask the reader to excuse me from not attempting to argue that question with such scientists, but will give a simple explanation that may be understood by those who are willing to accept it as it is.

Where a case is correctly given by the patient, and every symptom and modality is found in the provings of the drug, and in nearly the same language as that given by the patient, that remedy may be depended upon as the simillimum, and will always have curative influence in the case, and will also cure symptoms that the patient neglected to tell in the examination, if they are expressed in the provings of the drug. Long experience has convinced me that where the remedy is well indicated the finer potencies do the work quicker and make more perfect cures than the very low do, though much depends on the care used in taking the case. I also found, by further questioning the patient in the above case and by consulting the Guiding Symptoms, that Bryonia

would have restored the sight and cured the case several years before if it had been given in the proper way.

C. M. VS. TINCTURE.

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

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

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

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

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### SIMPLICITY IN PRESCRIBING.

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

It has long seemed to me that sufficient attention has not been given to simplifying the labor of finding the simillimum. We are all prone to work along the line of least resistance, and as a remedy, especially in a complicated case, is often hard to find, the tendency is to fall into habits which are easy and unhomœopathic. If the selection of the homœopathic remedy can be rendered easier, it will certainly redound to the credit and progressiveness of Homœopathy, and assist in sustaining the homœopathic school in its present rightful position in the van of medical progress. In order to present the subject clearly, an outline is necessary of past and present therapeutic methods, and first in order comes

#### PRESCRIBING IN THE PAST.

Simplicity in prescribing has seldom long obtained in medicine. Before Hahnemann's time the exhibition of drugs (and therapeutic measures generally) was based upon involved and fantastic hypotheses, and the then chaotic state of practice was characterized by the grossest polypharmacy; such glimmerings as there were of therapeutic light being remains of knowledges from the golden age.

The possibilities presented with the advent of Homœopathy made it no longer necessary to construct, by means of diagnosis a working hypothesis upon which to institute treatment,—all that was changed,—and instead was offered (specific) medication, dependent only on the recognition of abnormal deviations in the individual.

When this truth later became obscured the old habits revived, and a certain return to polypharmacy, among the followers of Hahnemann, was manifest—seemingly the whole profession partaking in the reversion.

#### PRESCRIBING IN THE PRESENT.

With the advent of modern pathological investigation—i. e., "modern medicine"—the old school attitude gradually changed toward therapeutics, so that now bacteriologic re-

search has instituted treatment analogous to our nosodes, but lacking, as we see it, the scientific basis of the proving.

Therefore we may divide modern prescribers, in the profession as a whole, into three groups, as follows:

1. Those of the allopathic school, groping for light on the material plane, dependent on bacteriologic experiment for progress.

2. Pseudo-homœopaths, reactionaries, who imitate the old school in their efforts toward modern therapeutic methods, belittling homœopathic philosophy, and often endeavoring to emasculate the provings.

3. Hahnemannian homœopaths, some of whom, even, are making complicated work in applying the law, when the endeavor should be toward simplicity.

IS THERE A TENDENCY TOWARD SIMPLIFIED PRESCRIBING?

It is evident that effort in the old school today is toward a simplified therapeusis. Their striving for specifics is apparently about to be rewarded; only apparently, however, for soon it will be seen that while perhaps one step nearer the goal—Homœopathy—they still lack the essential law underlying treatment. Nevertheless, the single attenuated dose, infrequently repeated, has made its appearance among them, and is growing in favor.

In our branch of the profession what do we find? First that the pseudo-homœopath is, as usual, following closely at the heels of his allopathic confrere. Serum therapy has charms for him; in it he sees a confirmation of the homœopathic law, and it appeals to him from the popular (monetary) side. While using it he, often, gives also homœopathic remedies, thus reverting again to polypharmacy, and drifting still further away from the simple prescription.

It remains, then, for the Hahnemannian homœopath, while holding to the true practice, to simplify, if possible, the method of selecting the remedy.

WHAT METHOD OF PRESCRIBING WILL APPEAL?

The conclusion to be drawn is that nothing in true

Homœopathy will appeal to the profession as a whole unless a simple method of selecting the remedy be devised. All modes of prescribing which are involved, requiring exclusion of symptoms for this or that reason, must be regarded as valueless; they appeal to minds which magnify trifles, but to most are repellant.

The principles of a method which will appeal must be simple and broad, based upon facts; hypotheses have no place. The fewer elements required in such prescription the better; it should not depend on a single element, as does the pathological prescription, but be of reasonable simplicity, with clearly intelligible rules, all pointing progressively toward the end in view; these rules, if carefully correlated, mutually assist in the process.

#### WHERE ARE SUCH RULES TO BE FOUND?

These rules, deduced from Hahnemann's writings, relate to the recognition of the "curable in disease," the "curative action of drugs," and explain in detail "*how to adapt the latter to the former.*" The essential ones for prescribing are not many, neither are they complicated; by following them closely the selection of the remedy (*simillimum*) can be made with exactitude. It is true they necessitate the use of the repertory and materia medica at the bedside; but, contrary to the usual belief, I am sure, to thinking people, such study of the case is an added evidence of strength in the physician.

#### WHAT ARE THESE RULES?

I have at various times called attention to these rules, but to state the matter definitely a repetition of them here is necessary. They are not new, but have been forgotten and fallen into disuse; it is time they were revived and correlated. They consist of:

First, and most important, the proper "*taking of the case,*" according to Hahnemann's instructions in the *Organon* (§ 84 et seq.), where he tells us (§ 104) that "when all of the prominent and characteristic symptoms, collectively forming an image of a case of chronic, or of any other disease, have



been carefully committed to writing, the most difficult part of the labor will have been accomplished."

(2.) The next rule, and one which we should learn to follow coincidentally with "taking the case," is *the selection of the symptoms useful for prescription purposes*, according to § 153 of the Organon, in which the two general types of symptoms are contrasted—(a) "the prominent, uncommon and peculiar symptoms," sometimes called the idiosyncratic, hence the personal equation of the patient, useful in selecting the remedy, with (b) "the more general and indefinite \* \* \* common to every disease," or diagnostic symptoms, only of value, as a rule, for indicating the nature of the affection.

(3.) Third is the decision as to *the relative value of these prescription symptoms*. Hering elaborates this in his comments on "Hahnemann's Three Rules," which I abbreviate somewhat. He says: "Not only must the symptoms of the drug and disease be similar, they must also be of the same *rank of value*, as this often decides the selection of the curative remedy. To determine this "rank of value," ascertain if possible, when examining the patient, the chronological order of appearance of symptoms, and give prominence to those which were the latest to appear; for to these especially must the remedy be similar," i. e., *to the complete disease picture*.

"This holds good also in regard to patients who have been drugged, our antidotes to be most effective must be directed especially against those (drugs) last given." The exception to this rule, of using the latest developed symptoms, is the

(4.) Fourth requirement, which is to be used *first* in repertorial work, is *to discover*, if possible, *the origin or cause, exciting cause* in many instances. It is of use in both acute and chronic cases, being the foundation, many times, upon which *all* the symptoms rest (Boger).

This completes the first four rules of (1) taking the case, (2) separating the idiosyncratic from the diagnostic symptoms, (3) determining the "rank of value" of the former, and

(4) discovering the cause; this is not a tremendous amount of labor, and can usually be done while "taking the case," so that now everything will be ready for the repertory.

The systematic way to use the symptoms thus selected is to begin with (a) *the cause*, as the foundation, and then follow the Boëninghausen arrangement of the "completed symptom," i. e., take (b) *location*, (c) *sensations*, (d) *modalities*; remembering that the principal group of symptoms of the case, whether of the head, chest, abdomen or some other part, around which the case revolves, *is to be taken first, and must be covered in its essentials* by the remedy; then the other groups, the concomitants, are more or less available and confirmatory; and, finally,

(5.) Fifth, after the case has been studied repertorially, *consultation of the materia medica* to decide which of the remedies, worked out by the repertory, is most suitable, for, as several are likely to total about the same, a careful study of their provings may disclose that *one which is not numerically the highest* is the simillimum, hence the importance of this last rule. Consequently the working out of cases by means of the repertory does not militate against the study of the *materia medica*; on the contrary, it leads to and emphasizes the need of such study.

These are the most comprehensive rules we have for prescribing, perhaps they can be still further simplified. The proper "taking of the case" is difficult but not impossible to learn; the other rules are comparatively easy to pursue.

#### PREScribing IN THE FUTURE.

The selection of the homœopathic remedy, as generally taught, does not and can not appeal to the profession at large as being satisfactory; even the medical student soon finds its worthless and drifts into eclecticism; why not simplify the process? The larger part of the wealth of *materia medica* is unused because of lack of knowledge of how to find the remedy in a simple, comparatively easy and accurate way; why not simplify the process?



It is evident from this outline of prescription methods in both schools that the growth of true Homœopathy, in the future, may be largely dependent on simplification of the manner in which the remedy is selected and the development of rules to that end, and I offer this fragmentary study with the hope that it will stimulate interest in this important subject, and perhaps prove the beginning of such revision.

## DISCUSSION.

Dr. Lemon:—I could not get along without a repertory. I would not know how to practice medicine without one. I believe the homœopathic repertory is the most misunderstood book in the English language, and yet is one of the simplest to use when you learn how.

When a patient comes into my office for treatment I do not handle him as I do one who comes for examination; these last, I let them talk and pay no attention to it; but the others—those that come for treatment—I let them tell their story in full and pay strict attention to it.

I take the prominent symptoms, especially of the mentality, and group them, then I select those that have aggravations and ameliorations. Then I take Boenninghausen and get a moderate aggregation of remedies that cover the symptoms, and I soon eliminate unindicated one, following "the red line," if possible, to the one I want.

I often go to Hahnemann's Chronic Diseases, and if two or three remedies stick all through, I can usually decide the matter with Jahr's Symptomen Codex.

This book is old and out of print, but I am used to it and like it. It is the rarest thing that I do not find the remedy my patient needs.

C. M. Boger—I have found a still shorter method of using the repertory; it runs in this order: First, location; second, modality; third, sensation. Those three almost invariably give you the remedy. I have been astonished to see how quickly it works out.

J. C. Holloway:—I have to be very well acquainted with

a remedy if I prescribe it without consulting the repertory. I do not know enough to prescribe without a repertory.

I teach my patients to consider the man who consults books over his case as knowing a good deal more than the man who looks too wise to consult books at all. Do not be afraid to use books in the patient's presence. I have done it for twenty-eight years. There are not many Bönninghausens, Grosses or Hahnemanns in this day. Those men might do without repertories, but we can not.

Dr. Lemon:—My patients never objected to my consulting books before them.

J. C. Holloway:—Many physicians claim that they have not time to make a careful prescription, such as has been spoken of here. They say they can not compete with the old school doctors, who can turn out prescriptions at a dollar apiece as fast as a machine. I have never tried to compete with that kind of work in my home city; I want people to know that I charge more than other doctors because my services are worth more.

I keep a record of every prescription I make, and of every case I prescribe for, and my records show that I cure cases that the old school can not cure, and my people are getting to understand it.

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### CLINICAL CASES.

BY S. L. GUILD-LEGGETT, SYRACUSE, N. Y.

#### CASE I. TEUCRIUM.

June 3, 1906. Miss C. E. H., in charge of the large dressmaking department of a dry goods house, aged 46, subject to coughs and sick headaches all her life, applied for relief. She had coughed since birth; had had awful headaches even as a child at school; had taken every childhood disease except scarlet fever; had had "epizootic" when that disease was prevalent; had had catarrh all her child-life, with nose stopped, often had to stop eating to breathe; took cold easily, especially in draughts, then coughed.

She had taken much medicine previous to 1896, about which time she had a uterine hemorrhage. This ended the menstrual function. She was advised to operative measures by one physician and against it by another. By chance she learned of H— suppositories-uterine, and continued their use one and a half years, with the result of removing 31 tumors. The tumors, several of which were the size of the normal uterus, grew smaller and fewer as time went on, until there seemed no more to come. During that period she had suffered much pain in the right iliac region, < from pressure of the clothing, and causing her to adopt loose gowns.

The father was healthy, but she had known nothing of him for years. The mother was living and well, except for annoying, bloody, scanty uterine (?) discharges. Her sisters and brothers were all well. She was the second of five children and could learn of nothing from her family that should have caused a feeble childhood, except that she was but one year and four months younger than the eldest sister. She did not begin school until her tenth year because of the cough.

*Status presens:* A cold during the previous week; cough, violent, two paroxysms each; < severe pain in upper sacrum, preventing sleep; < mornings. Expectoration profuse, thick, neither taste nor odor; stomach weak and faint. At 2:30 a. m. of that date she had risen from her bed and put on her corset, because of the pain in upper sacrum, which caught with every breath. The chronic cough is without expectoration, from tickling in throat-pit; < by weather changes. The pain then present was > by moving about and at work.

The sick headaches were in the right frontal and orbital regions; unbearable; must go to bed; must lie flat on the back; were > by eating; often driven away by a cup of tea and a bit of thin bread and butter.

Menses: Had been scant, irregular, dark, neither acrid nor offensive.

Leucorrhœa: Of no moment.

Food: Liked well salted; cared little for meat; never hungry.

Drink: Both tea and coffee, the former often > the headache.

Teeth: Soft, lost, black rubber plates, satisfactory.

Eyes: Well fitted with glasses.

The > from distraction and moving about led to a prescription of *Rhus tox.* cm H. S., and further study of conditions.

June 9, 1906. She reported no pain in head and right eye for a week. Said headache always followed by a diarrhoea or vomiting. The stomach had felt pretty good. Cough; constant from tickling in throat-pit. Evidently had gone back to chronic condition.

The study of the constitutional conditions had led to the following anamnesis: Polypi; uterus and vagina, Puls., (Calc., Merc., Petr., Phos-ac., Staph., Teucr. Short, dry cough from tickling in upper trachea. Teucr. Painful pressure in right frontal and temporal regions. Teucr. < wet weather. Teucr. Teucr. 200.

July 2, 1906. Reported that cough had been better; no cough at night; had had hard attacks mornings when first up, after which could raise, by hawking, a yellowish green sputa without taste or odor. She had been better in many ways. Nothing had ever gone so directly "to the spot." Had had a short lasting headache, the previous week, and had a little the morning of report. Teucr. 200.

She considered it almost miraculous, and sent her mother for treatment. The last known of her she had had relief for many months.

#### CASE II. GNAPHALIUM.

March 9, 1903. H. M. L., aged 63, had had his first-attack of sciatica in 1881. It had begun to pain as soon as he lay down in bed and became warm. Was relieved by Dr. DuB—.

Two years previous to date, March 9, 1903, while returning from business at noon, he became suddenly helpless on

the left side. After a time he could move, and went into dinner; ate heartily, and had no further trouble. Since that time had suffered from neuralgia if he walked. Was a stout, heavy man, weight 229.

Sciatica: Pain began in left hip, extended down the leg; when the pain reached the calf he could no longer stand. Must sit down, and the pain would *stop at once*; he then arose, walked on, perhaps half a block, before he had again to sit down.

Four years previous had suffered shooting pains up the back.

Sick but once in his life, and that at 4 years, with pneumonia.

No headaches, skin symptoms, or perspirations. Neither drank nor smoked.

Twelve years previous was smoking thirty cigars each day. Stopped with "no tabac."

Drank much water, twelve or thirteen glasses; three cups of coffee daily.

Had just buried his mother at 91 years.

Father had weighed 300 pounds; dead many years. Patient always heavy.

#### STUDY.

Sciatica: > sitting. Gnaph., Guaj., Merc.

" Pain extends downward. Gnaph., Guaj.

" Pains begin as soon as lies down. Tellur., Gnaph.

" < motion. Gnaph. Gnaph. 50m (F).

April 24, 1903. Reported as able to walk several blocks without trouble. Was much better every way. S. L.

That was the last of the sciatica.

#### CASE III. □ MERCURIUS.

October 17, 1898. Mrs. W. H. H., aged 46, of Dakota. applied for relief of eczema.



Eczema: Right-labium-maj, as if chafed; dry; itching.

“ : < cutting and stinging after urinating.

“ : < waking.

“ : < warmth in bed.

“ : > cold bathing.

“ : Worse since prolapsus uteri of previous few

“ : months.

“ : Knees and forearms in winter; vesicular.

“ : In winter < before snow storm.

Erysipelas: After labor, in right breast; began at nipple, extended under the arm.

Prolapsus uteri: Even to os-vaginum; must replace with wet cotton; back-ache; dragging pain in limbs when standing long; must lie down.

Uterus: Ulcer, size of dime, right side of cervix, white.

Discharge: Mucous, viscid, occasionally bloody.

Menses: Irregular; lasting 6 or 7 days; none in three months.

Labia; Swollen, reddened skin.

Thirstless: Much of the water of Dakota is alkaline.

General: < from heat.

Colds: Takes after ironing.

Hunger: < after sweets.

“ : Extremely averse to acids.

Constipation and hemorrhoids, frequent.

Cracking of the skin of the finger-ends.

Eruption: Knees, labia, < becoming heated: *Merc.*, *Nux.*, *Thuj.*

Prolapsus uteri: *Merc.*, *Nux.*

Ulcers: Os-uteri: *Merc.*, *Nux.*, *Thuj.*

“ : < warm of bed: *Merc.*, *Thuj.*

Chafed: Between thighs: *Merc.*

Rhagades: Fingers: *Merc.* *Merc.* cm. (H. S.)

December 30, 1898. Had taken all the powders before much relieved. “Should say cured,” except for nightly irritation. **S. L.**

No inflammation.

No further report until July 1, 1900.

Eczema again < ; not bad yet; at times worse than others; having been helped, "want the same medicine;" Merc. cm. (H. S.)

July 19, 1900. Inflammation and itching much > ; some days none at all; < fatigue; "Have given your address to Mrs. L." S. L.

#### CASE IV. SILICEA.

Some time in 1901 (have destroyed the date), Miss A. L. applied for relief from offensive foot-sweat.

Feet: Profuse sweat, offensive, acrid, causing cracks in skin under toes and of inner border of plantar surface, bathed 3 or 4 times daily without relief.

Hands: Profuse sweat.

Lips: Hydroa at the commissure, either side, about every two weeks: large, yellow vesicles that form a yellow scab; itch.

Stools: *Slightly* constipated.

Menses: Irregular, early or late.

Fear: Strangers.

Offensive, profuse, acrid foot-sweat: LYC., NIT-AC., SANIC, Secale., SEP., SIL., Zinc.

Herpes, lips: SEP., Sil.

Menses, irregular: Sil.

Timid: Sil., Nit-ac. Sil. 5m, one dose, cured in a very short time.

#### CASE V. ÆSCULUS HIPPOCR.

Aug. 6, 1907. Miss C. H., aged 35, applied for relief of hemorrhoids.

Hemorrhoids: Very chronic.

" < of late.

" At times > stool.

" > cold water douche.

" Burning, persistent, the night previous preventing sleep.

" Both internal and external.



Hemorrhoids: < when unable to reduce.

“ < from contact of clothing, sitting.

“ Bleed; white, slimy discharge.

“ During pain; frequent urination.

“ > lying.

Menses: Regular, bearing-down pain in abdomen.

“ After, thick, yellow leucorrhœa: Æsc-hipp-  
cm (H. S.) relieved, with but a short return,  
according to last report.

#### CASE VI. LAC DEFLORATUM.

Dec. 29, 1908. Mrs. D. E. F., tall, brown-eyed, reddish brown hair, aged 25 years, applied for relief of persistent violent headaches. She had been in delicate health since 16 years, when she had an attack of scarlet fever, followed by albuminuria, to which she had been subject, at various periods from that time until now.

An attack of albuminuria preceded her visit to my office by about three weeks. The attack are always accompanied by backache, scant, burning urine, which may relieve the backache.

Urine: *Status presens*; slightly more than one quart in  
“ 24 hours.

“ Sp-gr. 1022.

“ Reaction, slightly acid.

“ Cloudy precipitate, scant after standing.

“ Clear upon applying heat and nit-ac.

“ No albumin.

A remarkable pallor of face, *under* the skin, in spite of the red cheeks.

Nausea: Suffered on the boat, on the train with back to engine; in swing; at sudden jerks made by stopping and starting of trolley cars, each with pressure of stomach, > eructation.

Lips: White in the morning.

Menses: During, aching in anterior part of thighs and

legs; slow in starting; regular, normal flow; headache afterwards.

Stool: Regular and normal.

Sensation: Draft or cold wind blowing on ankles causes her to don high boots early in autumn.

Mouth: Paleness of mucous membranes.

Thyroid: Enlarged after scarlet fever, painted with Iodine before *albumin was diagnosed*; at present but slightly enlarged; swells with over-fatigue, with the sense of having the head pulled backward.

Feet: Always cold, wears socks, until they are warm in bed; slight moisture.

Tongue: Red, anterior half, strawberry tip, slight coating posterior half.

Anamnesis of all symptoms, very *unsatisfactory*; taking the deeper constitutional symptoms as I saw them, I found: Menses slow in starting (more than a day, at times): Calc., Tuberc. Symptom of tension in cervical meninges. Tuberc.

Interchange of stomach and kidney symptoms: Tuberc.

Menses: Profuse with headache. Tuberc., and gave Tuberc. 50m (F.), one dose.

Jan. 26, 1908, report: Still has cold feet. For a week, sensation as if the wind blew on the knees constantly.

Headache: Considerable, no drawing in neck.

#### STUDY.

As if air was blowing upon one or fanning one; cold feet: *Canth.*, *Chel.*, *Graph.*, *Nux*, *Oleander*, *Puls.*, *Rhus.*, *Sabin.*, *Stram.*, *Lac def.*

Pale lips: *Puls.*, *Lac-def.* Lac def. cm.

Feb. 23, 1909, report:

Urine: Two different days, 1 qt. each.

" Sp. gr. 1.015.

" Clear, boiling and nit-ac.

Patient had become accustomed to testing urine through the many years of illness. As she resided 150 miles distant, this was convenient.

Headache: Last, Jan. 25, 1909.

Feet: Less cold, not preventing sleep.

Head: Grumbled as if pain was coming on.

Ache: Described as "through or back of left ear," "vertex," last attack. Lac def. cm (H. S.).

Each and every report from family and friends since that date has been enthusiastic upon her appearance and remarkable health.

#### CASE VII. ARSENICUM.

Sept. 22, 1909. Mr. C. C. H., farmer, tall, blond, bachelor, weight 150 summer, 160 winter, called concerning sick headache, from which he had suffered since he could remember. These described as located in forehead and temples, at one time > by vomiting.

*Status presens:* Aching since 18th >, but still nauseated; no vomiting; nausea constant; condition protracted by eating; usually > by sleep; constipated during this attack; had been accompanied by yellow, mucous stools; no appetite, no desire for food; felt he would be relieved if he could vomit; had had a slight drawing pain in abdomen, then relieved.

*History:* Light attack of hemorrhoids, perhaps as often as six months; some soreness, not often bleeding. Has had lumbago. Backache at times, in bed, at night. Perspires easily. Feet cold. Prefers summer heat. In winter uses many coverings. One attack of quinsy. Thirstless; drinks neither tea, coffee nor milk, and very little water. Coffee <; eats but little meat; averse to acids and most vegetables; craves *candy*, which agrees, and salt. Father living, well. Mother living, not well. Sister died at 30 years. One sister has catarrh. Brother has catarrh. Smokes, perhaps one cigar a week.

#### STUDY.

Headache: Temples and forehead; nausea; during sleep >; eating <. ARS., BRY., *Chin.*, NUX, PHOS., Spig.

Vital lack of heat. *Ars.*, *Chin.*, *Nux*, Phos.

Thirstless. < coffee. *Ars.*, *Nux*.

< thought of food; averse to meat; vomiting >. ARS.

Fingers turn blue and cold in cold weather. ARS.  
Ars. c.m. (H. S.).

Oct. 11, 1909, report. Neither headache, nausea nor backache.

Urine: 3 pts. to 2 qts. in 24 hrs. Specimen of 3 pts.

" Sp. gr. 1030.

" Acid: reaction.

" Whitney's test, no sugar. S. L.

Told to return when symptoms again appeared, as it was probable they would in a condition of such long standing.

Jan. 3, 1919, report. Had gained twelve pounds in two weeks. Has had two or three light headaches, lasting about a day; too busy to come to town. During attacks skipped a meal or two; had much less nausea. Ars. c. m. (H. S.)

Reports from villagers who knew him were jubilant, for he was well liked.

#### CASE VIII. KREASOTE.

December 1, 1909. Miss E. M., clerk, drygoods house, aged 31, applied for relief from *prolapsus uteri*.

Three years previous she had fallen down stairs, breaking the right fourth rib from the sternum. This was followed by a period of trouble named "indigestion." Eight or nine years previous she had suffered from an attack of cystitis, caused by over-exertion, walking, etc. (?) Ten weeks previous she had fallen down stairs in the store in which she was employed. She had suffered from the *prolapsus* since the fall. There had been congestion, uterine pains, which Dr. N. had endeavored to relieve locally, and by replacing the offending member; replacement had been a painful proceeding. Standing in the store greatly <. Further examination discovered:

Menses: Late, dark brown, offensive, acrid, gas in stomach during; at first obstructed, later > by belching.

Leucorrhœa: Dark brown.

Abdomen: Weak, pains in hypochondria, pain in right abdomen.

Sleep: Groans, calls out, dreams, frightful, as of being chased, or danger of being killed, etc.

Stomach: Pains from eating, constipated.

Headache: [Frontal, severe, vertigo, nausea.

Urine: Profuse, rises at least three times at night, pain in abdomen after urinating, thinks 2 or 3 quarts (?) brick colored sediment; at times thick, whitish sediment.

Sacral aching: History of 2 or 3 attacks of tonsilitis. No colds past winter.

Food: Fat, < ; averse to milk.

Prolapsus uteri: Distension of the stomach; profuse urine; turbid standing red sediment: ALUM., APIS., ARG.-N., Ars., BELL., CHAM., KREOS., LACH., LYC., Petr., PHOS., Sang., THUJ.

Menses: Offensive, dark, acrid: Ars., CHAM., KREAS., Lach.

Leucorrhœa: Dark: Kreas.

Frightful dreams: Ars., Cham., Kreas., Lach.

Eructations: □ Before and during menses. Kreas., Lach.

“ “ During menses: Ars., Cham., Kreas., Lach., Lyc.

Leucorrhœa: Bloody: Kreas. Kreas. 1m.

Urine: Exam., no result.

“ Sp.gr. 1.010.

December 20, 1909. Report. *So much better.*

Menses: Five days late, much less pain; less offensive, better color; not acrid; went through fine; no day in bed; much less gas in stomach.

Slept better, still many dreams, better character.

Fearful attack of aphthæ in mouth, especially roof of mouth.

Prolapsus and backache much less. Ordinary symptoms >. S. L.

January 9, 1910. Report. From working but part of the day; has for several days been able to work all day.

Prolapsus: Occasional.

Constipated: Uses enema alternate days.

Some pains and weakness in hypogastrium.

Leucorrhœa: Dark, acrid.

Dreams; Again calls out.

Stomach: No trouble. Kreas. 1m.

February 13, 1910, report. Works all day. Works during menses.

Feb. 13, 1910, report. Works all day. Works during menses without pain; no prolapsus, no gas; less headache; less leucorrhœa. S. L.

March 17, 1910, report. Feb. 15th attended funeral in country; long, cold ride.

Menses: Four days late.

Aching in region below the broken rib.

Sleeps well; wakes often; less pain hypogastrium.

Leucorrhœa, brown. Kreas. c.m. (F.).

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### CLINICAL EXPERIENCES.

BY J. FITZ-MATHEW, WEST SOUND, WASHINGTON.

During my vacation a young, healthy girl, a patient of mine, suffered from otalgia. A "non-sectarian," up-to-date "regular" was called in. He kept the patient under anodynes until a danger point was reached in the shape of an abscess. Then a surgeon was called in to operate, and she barely escaped death.

On my return a very similar case came to me. Pulsatilla, though apparently indicated, gave little relief. Soon a violent headache ensued, which commenced in the morning, reached its greatest intensity at noon, and subsided by evening. Kali-bichr. 30 acted promptly, and removed the whole trouble.

There are hundreds of cases which are steered into the hands of the surgeon because a stiff-necked generation of "non-sectarians" will not study and apply Homœopathy.

Leg Ulcers. Man 84 years, two large ulcers on the right



leg. Dr. W., a "nonsectarian," asked me if I expected Homœopathy to cure this case. I replied, no; but it was likely to afford more relief than any other treatment.

The peculiarity of this case was that the leg pained so in *horizontal posture* that he had to keep it down. It pained so at night in bed that he had to get up and sit in a chair or move about; very restless. Under Rhus-tox these ulcers so far healed that they were little trouble to him and the pain and restlessness was promptly relieved so that he could sleep in bed.

Mrs. W., Leg ulcers and a varicose condition of right leg. Been under all sorts of treatment for eleven years. Constant pain and loss of sleep. Under Pulsatilla Lycopodium and Rhus-tox this patient has been completely cured.

Carbuncles. An old man had three carbuncles, one on the right hip very large and exquisitely sensitive, two on the abdomen. Temp. 102°. Anorexia and malaise very marked. A bluish tinge of the tissues around the carbuncles.

Lachesis 30 trit.; a pad wet with a warm solution of Calendula after the sensitiveness to touch was relieved, and later Silicea 200 cured this patient.

I have record of some distressing cases of death following cutting operations on carbuncles. We shall no doubt find in *Tarantula cubensis* a powerful remedy in these cases. Its action in a case of cellulitis I reported in the Recorder was marvelous. We must, of course, be guided by the totality of the symptoms.

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### CLINICAL CASE OF TYPHOID.

BY AMELIA L. HESS, M. D.

January 5, 1908. Harry V., 13 years, American. Appearance: Light hair and eyes; dirty, sallow complexion; tall, slender and stoop-shouldered; real Sulfer patient; smoked all the cigarettes he could get. Family history: Father living; 60 years old; general health good; rheumatic diathesis. Mother dead; died of tuberculosis due to inebriety;



mother's family tubercular. Harry, as a child, had chicken pox, measles, whooping-cough, etc. Was always troubled with headaches. Two years ago had large "dark spots" on various parts of the body (hemorrhagic spots?). Last summer had a few small boils which soon disappeared under Hepar 200. Three weeks ago had a bad cold, for which he received Sulfer 30, and soon recovered.

December 30. Had some indigestion, which I at first thought was the result of Christmas feasting; but in a few days the temperature made me suspect typhoid. The cigarette habit was a serious complication, for I found the heart in a very bad condition; weak, irregular, and dropping beats.

January 5. Bry. 103 m, one dose—Sent him to the hospital. Temp. 105 at 2 P. M. Pulse 102; very irregular. He was placed on a strict liquid diet—broths, milk, grape and orange juice, junket and gelatine. I selected this variety to prevent nausea from sameness. He had 6 tablespoonfuls every 2 hours. At this early stage the condition of the heart was the most alarming feature. I was very doubtful of his recovery. However, this did not prove to be the most serious drawback, for from the maternal side the tubercular tendency was a bad complication. His temperature became irregular, and did not run the ordinary morning fall and evening rise of typhoid. It was more septic in character; but he had the real abdominal typhoid spots and local tenderness and pain.

January 11. Bry. 103m., 1 dose—Temp. 104 3-5 at 9 P. M.

January 12—Temp. 99 at 6 A. M.: 103 at noon; 102 2-5 at 6:00 P. M.; 102 4-5 at 9 P. M.

January 13—Temp. 101 4-5 at 6 A. M.; 102 2-5 at noon; 104 at 2 P. M.; 103 2-5 at 9 P. M.

January 14—Temp. 97 4-5 at 6 A. M.; 98 4-5 at 9 A. M.; 97 at noon; 103 3-5 at 6 P. M.; 102 at 9 P. M.; 98 3-5 at midnight.

January 15. Sulfer c. c., 3 doses; 1 every hour—Temp.

96 4-5 at 3 A. M.; 96 at 10 A. M.; 98 2-5 at noon; 103 at midnight.

January 16. Diet—Albumen water alternated with milk and broth (2 tablespoonfuls every 2 hours), 2 drops of Bovinine in feeding every 4 hours, 6 drops of Alcohol in half a glass of water; 1 teaspoonful every hour.

January 17—Sulfer c. c., 3 doses; 1 every hour.

January 18th, Bacillinum c. c., 3 doses; 1 every hour; January 22. Bacillinum c. c., 3 doses; January 28, Bry. 103; January 30, Bry. 103—Temp. again fell to 96 at noon. I now gave Bacillinum, which brought out a crop of pustules or abscesses (the size of a silver quarter or half-dollar) along the sides of the back, across the shoulder blades and across the upper part of the sacrum.

February 4. Psorinum c. c., 1 dose—The patient was never delirious. His mind was often a blank, but he would always answer intelligently when spoken to.

February 6. Pyrogen 80, 3 doses—He was usually very quiet; there was a strong Bry. condition.

February 7, Pyrogen 30, 3 doses; February 9, Pyrogen 30, 3 doses—From the 18th to the 21st the temp. barely reached 100, but on the whole it kept moving upward; from the 22nd it took strides upward, not coming down to 100, until the 25th it reached 104 2-5.

February 14, Pyrogen, 3 doses; February 15, Bry. 103 m, 1 dose—From January 25th to February 7th it dropped only once below 100; it played up and down between 100 and 103 4-5. On February 9th it fell to 97 at 2 P. M.

February 22. Sulfer 30, T. I. D.—From the 5th to the 10th the rise and fall was anywhere from 3 to 5 degrees in 24 hours.

February 25 and 27. Bry. 103m.—Notice: On February 7th I gave Pyrogen 30; up to this time the pustules were very inactive; they now became active and discharged profusely. (I had to lance most of them.) When I saw the action of the Pyrogen I began to have a faint hope of the patient's recovery, but imagine my dismay when on

February 13th his temp. fell to 95 4-5 at 1:00 A. M. I thought that death was inevitable and expected nothing else. The temp. gradually rose to the normal by 9:00 p. m. to drop again

February 14—to 95 4-5 at 3:00 A. M.; on

February 15th it took a leap upward, and by 2 P. M. it was 102 3-5. By this time the pustules were about all evacuated, and I again gave Bry. 103m. The temp. now began to take a more normal course, running a little below the normal and a few degrees above.

February 17—Back looking much >; patient very much emaciated (a mere skeleton); *very weak*.

February 22. Sulfer 30, T. I. D.—Patient doing well; back much >; many of the pustules healing. From this time there was steady improvement, but he was so emaciated and his vitality was so low that it was a very slow process to come back to the normal.

February 27—He had his last dose of Bry.; for on the 29th the fever practically left him.

April 9—I gave Bacillum c. c., 1 dose, for the temp. had gone to almost 102; this was the last medicine he received, although he was not discharged from the hospital until the beginning of May. He had to learn to walk almost like a little child, and his mental power came back slowly, but fully before he left us. He is living now and very well.

June, 1910.

P. S.—I send this case on account of the unusual temperature and to show the profound action of Bacillum and Pyrogen.

A. L. H.

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## BUREAU OF SURGERY.

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R. F. RABE, M. D., CHAIRMAN

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### THE PHILOSOPHY OF TRACHELORRAPHY.

BY DR. W. A. FORSTER.

This afternoon I heard one of the doctors here say that surgeons were a necessary evil and that they did not ever cure anything, so that we are given here a very humble rank; still, however evil we are, you sometimes have to call us in to put ourselves into the breach and help you out of a case that will not yield to therapeutic means.

I have prepared no written paper, but I promised Dr. Putnam to say something upon the philosophy of trachelorraphy and will ask the stenographer to take down what I say in lieu of a paper.

It has been said by good authorities that no woman is ever delivered without a laceration of the cervix; now I believe that a small laceration healed up partly or crookedly is more deleterious to a patient's health and the cause of more trouble than one that does not heal, but keeps wide open.

It is the little fissure, that feels fairly smooth to the examining finger, that gives more reflex trouble than the wide open one.

The reason of this is that the edges of the laceration not being accurately approximated by the surgeon, nature endeavors to heal it by throwing out a lot of cicatricial tissue which acts like a hard plug in the side of the cervix and irritates the nerve ends causing lots of reflex troubles, may be in the head or distant parts. It interferes with the circulation of the blood through the tissues of the part and causes poor nutrition. It also is liable to cause congestion of a local nature in the parts.

The immense importance of the womb induced an author to say that when woman was created the Creator took a womb and built woman around it. It is true that women sometimes have a lacerated womb without exhibiting any characteristic symptoms, but nevertheless it is always a

menace to the health of its possessor. For one thing it is exceedingly rare that we find a cancer of the cervix or of the lower region of the womb that did not start in a laceration there. It is the most frequent cause of cancer known.

This fact alone should be enough to show the necessity of thoroughly repairing all such lacerations. Such an operation, trifling as it is, will often deliver a woman from all the sufferings known to the sex, including cancer, hysteria and ingrowing toe-nails.

When then should it be repaired? In view of what I have said, it is the plain duty of every man who attends to parturient women to look after this matter as soon as she is safely delivered and to make the necessary repairs then and there. It may be said that such a time is not favorable for repair, but even if it does not repair—and it generally does—no harm is done by the effort. The woman is no worse off than before and the operation can be performed again at a later period. If, on the other hand, the rent does heal nicely—and it generally does—you have saved that woman the possibility of untold misery. Just as much care should be taken to have an aseptic operation as if it was a major operation. The edges should be trimmed and made smooth so that they may be accurately approximated. To do a good job, one needs to have his instruments with him. All up-to-date obstetricians use chloroform and, as a rule, some degree of anæsthesia is produced during labor, and so much of this effect is retained just after, that very little more will be required to complete the repair of the laceration. Moreover there is always a certain amount of bruising of the parts from the distention and the pressure of the head so that there is not the usual sensitiveness there.

Be sure to place the patient in a position that will give you sufficient light to see what you are doing. It is not practical to perform the operation well in the bed. The patient should always be moved to a table. A poorly repaired cervix is little or no better than no repair at all, therefore get a good light and have free access to the torn part. Have the



nurse to act as an assistant; put the woman on a table in the lithotomy position. Then make the edges as smooth as possible, approximate them carefully and put stitches in with some material, preferably twenty day cat-gut.

We used to employ wire sutures, silk, or worm-gut. These are now rarely used, because the other has proved to be efficient, easily handled, and the bugbear of taking them out again is removed. That is very satisfactory to the patient when you inform her that the stitches do not have to be taken out. After such an operation it is not necessary to keep the patient in bed one bit longer than usual.

If the late or secondary operation is required, the best method is to outline with a scapula the flap that you want to remove, first on the outside and then on the inside, and then to remove it with scissors so as to leave perfectly smooth edges. Be careful that the angle of the wound is a sharp one, and that there is no cicatricial tissue there to make trouble in the future. If you cut the artery of the cervix, stop the hemorrhage with a pair of aseptic forceps and put in the sutures so as to include it, and then the same sutures will draw the edges together and also stop the flow of blood. Afterwards I like to use vaginal douches of sterile water twice a day.

#### DISCUSSION.

J. C. Holloway:—I enjoyed the talk of Dr. Forster very much, and appreciated the principal features of the description which he gave. I believe that there are a great many obstetricians who do not appreciate the importance of removing all of the cicatricial tissue from a cervical laceration. I used to do a great deal of that work when I was a mongrel. I took several courses on that specialty; one with Dr. Pratt, of Chicago, and one in New York. I used to think that I was quite a surgeon at that time. I operated on several hundred women in that way. There is no better way to do the job, I believe, than that described by Dr. Forster. Especial attention should be paid to the angle of the wound, as he said. If you had the time I could tell you of several excellent cures

that I performed by that work. In regard to piles; at that time I did not believe that they could be cured with homœopathic remedies, and hence I cut them out. Nowadays I take a good deal of pride in curing a case that I would at one time have operated upon, with the indicated remedy in a potency. I now believe that all uncomplicated cases of piles—that is, not complicated with excessive fistulas—can be cured with the indicated remedy or remedies. One remark that the doctor made needs correction; he said that the up-to-date obstetrician used chloroform in labor; that may be true of the up-to-date obstetrician, but it is not true of the up-to-date homœopath. The patient should be conscious and have her senses about her. Only in that way can the doctor find the remedy suitable to her condition. I never give an anæsthetic in labor unless I have to use instruments. That is not nearly so often in the last ten years as I used to do.

C. M. Boger:—There is no doubt in my mind that chloroform is too much used in labor now-a-days. A man who cannot put on the forceps without the use of chloroform does not know how to use them. There should be no more pain with the forceps than without them. After the forceps are once on and the downward traction has to be used then I am willing to give a little. In all my practice of twenty years, I have not used the forceps more than five times and I have had as many as fifteen cases in one month.

T. H. Hudson:—I had a case some weeks ago of hemorrhoids in a strong woman who seemed the picture of health. She had never been sick since babyhood, had never been in a dentist's chair even. The hemorrhoids were her only trouble. I found them protruding and along with them were a lot of warty excrescences. I gave her Thuja, but so far it has done her no good. The rectum was exceedingly tight and drawn together. This week she was again in my office with albuminous urine and some dropsy in the lower limbs.

C. M. Boger:—Merc. cor. is that woman's remedy.

L. P. Crutcher: While it is true that most cases of confinement result in some laceration of the cervix, I question



the propriety of trying to repair all cervical lacerations immediately after the labor. I do not think that the best interests of the patient would be conserved by such a mode of procedure. When there is some sign that the laceration is causing reflex trouble then there is time enough to repair it. It should not be neglected. One of my families was confined recently under very difficult conditions; instruments had to be used with the application of great force. I did not attend to the labor myself, but was called in later and found the most terrific case of contusion that I ever saw. The nates were black, the labia black and swollen out of all proportion. There was hemorrhoidal protrusion of a painful character.

I advised hot douches, both internal and external and the keeping of the parts surgically clean. I also prescribed Arnica 1m. for a time, followed by placebo. Dr. Forster saw the case and said that I would be lucky if I escaped gangrene. In four days the change for the better was miraculous. I have never seen anything like it in my entire practice. There was extensive perineal laceration which Dr. Forster repaired in his usual excellent way. If there is any tear in the cervix in that case, the patient will shortly make it known by symptoms and there will be plenty of time to repair it.

President:—If there are no more remarks I will call on Dr. Forster to close the discussion.

W. A. Forster:—The idea of not giving chloroform during labor seems to me irrational; it reminds me of the saying that if the wife had the first child, and the man the second, and so on alternately, there would never be more than three children to a family. I have been told that the Christian Scientists have babies without any pain, but I do not know as I believe them. The osteopaths tell me that if I will press hard on the right spot during labor that there will be no pain, but I do not know about that, either. I am not hard-hearted enough myself to allow a woman to go through that terrible ordeal without chloroform. Mind you, I do not give

it nor recommend it until the second stage. It may be very wicked and wrong to mitigate suffering in that way, but I am willing to be shot for it. Every humane, up-to-date obstetrician should give chloroform and should make immediate repairs of all lacerations. I will not put that in any milder language.

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### REMEDIES IN POST-PARTUM HEMORRHAGE.

ELIZABETH E. ENZ, M. D., KANSAS CITY, MO.

Much has been said, and many measures recommended in this dreadful complication or accident of the parturient state, which so often gives no notice of its approach, precipitating the patient into the valley of death almost as quickly as the "snuffing of a burning candle." We have paid more than passing attention to the different forms of treatment, among which we might mention, compression of the abdominal aorta packing the uterus, irrigation, and the application of the various styptics. But as the years have gone on, we have less confidence in these measures, for death would have been the victor many times had not the *remedy*—that wonderful pearl of Homœopathy come to the rescue.

My faith in the remedy is such that I believe it can meet *every* emergency, the promptness of action depending on our *knowledge* of the *Materia Medica* and our ability to *see* its indications at a glance. The fraction of a minute must be long enough in some cases, and in that time we must, with the rapidity of lightning, ascertain the *cause*, *classify* the hemorrhage and note the totality of symptoms. We cannot leave a placebo and go to the office and look up the remedy. There is no time to study the case, for it is a battle with death, and death will win if you have no confidence in your remedy and do not understand the conditions calling for it.

The *choice* of the remedy will vary according to the form of the hemorrhage—whether concealed, apparent, primary or secondary.

To the cause—If patient be of hemorrhagic diathesis, atony, due to prolonged labor, precipitate labor, cervical

laceration, retained placental fragments, sepsis or anæmia of the spinal centers.

The most characteristic points to determine the remedy and from which will radiate the totality are: Syncope, exhaustion, moaning, sighing respiration, with either lost or high pulse rate. The following cases may serve as an illustration of the prompt action of the remedy:

1. Primipara, age 28. Labor terminated at the end of five hours with complete delivery of the secundines. Six hours later was hastily recalled; the report was so formidable that I took counsel with me. We found the patient in an alarming condition. We packed the uterus with fairly good result for three hours, when without a moment's warning the packing came away, the blood pouring out like water from a pump. Aortal pressure, irrigation and other emergency treatment did nothing. The uterine sinuses were open, and they would not close to hot water, cotton or anything else. Fairly desperate, I said to myself, "*Where is the remedy?*" for I knew soon there would not be a patient to prescribe for. I noted the following symptoms: Blood was bright, hot and steaming, and came in spurts or streams; face now flushed, then pale; pulse full and rapid, alternating with small almost *lost* pulse symptoms of *one* minute. *Beladonna* was written all over that bed. I gave five drops 6x. Improvement was immediate. Repeated the dose in half an hour. The hemorrhage was checked without recurrence. There is no question in my mind that if the remedy had been given, instead of the packing, the result would have been with the first dose.

2. Multipara, age 40, fifth labor. Concealed hemorrhage, due to atony and relaxation of uterus. Blood was dark, clotted, loss of sight and ringing in the ears, coldness and blueness of the skin; three-drop doses of *Cinchona tincture* contracted the uterus, with no recurrence of the hemorrhage.

3. Multipara, aged 45. History of hemorrhagic diathesis and previous floodings after delivery. Two hours after com-

pletion of labor she had hemorrhage of bright red blood, accompanied by nausea and vomiting; patient was cold and pale. Ipecac 30x, 2 doses half hour apart, promptly stopped it, the patient making a fine recovery.

4. Multipara, age 38. Very anæmic, long, difficult labor, followed by hemorrhage of the third degree, ceasing as suddenly as it began, leaving the patient cold, damp, pale and cyanotic. Syncopal, spinal exhaustion was apparent; pulse 30. Strychnine 30x, 5 grain dose, in one minute brought up the pulse rate to 60. Dose was repeated at intervals during the night. Patient made a good recovery. Should I not have had the remedy in potency I would have administered a physiological dose,  $\frac{1}{100}$ th of a grain, hypodermically, for the case was Strychnine, and it would have been better to whip the spinal centers into action than to allow the patient to die.

And one might cite many more cases and other remedies proving their truth and worth.

Yet there are many homœopaths who are afraid to trust the remedy; and their fear is born of the fact that they are not familiar with their materia medica. They may know the top lines, but top lines do not always save life.

The surgeon believes the remedy to be a valuable adjunct to his practice. Why, then, can not the obstetrician believe surgery to be an adjunct, instead of laying aside his remedy as a secondary consideration?

#### DISCUSSION.

W. A. Forster:—I believe that hour-glass contraction is never met with unless Ergot has been administered; the doctor mentioned packing the uterus; that is certainly very bad practice. Anyone who packs a uterus at full term for the purpose of stopping hemorrhage is inviting death to come and take possession of the patient. The thing to do is to see to it that the uterus is cleaned out thoroughly; get everything out of it that ought not to be there and all hemorrhage will cease and you need never think of packing at all.

There is one remedy that I have given a good many

times with success and in which I have a good deal of confidence when it comes to stopping a hemorrhage, that is Trillium. There is another cause of hemorrhage that cannot be stopped either with the indicated remedy nor the ordinary pressure; that is extensive laceration of the cervix with rupture of the cervical artery. You may press down on the uterus all you want to or give any remedy under the sun, but you will never control such a hemorrhage as that. Contraction does not affect the region of the cervix. The accident may be recognized by the blood coming in bright red spurts, even although the uterus seems to be firmly contracted. The thing to do is to put a ligature upon it.

P. E. Krichbaum:—I heard only a part of the paper, what I heard was excellent. The doctor made a failure with mechanical means and tells us of it. That is the most useful kind of a paper.

Dr. Young:—I have not practiced medicine long enough to acquire the necessary confidence to leave post-partum hemorrhage to the action of a remedy. I have had such cases in my experience and I have so far been able to control them by mechanical means. I made use of pressure over the abdominal aorta. I have also been present in a number of cases where Ergot in the crude form was given for the control of hemorrhage and in every single one of these cases the patient had a rise of temperature of from one-half to three degrees. I have so much confidence in my ability to control such dangers by mechanical means that I do not take Ergot with me and I do not give the internal remedy.

J. C. Holloway:—The internal remedy will act like a flash of lightning, but in a case where the blood is coming out like a torrent I use mechanical means, because one might make a mistake in the quick selection and that would prove too serious for the patient.

In regard to chloroform, it should not be used as a matter of routine. I was at a labor of a mother of six children, and she begged me to give her chloroform. There was no reason for it and I would not do it, telling her that if any-

thing like a hemorrhage was to happen that the chloroform, used when not needed, might be the cause of serious trouble. The child was born and I had just taken my seat to give the placenta a chance to come. Suddenly, without any warning of any kind, I heard a faint cry, "O, doctor!" and when I got there, and I got there quick, the blood was pouring with an actual roar like a torrent. I passed my hand up into the uterus and irritated the inner wall and it closed down. The same thing had to be repeated. The second time I kept my hand there and got the husband to get out the medicine from my case and give it to her.

W. A. Forster:—I believe that if the uterus is emptied, pressure will stop any hemorrhage.

C. M. Boger:—The discussion has not brought out a thing that seems to me a great safeguard against such accidents—such, for instance, as Dr. Holloway has spoken of. After the baby is born the safe thing to do is to put the hand on the uterus and keep it there; do not take it away. I do not mean that you are to manipulate the uterus; that is what you should not do. Simply watch it by the sense of touch. You are then informed of its state and ready for immediate action. I allow the blood to run out of the placenta before tying the cord. In regard to the paper, it seems to me the author had an unusual number of hemorrhages.

T. H. Hudson:—I was myself rather surprised at the large number of post-partum hemorrhages that Dr. Enz encountered. I have not had that many in forty years of active service. I was about to say just what Dr. Boger has said—my habit is never to leave my patient until the placenta is delivered; keep thoroughly informed as to what is going on by the sense of touch, and when the placenta is delivered still remain until the uterus is contracted and stays contracted hard as a cannon-ball.

L. P. Crutcher:—I think that the suggestion of allowing the blood to run out of the placenta is a good one; it ought to encourage expulsion.

Elizabeth E. Enz:—The cases I have cited in this paper were picked out; they did not occur successively or in a short time. I felt that I was doing well to get them out whole.



**SPECIFIC DISEASES AND SYPHILIS IN PARTICULAR.**

BY J. C. HOLLOWAY, M. D., GALESBURG, ILL.

There is a prevalent opinion even among homœopaths that specific diseases can not be cured by internal medication *alone*; and that is true so long as the physician treats syphilis *per se* or gonorrhœa *per se*, but when he takes into consideration the individuality of the patient and treats the totality of the symptoms according to his individual image, he will find that such a patient is no more difficult to cure than one suffering from ailments of a non-specific character—often not so difficult as when suffering from intermittent fever.

Your humble servant was once numbered with that bunch which said, and still says, that "all men are liars" when they profess to cure specific diseases merely by administering high potencies on the tongue. He was then just as honest and zealous as now, but his honesty was biased by prejudice and his zeal was "without knowledge." After years of chagrin and failure, he finally learned the homœopathic trick of a German physician by the name of Samuel Hahnemann, and I now say *unhesitatingly* that any real homœopath can successfully handle syphilis and sycotic gonorrhœa without any local treatment whatsoever, if he will only study Hahnemann and follow where he leads.

But, says one, "My patients won't hold still long enough." Why, bless you, it does not require as long a time for a homœopath to cure syphilis as it does for an allopath to suppress it and keep it suppressed. The regular wants three years to effectually suppress, and the homœopath wants three months to effectually cure; and without psora he will cure the majority of acute cases in six weeks.

I would be glad if I could impress this grand body of physicians with the fact that syphilis has acquired its unenviable reputation, its hideous history, from the evils of its suppression by mal-treatment, rather than from its real inherent nature. I want to emphasize the truth that the horrors associated with this disease are due to *Mal-treatment* which



by reason of age and custom, is labeled "scientific." Allow me to submit that it is a *burning disgrace* for any professed homœopath to resort to old school measures when called upon to treat syphilis or sycotic gonorrhœa; and yet, as a matter of fact, outside of the International Hahnemannian Association, *not one*, so far as I know, is on record as even professing to be able to extinguish these diseases merely and *only* by the internal administration of the indicated potencies. And these fellows professing with their lips to follow Hahnemann resort to the precise, exact and identical treatment which so-called "regulars" employ, thus evincing their individual weakness as homœopathic physicians, and spreading before the public the implication of an equal deficiency in the homœopathic system of medicine. Only the ignorance of the general public as to what pure homœopathy is, permits such pretenders to live and grow in the reflected light of pure homœopathy. Their ilk were the worst enemies against whom Hahnemann had to contend, because their work was the most insidious; and this particular stamp of homœopaths are our worst enemies today. The physician who *never* under any circumstances, in the treatment of any disease, couples the pure homœopathic treatment with allopathic *trash*, is the doctor to whom I like to extend the glad hand and greet him as my homœopathic brother.

I concede that when a physician, who never cured a case of syphilis or gonorrhœa homœopathically, tells a prospective patient that he can cure him without crude mercury and potash, and without local treatment of any character, the anxious sufferer is mighty apt to doubt it, because the doctor himself doubts it. He is mighty apt to place more emphasis upon the doctor's face than upon his words. And this is the chief reason why such patients will not hold still.

But I must cite you a case or two in my individual practice which I cured gently and permanently by strictly homœopathic measures:

1. Single man, farmer, aged 38, suffered two weeks after the specific ulcer appeared without any treatment what-

soever. A neighbor finally told him the nature of his disease, and he then came to me, because, as he said, he was afraid of the allopaths; and he came to me rather than to one of the mongrels of our city, because, as he said, he had read in our city papers my exposure of their mongrelism. And what created his fear of allopaths was my exposure of their methods of suppressing syphilis and gonorrhœa. This man had the worst chancre I ever saw. The ulcer was large and deep. The suppuration was yellow and profuse. He had drenching night-sweats. The saliva ran out of his mouth at night wetting his pillow. His tongue had a heavy yellow coating, and took the imprint of the teeth. He even had looseness of the bowels with the never-get-done feeling. Few, I presume, would question that mercury was his remedy. I prescribed *Mercur. viv. 1m.* to be repeated every six hours. In one week he reported. All the mercury symptoms had disappeared, but the chancre was eating deeper and deeper. Now why should the picture just related disappear and the chancre grow worse? For this reason: He was full of psora. I traced the psora back to his babyhood, and remembering what the master said, namely, that when psora and syphilis exist together in the same patient, *the psora must be cured first*, I gave him *Sulphur 6m. one dose*, guided especially by the tendency of the ulcer to dip down deeper and deeper. I let this work fourteen days as Hahnemann directs. This checked the ulceration, but the Mercury symptoms returned. I then gave him *one dose* of Mercury 1m., 3m. and 50m. at intervals of three days and two weeks, and at the end of three months from the day he stepped into my office, I discharged him, a *well man*.

2. Single man, age 28, laborer, good education and quite intelligent. Had had syphilis suppressed in the orthodox manner five years before; and also suffered a suppression of gonorrhœa one year later. After about one year's treatment, using *Nit. ac. Sulphur* and *Thuja*, and occasionally *Nuv v.* singly and alone, as it seemed to be indicated, his discharge returned. This I then cured homœo-

pathically. Continued his treatment two years longer in an effort to overcome the suppressed syphilis and the consequent darting, flying pains in all parts of his body of which he had complained for a long time. Under the influence of Nit. ac. 5m. and Sulphur 6m. as the chief remedies, the chancre returned in the identical spot where the old ulcer had been cauterized. The suppuration was quite profuse, so much so that he had to use cotton for more than two weeks. This relieved the pains complained of, and I am now curing him homœopathically. When he is well, the old scar at the seat of the old chancre will have wholly disappeared; and I know that this will be true by experience in other cases, and because Hahnemann says so. This man wants to get married, and I will soon have him in ideal physical condition for that ordeal.

One more case briefly related. Man aged, 33, merchant. He came to my office saying he had been cured of gonorrhœa four years before but that he had had a gleetish discharge ever since; that he tried a number of most eminent allopaths and was convinced that they could not cure him; that he was engaged to be married in a few months, "and now," said he, "can you cure me?" I answered: "I can cure you sound and well without any local treatment of any kind and you can marry in perfect safety. "What will you charge me?" I answered: "\$15 per month." "No," said he, "I want to know how much for a cure." I answered: "\$50." "But," said he, "Suppose you fail to." Then I will not charge you a cent. He wrote a check and I cured him inside of three months. I first unlocked the suppression and brought the discharge out so profusely that he almost thought himself to be a traveling man. Then with a few doses of Can. sat. 2c., Sulphur 6m. and Merc. 3m., finishing the case with a few doses of Sepia 50m. I discharged him in perfect health. He is now married and thinks about as much of pure homœopathy as he does of his wife. I want to add, in conclusion, that only real Hahnemannians can do that kind of work.

## DISCUSSION.

W. A. Forster: The gummatous tumor and the rapidly growing sarcoma seem to me to have some relation to each other. I had a case a year and half ago of a young man with a rapidly growing tumor of the radius. I examined it with care and went into his history; there was nothing to show that it was of syphilitic origin. It looked and acted so much like sarcoma that I would not do anything for him in the surgical way until we had a microscopical examination made. The microscope can do pretty well on the question of sarcoma, but I do not have so much confidence in it when it comes to carcinoma. I made an incision and chiseled out a piece of bone for examination; sarcoma was reported back and I advised the amputation of the arm at the elbow joint. It was not done, however, and he went away.

A year after I saw his physician who told me that the young man steadily refused amputation, although it grew rapidly larger. He then gave him Iodide of Potash and the tumor was entirely cured.

Since that I had a woman from southern Kansas suffering from an almost inoperable sarcoma of the uterus. The whole pelvis was full of abnormal growth. I removed the uterus and the growth. Later when I was down in her town I told her physician to give her Iodide of Potash, fifteen grains at a dose; he did so and the woman is almost well. Now if the Iodide of Potash can remove growths like that of a doubtful nature, does it not seem that the two kinds of tumor must have some sort of a relation to each other?

President:—The only experience I have had in the treatment of syphilitic diseases has been with the potencies of homœopathic remedies. I have no personal experience with any other treatment. For some time I ran the venereal clinic in the Dunham College; it was various and voluminous enough to be of great service to myself and the students. The cases were very difficult to control and one of the great obstacles to success was the habit the patients had of run-

ning secretly from one clinic to another in the hope of securing advantages from them all. It got some of the cases woefully mixed up.

The whole idea of such patients is to get rid of the local trouble. We found the most obstinate cases were those that had been through the regular treatment of Mercury and Iodide of Potash. My prognosis was more affected by that feature than by any thing else. The cases that had reached the tertiary stage seemed to me to be incurable when they had been long dosed with Mercury and the Iodide. At least their curability depended upon how deep an impression the drugs had made upon the system. I am willing to risk the assertion that a large proportion of the cases of locomotor ataxia that occur are due rather to the overdosing than to the specific poison of syphilis.

J. B. S. King:—I would like to ask what the prescription would be when a man comes to you with a hard chancre but in otherwise excellent health. There are no symptoms, except the small, clean, scarcely inflamed ulcer and the knowledge of what it will lead to. Are we to give Mercury because we know that its syphilis or Kali bichromicum because it is a small, clean ulcer, or should we wait until symptoms develop?

W. C. Baker:—My experience with syphilis and the homœopathic practice is the same as in all other diseases that I have treated. The closer you hew to the line—the nearer you get to the simillimum—the better will be your results. I have had the most trouble in suppressed cases.

I would not fool with cases like those Dr. Waring spoke of; if they come to me I tell them that if they have any idea of not sticking to me they had better not begin. I tell them that if they stick I can cure them, but I do not put a certain time upon the cure. I do not prescribe at all unless they promise to stick, and I will not be limited as to time. I tell you that when you get a case that has been filled up with drugs it is nearly incurable. A recent case of syphilis is easier to cure than a case of gonorrhœa.

W. B. Klinetop:—I have had a large experience in venereal disease, and I would rather have a recent case of syphilis to treat than gonorrhœa.

W. A. Forster:—Fifteen years ago a gentleman sent for me because he had broken his arm without any violence to explain it. In the simple act of pulling on his trousers the arm had broken. In seeking for the cause of the excessive fragility of his bones I found that when fifteen years old he had contracted syphilis, and been treated for three years with Mercury. The bone united and he appeared well, but two years later he went insane. I believe that the cause of both incidents was the mercurial treatment that he had taken when young.

Carl Verges:—I have seen a number of cases of bad nervous troubles that I attributed to the long continued use of Iodide of Potash. I have had quite a number of cases of syphilis—recent cases—and had no difficulty in curing them up promptly. Chronic gonorrhœa or gleet is the hardest thing that you attempt to cure. It was a matter of surprise to me, having heard so much of the chronic and lasting character of syphilis, to see how quickly it was cured at the clinics at Hering College.

L. P. Crutcher:—One of the men in our city council had locomotor ataxia, and was under old school treatment; he was taking twenty grains of the iodide three times a day. No improvement being noticed, they discharged the physician and called in a Christian Scientist, and the man was said to be getting well. I supposed from the reports that I read in the newspapers that the man was nearly well. But when I saw the patient he had a man on each side of him to support him, and was then scarcely able to walk. A short time later he killed himself. It is extremely hard to say whether the disease or the treatment is the more fatal. I do not know that anybody has ever allowed the disease to go on uninterrupted and without treatment in order to see what is its regular course. If that were done we would have a better basis to make a decision on. Mercury and the Iodide of



Potash stand in an antidotal relation to each other; when the two are combined, as they so often are in old school prescriptions, they must make much confusion.

President:—Dr. Holloway will you close the discussion?

J. C. Holloway:—They perhaps give the iodide to make the patient more sensitive to the mercury. It is the iodide, in my opinion, that is responsible for the locomotor ataxia.

My answer to Dr. King's question would be to treat that man as you would treat any indefinite case. I would not prescribe on the chancre alone. I would wait until I had found individual symptoms. We do not have to prescribe a remedy just because a patient comes to us.

Another point that we overlook is that a man can give only what he has got; a man with syphilis can give it only in that stage in which he has it. Tertiary syphilis will not give a chancre because a chancre belongs only to the first stage. Acute gonorrhœa gives only acute gonorrhœa, gleet gives only gleet. The Iodide of Potash is given to people as soon as they are suspected of having syphilis and that is where a good many doctors are fooled. That remedy will not cure a great many cases; it will cure some cases only. There is no remedy for the disease syphilis or for the disease gonorrhœa; but there is a remedy for every man or woman who has those diseases. When we learn that we must treat the patient as he is, taking into account especially the mental symptoms, then we have advanced a great ways toward curing these diseases. Mercury, owing to the nature of its symptoms, will be indicated oftener probably than any other remedy. I have never had a case of syphilis in my life in which mercury was not indicated in some stage of its course. On the other hand there are very few cases that mercury will carry on to a cure. That is because most cases are complicated with psora.

Take the case spoken of in my paper and the symptoms give you a picture of Mercury. Mercurius given in the 200th and then in the 1000th made the symptoms disappear as if by magic. The different potencies are used because Hahne-



mann said not to repeat the same potencies but to vary them. But the chancre goes on and increases and spreads; you would not know that the man had been taking any medicine. The reason is that the man is full of psora. Whenever you have symptoms that are a picture of Mercury and on giving it the symptoms disappear but the chancre keeps on, then you have psora to contend with. Then you have to prescribe the indicated antipsoric remedy.

When this happens as I have related, I find that more cases need Sulphur than any other remedy. Very likely the mercury symptoms will come back again after a time and you may have to give Mercurius again. It is very likely to cure the whole trouble then. My purpose in this paper is to show that syphilis can be cured with homœopathic remedies. Hahnemann did it, Boenninghausen did it, Gross did it, why can not we?

### ECHINOCOCCUS HOMINIS OR HUMANIS.

BY WILLIAM DAVIS FOSTER, M. D., KANSAS CITY, MISSOURI.

Defined to be a hydatid or bladder worm, one of the larval stages of growth of the small tapeworm, *tænia echinococcus*, of the dog and wolf, infesting the human digestive tube and other parts of the body.

It is an illustration of that form of reproduction in which some of the members of the cycle can produce new being non-sexually, while in the final stage reproduction is always sexual. The segments of the *tænia*, *Proglottides*, are hermaphrodite, and are evacuated with the fæces. From the egg, fertilized after it is shed, is developed the embryo that is swallowed by another animal, in whose tissues it forms an encysted stage; *Cysticercus* and *Cœnurus* are other types of the same genus. To undergo further development the *Cysticercus* must find another host, where it forms new segments.

*Tænia Echinococcus*. Another and far more familiar *tænioid* entozoon is that of which the *Acephalocyst* and *Echinococcus* represent the cystic and scolecid conditions. The

tænia or strobila of this species is at present known to occur only in the dog and wolf. It is of small size, and usually exists to the number of many thousands among the villi of the small intestines, where the tænia are rendered apparent by the white color of the proglottides.

The ordinary form in which this entozoon occurs in the human subject is that of a semi-transparent globose vesicle, with highly elastic laminated walls, lined with a finely granular layer, and which is lodged, sometimes in great numbers, together in the parenchyma of the liver, lungs or other solid viscera, or in the connective tissues in almost any part of the body, usually enclosed in a distinct capsule, formed by exudation into and the consolidation of the surrounding tissue. They are frequently found in the breast; in the prostate, in the testis. The interior of these cysts is filled with a clear watery fluid, in which may sometimes, but by no means always, be seen floating a few or many tænia-heads or scolices, the so termed *Echinococcus*. Sometimes, however, the only remains of these will be the minute hooklets with which they are armed. But though usually met with in this detached condition, these heads, in the recent and perfect state of the cyst, will be found adherent to its inner wall or granular layer, to which they appear to be attached by a short peduncle. When so attached they are seen through the transparent walls of the acephalocyst as minute opaque or whitish specks. It more often, happens, however, and, as it would seem, especially in the human subject, that numerous acephalocysts may be examined without the discovery of a single echinococcus-head.

Hydatid cysts are capable of multiplying themselves in other ways; and it is to this property that their destructive power is mainly due, although an individual cyst may singly attain to enormous dimensions, it is more from their rapid and continued propagation that the large hydatid tumors, and consequent great mischief caused by them, are produced. This multiplication takes place by what may be termed a

sort of gemmation or proliferation in the walls of the cyst; and it is effected in two or three different ways.

1. The secondary cysts arise in the walls of the parent hydatid, and when they have reached a certain size become detached, and are then capable of independent growth, and of again themselves throwing off similar buds, and so on *ad infinitum*.

2. The secondary cysts may be protruded and thrown off either on the exterior or into the interior of the parent vesicle. In the former case we have the exogenous form of hydatid or the *Echinococcus scolecifarius* of Kuchenmeister; in the latter is produced the well-known endogenous or "pill box" hydatid of authors. Both forms occur in the human subject, the latter by far the more frequently; and they may both even be found in the same subject. In either case the multiplication is sometimes carried to an enormous extent, and yet in the whole number of hydatids not a single *Echinococcus* will be found.

Professor Leuckart mentions the case of a woman about 60 years of age who had a tumor for many years, which was supposed to arise from an extra-uterine foetation, but on examination after death was found to be caused by a colossal acephalocyst springing originally from the liver, but which had gradually filled the abdomen with a sac weighing, with its contents, about thirty pounds. In the interior were many thousands of secondary cysts, from the size of a pea to that of the fist, but not a single "head" or hooklet was anywhere discernible.

Acephalocysts, with several hundreds of secondary cysts are not uncommon; but usually the number of the latter is under a hundred, and generally perhaps from twenty-five to fifty.

3. A third modification in the mode of development, or rather of multiplication of hydatids, has been described under the name of *E. Multilocularis*. In this form the cysts never attain to anything like the dimensions of the two former, rarely exceeding those of a millet seed, or at most of a

pea. But, though of these small dimensions, the cyst is capable of producing compound growths of considerable size, consisting of aggregations of vesicles imbedded in a common stroma. When a small cyst of this kind is cut across it presents in the interior, minute cavities of irregular form, separated by condensed connective tissue, and containing a tolerably transparent gelatinous material. Running amongst them may be seen the atrophied remains of the bile-ducts or blood vessels, etc. Growths of this kind have hitherto been observed only in the liver; but as there appears no reason why they should not occur elsewhere, it may be useful to advert a little further to them. The alveolar structure and the gelatiniform nature of the contents of the cysts naturally led observers at first to suppose that they constituted a form of colloid cancer, the occasional presence of echinococcus-heads or hooklets being deemed a merely accidental complication. Virchow (*Das alveolar Colloid der Leber*, Tübingen, 1854), however, has clearly pointed out the correspondence between the so-termed colloid masses and minute echinococcus cysts. His observations have since been amply confirmed by Professor Leuckart (*Meusch, Parasit*, p. 273), who fully satisfied himself that all the cysts, down to the smallest, present the well-known characters of the common acephalocyst. He, moreover, ascertained that the echinococcus-heads contained in them were identical with those found in the usual hydatids, and that the multiplication of the cysts followed the type of *E. altricijarius*.

The connection between the hydatid cysts and the tænia, from which they are derived, hardly requires to be here pointed out, after what has been said on the general mode of the development of the tæniad. The Strobila in the intestine of the dog throws off proglottides containing the mature ova, which on passing into the stomach of another animal, liberates the enclosed embryos, which make their way through the walls of the intestine, penetrating directly into the contiguous connective tissue, or into the blood-vessels, by which they may be converged through the branches of

the portal system into the liver, or through other channels into all parts of the body. Hydatids consequently, even to a far greater extent than cysticerci, may be found in any part and in any of the tissues, including the bones themselves. In some respects, however, the two forms of cystic worms seem to affect different tissues by preference. The most common seat of the cysticercus is, as has been said, the muscular system—a situation in which acephalocysts rarely occur. The eye and brain also are more rarely invaded by *acephalocysts* than by *cysticerci*. By far the most common situation for hydatids in the human subject is the liver. In other situations, out of two hundred cases, Professor Leuckart states that in about forty the lungs were the seat of invasion; in thirty, the muscular and subcutaneous connective tissue; in thirty the kidneys; in twenty-six the lower pelvis; in twenty the nervous centers; in seventeen the bones; and in ten the heart. In the remaining seventeen the parts invaded were the orbit, eyeball, mouth, thyroid body, walls of uterus, etc. In general, in men hydatids are confined to a single locality, though this is by no means always the case.

The frequency of occurrence of hydatids appears to vary much in different parts of the world. In England and in Europe, generally, they are but rarely met with, whilst in Iceland it would seem that one-fifth or one-sixth of the entire population suffers from their invasion; in this country they are seldom encountered. In any case the poor appear to be more often affected than the rich, a circumstance easily explicable by their different habits.

The growth of hydatid tumors, when from their external situation, or from other circumstances, their existence is easily manifested, appears to be extremely slow. Thus Velpeau removed a hydatid tumor from the axilla, which in six months had only reached the size of a walnut; and in another case the tumor had attained the size of the fist in about a twelvemonth. The endogenous or "pill-box" hydatid is probably slower of growth than the other varieties, although in process of time it may acquire far greater dimensions.



The ill effects of a hydatid growth vary, of course, according to its site. The more important situations in which tumors of this kind present themselves to the surgeon's notice are in the liver, eye, bones, and in external situations in any part of the body. A not unfrequent situation also is the lower pelvis, where, by its growth, the tumor may so far impede the functions of the bladder, uterus or rectum as to call for operative interference. The diagnosis, however, of such cases is extremely difficult, as similar symptoms may, as is obvious, arise from tumors of almost any kind in the same situation. The distinction perhaps might be drawn more from collateral circumstances or negative proofs than from any positive symptoms. When developed in the interior of a bone the signs of a hydatid growth would be equally obscure until the tumor had reached considerable dimensions, or an exploratory opening had, perhaps, been made.

When it occurs in the eye the effects of an acephalocyst would be much the same as those produced by a *Cysticercus*, except that as the growth of the latter is far more rapid, the ill consequences of the parasite are slower of development in the one case than in the other. The distinction during life, however, would be extremely difficult and of no practical importance.

Although the duration of hydatid tumors is generally very prolonged, in fact lasting for the whole of life, it not infrequently happens that they die, as it were, at an early period and either cause suppuration and are thus discharged or become cretified and wholly innocuous.

The best treatment of a hydatid tumor is that of making a free opening into it, so as to give exit to the contents and drainage to any subsequent discharge. In cases of hyoid tumors of the liver it has been proposed, and the proposal has been occasionally carried out with success, to make the incisions at two intervals when there was reason to suppose that no adhesion existed between the walls of the abdomen and the coverings of the cyst. But in the majority of cases it will perhaps be better to wait until there is fair rea-

son to conclude that adhesion has been set up. The injection of the cysts with various solutions, as of Iodine, Perchloride of Iron, Nitrate of Silver, etc., has been practised; and some have thought with good effects. As the wall of the cavity containing the acephalocysts is in some respects analogous to those of a chronic abscess, the closure of the cavity when emptied will take place in the same way as in the case of an abscess.

Gross (System of Surgery, 1872, vol. 1, p. 216) cites a remarkable case, with an illustration, found on the lower and inner side of the thigh. extending later from the popliteal space of the pubes.

#### THE CASE.

Felix Crocensi, 217 Holmes street. Admitted June 1, 1910, age 48. Nativity Italy. Laborer. History taken by Dr. M. O. Peters.

#### *Family History:*

His parents were both healthy and robust people; both died at the age of 80.

Has one brother living, who is strong and healthy.

#### *Previous History:*

The only sickness in his life was five years ago, when he contracted typhoid fever, which kept him on the sick list for a couple of weeks.

Has never been afflicted with malaria or any specific trouble.

Has been in America nearly five years, and since his arrival here has always felt well until last October, when he first noticed a slight bulging in the epigastrium, which gradually became larger, until it was quite noticeable, and gave him some trouble in creating a sense of fullness about the cardiac and gastric regions, and once in a while slight pain over hepatic region, but more so on deep pressure.

During the month of May he received five treatments from some Italian doctor in Kansas City, who used some injection into the liver in hopes of reducing its size, but nothing was accomplished.



On arrival at the hospital, June 1st, he was feeling fairly well; appetite good, but complained of the epigastric fullness after eating. His bowels were regular and temperature 98°, respiration 20, pulse 80.

Urinalysis tests were all negative.

Blood count showed a slight leucocytosis only and Talquists hæmaglobin tests showed 80 per cent.

June 4th, X-Ray with Bismuth, by Dr. Edward H. Skinner, revealed the stomach crowded out of place and the heart displaced in almost a horizontal position.

June 6th, he was operated on by Dr. William David Foster at 9 o'clock A. M., at Kansas City General Hospital. An incision of about six inches in length was made in the median line of epigastrium; this laid bare an enormous distention of the gall bladder, which was filled with a translucent fluid. The amount of fluid removed was above three quarts; on microscopic examination it showed myriads of Echinococci very active, the scolices swelling out and contracting very much in jelly fish fashion in their efforts to move about. The hooklets, too, were very numerous and showed up plainer than any text book picture.

After the operation a cigarette drain was kept in the sac to drain out balance of fluid. This drain was retained in the wound for eleven days before being removed, and was replaced by a smaller iodiform gauze drain.

At this time an examination of the escaping fluid was made, but the echinococci did not show up well; they were broken up and largely disintegrated.

The patient rallied well after the operation; had scarcely any temperature above normal, and on the following day commenced taking liquid diet. He has steadily improved, and on the twelfth day was allowed to walk about the ward and hallways. His only complaint being that he wants more to eat.

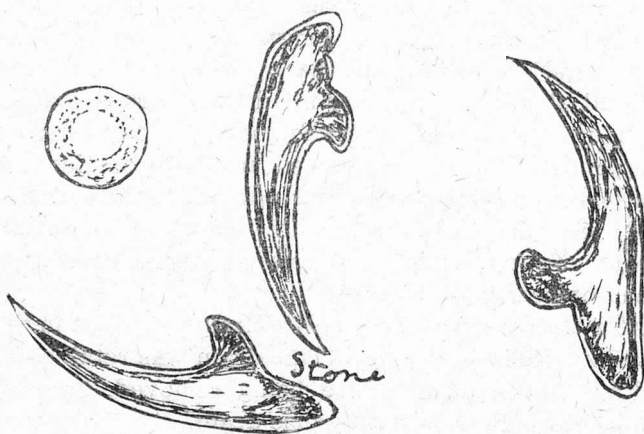
June 20th. The wound is kept open with a pack medicated with a mild solution of Pix, and his general condition bespeaks complete recovery.

The drawings from which the cuts are here reproduced were made by Dr. M. C. Stone, Pathologist at the General Hospital.

### Laboratory Report.

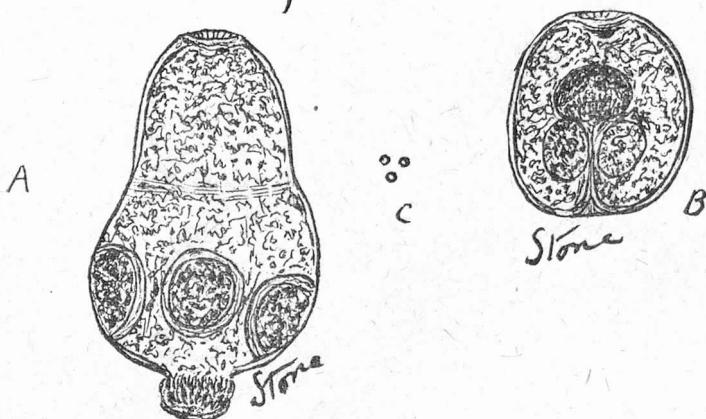
BY M. C. STONE, M. D.

*Fig. 1.*



**Hooklets, with a red blood corpuscle for comparison.**

No. 281—40 c. c. limpid slightly bloody fluid which contains many yellowish white flocculi, .5 to 1 m. m. in size. These readily settle to the bottom of the container. The fluid does not coagulate. A few drops of the fluid containing the flocculi examined under low power show many scolices of *Tænia Echinococcus*, both singly and in groups. Some show ameboid movement. The rostellum in some is projected, in others withdrawn.

*Fig. 2.*

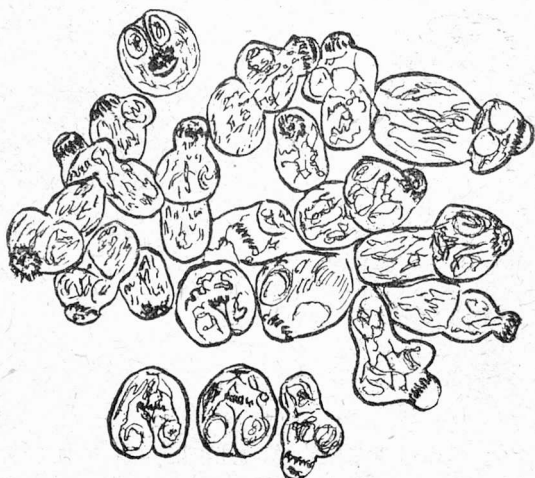
- A. Scolex with rostellum projected, and showing three sucking discs.  
B. Scolex with rostellum withdrawn.  
C. Comparative size of red blood corpuscles.

Under high power a few hooklets are seen.

No. 307—Abdominal drain and 40 c. c. of straw colored fluid which forms a light coagulum on standing.

In meshes of this coagulum are found a few scolices and great numbers of hooklets.

*Fig 3*



**Group of scolices under low power.**

The fluid contains albumin and is free from bile.

#### DISCUSSION.

J. B. S. King:—This was a very rare condition in Chicago for a good many years, but of late years it has become relatively common. The increase is thought to be due to foreigners. Most of the cases reported have been in families of foreign birth. The explanation given is that they live in small houses and generally have one or two dogs who are allowed to eat off of plates used by the family.

Carl Feige:—I saw a case in Chicago. The peritoneum is the most frequent seat of the disease; it is almost sure to be involved in advanced cases. The cysts in this case were from the size of a small grape to that of an egg. They stuck out like a bunch of grapes, exactly. They were so numerous that medical treatment was out of the question. They were removed as thoroughly and as carefully as possible, but the patient died.

**CASES SAVED FROM THE SURGEON.**

BY HARVEY FARRINGTON, M. D., CHICAGO.

The limitation of the homœopathic remedy has been a much mooted question ever since the days of Hahnemann. Our literature is filled with discussions on the subject and hundreds of cases have been reported in periodicals and read before societies in support of the views of their respective authors, views which are quite at variance, but which may be classed under three headings—those limiting the sphere of potentized remedies to diseases of a purely functional nature, those which attribute to them the power to cure practically all the ills that flesh is heir to and those which maintain a more conservative middle ground. Doubtless there will always be more or less difference of opinion on a subject where individual skill and powers of observation are such important factors, but it is the bounden duty of every member of this association to contribute his best efforts toward demonstrating the efficacy of the law of similars, especially in so-called surgical cases. We possess the means for reaching every function and every organ of the body; through the vital force we are enabled to abort inflammation, to curb and modify disease processes before the danger line is reached. Our cases, as a rule, recover promptly and with fewer complications or sequellæ than under “mongrel” or old school treatment, and therefore we have less need for the surgeon and for that matter the undertaker as well. But in those coming from other schools, in those that are debilitated or the subjects of some profound infection, complications are bound to arise. It is these which demand our most careful consideration.

Case I. Is that of a boy of seven suffering from appendicitis. He had been under the care of a so-called homœopath, who, after giving Aconite and Belladonna in alternation for three or four days without benefit, asked for consultation and Amerson of the Cook County Hospital was called. In Chicago this man is considered an authority on appendicitis.

He confirmed the diagnosis and agreed with the physician in charge that operation was the only recourse, but the parents would not consent. Two days more passed with no change for the better and Amerson was called again. This time he was emphatic in his dictum that unless the boy was operated on at once he would die in twelve hours. Still the family hesitated and hearing of a case that I had cured without the use of the knife they called me in. The history showed the usual symptoms of onset. Palpation revealed a swelling in the right iliac region and excessive tenderness extending upward and outward toward the iliac crest. The little fellow was crying and writhing with pain between the short ribs and the crest of the ileum. The tongue was coated yellowish white, the temperature 101.5. But he was better lying on the right side, he was worse from motion ever so slight and from taking a deep breath and he was thirsty. Evidently the remedy was neither Aconite nor Belladonna, but Bryonia. The 200th was given in water. This was on September 23, 1908, at 1 A. M. During the day following there was some amelioration of pain, less aggravation from motion and the temperature toward evening dropped to about 100.

On the 24th the symptoms had changed. Soreness was more marked and more diffused over the abdomen, the temperature rose to 102, there was thirst for ice-cold water, warm drinks causing nausea and increasing the pains. Phosphorus 200th was now given with marked improvement for the next twenty-four hours. Then the following picture presented itself: Considerable distension from flatulence in stomach and bowels, cold drinks no longer grateful, irritability on waking, rise of temperature in the afternoon. One dose of Lycopodium 43m was given and by the 29th the patient was up and around the house, the bowels moved normally and there was no fever.

But, in spite of strict orders as to diet, the boy was allowed to eat an apple, which resulted in diarrhea and a return of the pain in the side. For awhile I was somewhat anxious, not being able to judge just what effect this appar-



ent relapse would have but the cardinal symptoms calling for Sulphur made a prescription easy and now (nearly two years after his illness) the boy is strong and robust and has never had a suggestion of the pain in the region of the appendix.

Case II. Mrs. F. D., 40 years of age. She had been acutely ill for seven weeks under old school treatment. The trouble started with what seemed to be an ordinary bilious attack with nausea, vomiting and severe pain in the epigastrium, later shifting to the abdomen and accompanied with diarrhea. After this had been checked the pain located just above the right ovary; there were chills followed by high fever and symptoms of pus formation. After a thorough course of the usual approved and strictly "regular" treatment for such conditions, she was told that she must submit to an operation. At this point her relatives, patients of mine, interfered.

The abdomen was tender, but especially to the right of the umbilicus, and pressure anywhere over its surface increased the pain in this locality. The right rectus was rigid. Sharp stitching pains shot from the right groin upward; there was much flatulence which caused pain as it moved about; nausea from swallowing saliva. Cold drinks caused chilliness. Numbness of the legs after sitting up in a chair. Cold feet. Lumbo-sacral backache. Ringing in the ears. Pulse 98, temperature 100. The first remedy given in this case was China 1m, one dose. The 77m was required about a week later, and Lycopodium, and later Sepia got her on her feet again in about three weeks from the date of the first prescription. For a year she suffered somewhat from symptoms of adhesions and leucorrhea and pain in the right ovary, but now enjoys good health. There was no apparent rupture of the abscess. It gradually shrank and disappeared, in spite of the fact that none of the remedies given were listed as those "good for suppuration." Judging from the condition of the patient at the time of my first visit an operation would have gone hard with her.



Case III. Mrs. W., a Polish girl of 22 years of age. After four weeks of allopathic treatment she had consulted a homœopath on the West Side, who, in order to be sure of his ground, first called a surgeon in consultation and then a medical man, which happened to be myself. The diagnosis was plain; chills, fluctuating temperature and a well-defined swelling the size of an orange were unmistakable evidences of an abscess of the left ovary. The subjective symptoms were, briefly, throbbing in the epigastrium, burning of the face while lying down, inability to take a deep breath because of a sense of "tightness" in the throat, irritable yet tearful, pains in the ovarian region, formerly worse in the right, but distinctly alternating from side to side, now only in the left. The surgeon, a conservative man and well versed in Homœopathy, advised operation; but with such clear-cut indications for a remedy, I decided that it was worth while at first to see what a remedy would do. Accordingly three doses of *Lac caninum* 200th were given, about two hours apart. The result was amelioration of all the symptoms, and in six or eight hours a copious discharge of pus from the vagina. She went to the country, and in three weeks returned and danced a jig in the doctor's office to show how well she was.

Case IV. A lady physician of my acquaintance called up on the telephone and asked me to advise her regarding a case of appendicitis. The patient was a woman of 45, who had been sick for three days. Her symptoms were acute pain and soreness in the region of the appendix; worse from motion and somewhat relieved by cold applications; rapid pulse, thirst, backache in the lumbar region. *Belladonna* and *Bryonia* had been given with some relief, but there was still a marked swelling of the appendix, and jaundice had developed, with a sensitive tumor in the region of the gall bladder. I suggested *Carduus marianus*, which was given, one dose of the 45m. Two days later the doctor again called up, and said that there was still a swelling in the right iliac region nearly four inches long and an inch and a

half in diameter, and asked whether I did not think a surgeon ought to be called. I said, "Yes." We determined upon Dr. S., who had been called in the case of the Polish girl. His verdict was that the inflammation in the appendix was well under control, but that we might expect trouble from the gall bladder, and possibly an operation would be necessary. In five days the patient was practically well; and all due to a single dose of Carduus from a tiny vial of the 45m put up by the venerable Fincke thirty years ago!

Now, I do not wish to convey the impression that I would reject surgery entirely in this class of cases. My purpose is simply to show what can be done even after pus has formed. There are undoubtedly some that must be operated upon. The only question is, how can we tell when we have reached the border line? I will leave this to those who discuss this paper, offering only these suggestions: Watch the pulse and temperature, the extent of the local swelling and tenderness; but don't forget that the strange and peculiar symptoms, especially those entirely foreign to the pathology, are the safest guides to the remedy. If you have enough of these to make your selection accurate, you may feel sure of the result. If the abscess is a large one, consider operation. If appendicitis continues to recur, and you are unable to find a constitutional remedy to prevent it, operate, but *between the attacks*.

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### TOLLE CAUSAM.

BY E. B. BECKWITH, M. D.

In paragraphs 3 and 4 of the Organon Hahnemann says: "Finally, when the physician knows in each case the obstacles in the way of recovery and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the art of healing.

"He is at the same time a preserver of health when he knows the causes that disturb health, that produce and main-

tain disease, and when he knows how to remove them from healthy persons."

The good homœopath of today interprets this to mean only that if a tumor or pus sac is present, which probably cannot be absorbed away, operate. There is, however, a larger meaning to that paragraph that has escaped these practitioners, good prescribers though they may be, and causes an occasional case to be pronounced incurable or to be lost to Allopathy.

As you well know, the living human body is a machine and subject to mechanical law. Therefore, any displacement of any of its parts puts not only the displaced part out of gear and interferes with its function, but also tends to displace and interfere with the function of the organ or organs directly associated with, or dependent upon it.

The average practitioner does not look for displaced organs in his chronic cases, but says, "The Vital Force is deranged and needs to be reinforced by the dynamic remedy, then the cure will be complete."

Now I grant you, that in many cases the Vital Force is so wonderfully strong as to be able to accomplish that result in spite of a mechanical defect. But sometimes it is not, which is the point of our story.

When the best selected remedy fails to act, or to give permanent improvement, do not give Sulphur, or a nosode, but look over the mechanism of your patient. Correct the displacement of the center of gravity, the ptosis of stomach or intestines, and give the Vital Force a fair chance.

The Vital Force is a wonderful worker, but do not expect it to become a miracle worker.

It has been my good fortune, with this simple truth in mind, to relieve promptly one case of neurasthenia of thirty-five year's standing, which had been prescribed for by several of the masters of Homœopathy, without relief, and which had been considered hopeless. I have seen other cases relieved in half an hour where the indicated remedy had failed for months.

Cases that should come under the orthopedic inspection and treatment are:

Chronic headaches, eye troubles, lung troubles, stomach and intestinal diseases, appendicitis, ovarian disorders, uterine displacements, backache, lumbago, so-called rheumatic disorders of the limbs.

When you have a "flat back," in which the lumbar curve has retreated and which causes general enteroptosis, it is absurd to try to cure permanently by the indicated remedy. The uterine or ovarian or appendiceal inflammations consequent upon the bruising of those organs at every step or motion can be cured only by correcting the curvature of the spine, elevating the pendant organs to their natural positions and thus releasing uterus, ovaries and appendix from injury. Then, and then only, do they have a fair chance to heal. Then, also, will the indicated remedy be able to give a restitution of health that is "speedy, gentle and permanent."

No case of drug poisoning can be cured until the use of the drug is stopped; no case dependent on other outside irritating or producing cause can be cured until that cause is removed. But when one has corrected the diet, secured proper hygienic surroundings and removed all possible conditions, surgical and otherwise, ordinarily supposed to prevent a cure, and the cure is still shy of approach, then examine the spine. It is in that class of cases that the best results are obtained.

In fine, any chronic condition which does not then yield to intelligent and persistent use of the indicated remedy, is due to a mechanical cause.

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### SCIATICA SCROFULOSIS. LUPIS NON-EXEDENS.

BY J. B. SULLIVAN, M. D.

Case 1. F. C. ———, aged 29, stenographer and book-keeper.

Fifteen years since he was operated upon in the West Penn Hospital, Pittsburgh, Pa., for necrosis of the femur.

Previously he had repeated attacks of scrofulous ulcers—running sores—in the right thigh. These attacks were always ushered in with intense pain along the track of the sciatic nerve from the hip to the toes, but the inflammation and suppuration always took place above the knee on the outer side. Three years ago the patient underwent the operation of tracheotomy in the Allegheny General Hospital, which came very near being fatal, leaving the vocal cords greatly impaired. He next took treatment with throat specialists in Philadelphia, with little or no improvement. After returning to Pittsburgh he came to me, receiving homœopathic treatment for the first time. In less than a week he was well enough to resume his former employment. In about a year from then he consulted me again, this time for “rheumatism,” as he called it, of the right lower limb, the pain beginning at the hip, running down to the foot—the same old trouble of former years, of which he gave me a history. The most carefully selected remedies had no perceptible effect. Nothing gave relief until suppuration took place and contents evacuated, after which convalescence rapidly followed.

In about eleven months from the last attack he reported again, in dread and alarm at my office, with the old trouble, “sciatica.” This time I decided to send him to the Homœopathic Hospital (Pittsburgh), where he would receive better care than he could in his rented room. My friend, Dr. Z. T. Miller, was visiting physician for that quarter. It is therefore needless to say that the patient received as good scientific treatment as could be given. But that torturing pain was unconquerable until suppuration again took place, as usual, when everything was all right for the next eleven or twelve months. But, true to its former history, back it came again at the end of that time, with all its fierceness. One evening he limped into my office on a cane. Dropping helplessly on a chair he announced that again, alas! he had met the enemy. Knowing his case thoroughly, and having already tried our best indicated polychrests, I decided that

this time I would have recourse to the nosodes, in which I was then quite interested, having recently purchased a copy of Dr. Allen's new work on the subject. Here I soon learned that Lyssin covered most of the symptoms; so against his protestations, saying that "medicine of any kind was useless," I put a powder medicated with Lyssin 200 on his tongue, and gave him two powders of same, one to be taken that evening on retiring and the other in the morning. This was supplemented with a generous supply of Sac. lac., to be taken three times a day. He reported next morning over the 'phone, and a more surprised, pleased and grateful man would be difficult to find. No more pain, no sleepless night of unspeakable torture. But the inflammation went on to suppuration without the least pain, and that sore still remains open.

The recurring trouble—it would come back, or the patient was apprehensive of its coming back—was the "key-note" that guided me to the cure. A peculiar feature of the case is that the sore will not heal permanently. It will dry up for a day or two and begin running again. On all former occasions the sore healed in two or three weeks; could not be kept running any longer.

At present the patient has perfect use of the limb, and experiences good health, otherwise than the presence of the running sore, which he hails as the "safety valve" of the system.

Yesterday he reported that his voice has greatly improved, which gives him much joy, as it frees him from the suspicion of having a specific taint.

Case 2. Mrs. W——, aged 60. Married. One child. Says that thirty years since Dr. ——— removed a mole or growth of some kind from her left cheek with a knife. From this originated a few years later a most intractable case of lupus non-exedens, which has resisted all treatments of the various schools up to the time of her coming to me. The face was cauterized several times, leaving scar tissues that



pulled down the lower lid of the left eye, producing a severe case of ectropium, which added greatly to her discomfort and disfigurement.

This patient consulted me about ten months since, not so much for her face trouble, which she considered incurable, as for an intense earache, result of the invasion of the disease. The otalgia soon subsided, when I engaged in conflict with the real trouble. Her family history was tuberculous, so I started in with Bacillinum 200 and sac. lac., which was followed by other indicated remedies.

I forbade all external applications, which she was hitherto using freely. Improvement immediately began, but it was slow. Some little spot always acted as a center for new trouble, and so it kept healing and breaking out alternately until I began to entertain doubts of my ability to conquer.

Remembering my experience with Lyssin—"how the old trouble would come back"—I put her on Lyssin 200 and S. L. This put a quick and entire stop to the trouble.

The ectropium was slightly benefited by a subsequent operation. The wound healed up kindly without the least resistance. The constant, never-ceasing burning pain, as of a hot coal against the cheek—which she endured for nearly twenty-five years—entirely ceased.

Bacillinum and the other remedies afforded much relief, but the new tissue continued to break down till Lyssin was administered. Since then the face has remained perfectly healthy for the first time in thirteen years.

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## Constitution and By-Laws of the International Hahnemannian Association.

### DECLARATION OF PRINCIPLES.

The following resolutions express the sentiments and represent the practice of the members of the International Hahnemannian Association:

WHEREAS, The law of similars is the law of cure;

WHEREAS, A proper knowledge of the curative power of medicines is derived from provings made upon healthy persons;

WHEREAS, Hahnemann's "Organon of the Healing Art" is the true guide in therapeutics;

WHEREAS, The totality of the symptoms forms the only basis for the selection of the remedy, and the best results are attained by the use of the single remedy in a potentiated form; therefore, be it

*Resolved*, That the alternating or combining of remedies in a prescription is non-homœopathic.

*Resolved*, That the suppression of symptoms by crude medicines in large doses, and by local treatment, is non-homœopathic.

*Resolved*, That mechanical appliances are admissible only when mechanical conditions are to be overcome.

*Resolved*, That we deprecate any practice which tends to the suppression of symptoms, inasmuch as it injures the patients and renders difficult the selection of the specific remedy.

*Resolved*, That we disavow all connection with that practice which, under the guise of homœopathy, is at variance with the law of similars and its conditions as deduced by Samuel Hahnemann.

*Resolved*, That in order to publicly declare our allegiance to the homœopathic law, we have associated ourselves and have organized under the name of the International Hahnemannian Association.

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## **Constitution.**

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### ARTICLE I.

This Association shall be known as the International Hahnemannian Association.

### ARTICLE II.

#### OBJECTS.

Its objects shall be the study and dissemination of the principles and practice of Homœopathy as promulgated by Samuel Hahnemann.

### ARTICLE III.

#### MEMBERS.

The members may be of three classes: associate, active and honorable seniors.

### ARTICLE IV.

#### QUALIFICATIONS FOR MEMBERSHIP.

Applicants for active membership shall be graduates of a recognized medical college; shall be of good moral character; shall have been in the active practice of Homœopathy for three years, and shall indorse the Declaration of Principles adopted by this Association. Applicants for associate membership will not be required to indorse the Declaration of Principles.

## ARTICLE V.

## OFFICERS.

The officers shall consist of a president, vice-president, secretary, corresponding secretary and treasurer.

## ARTICLE VI.

## LOCAL ORGANIZATIONS.

Local or branch societies of this Association may be formed, with a view of extending its membership and benefits, where two or more members get together for that purpose. The same name shall be used, with additional words to denote the locality (city, state or section), and each branch may make its own rules and regulations, providing that such rules shall not conflict with the Declaration of Principles, Constitution or By-Laws of this Association.

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**By-Laws.**

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SECTION 1. This Association shall meet annually at such time and place as shall be fixed by ballot at the annual meeting.

SEC. 2. If for any reason which may seem sufficient to the Executive Committee the time or place thus fixed by the Association shall not be for its best interests, this committee may suggest a change in either or both; such suggestions, with reasons therefor, shall be submitted by mail to all members at least two months before the time previously determined upon for the meeting, and two weeks allowed for the return and recording of their votes upon the question thus raised. If a majority of the members availing themselves of their privilege and voting shall endorse the suggestion of

the Executive Committee, its recommendation shall be considered as having been adopted, and the proposed change or changes shall be made; otherwise the previous arrangements shall obtain.

## ARTICLE II.

### ELECTION OF OFFICERS.

The officers shall be elected annually by ballot; their duties shall be the same as those of officers governing similar bodies.

## ARTICLE III.

### EXECUTIVE COMMITTEE.

The officers shall constitute the Executive Committee; they shall have charge of all business not otherwise provided for, and shall perform such other duties as may be assigned to them by vote of the Association.

## ARTICLE IV.

### BOARD OF CENSORS.

A Board of Censors, consisting of a chairman and four other members, shall be elected annually by ballot.

## ARTICLE V.

### PUBLICATION COMMITTEE.

SECTION 1. The Publication Committee shall consist of the secretary of the Association, member ex-officio, and three other members of the Association, elected by ballot.

SEC. 2. Immediately upon the adoption of this Constitution and By-Laws, three members shall be elected to this committee, one to serve one year, one to serve for two years, and one to serve for three years, and thereafter at each an-

nual meeting one member shall be elected to serve for three years.

SEC. 3. The committee shall be called together by the secretary for organization at the first available opportunity after its formation, and its organization shall be effected and its method of work directed wholly by the committee itself.

SEC. 4. It shall be the office of the Publication Committee to have entire charge of the publication of the transactions of the Association. It shall exercise rigid censorship over the recorded proceedings of the meetings of the Association; shall edit freely all debates and discussions before the Association; shall examine each paper presented to it, and is hereby expressly empowered to suppress all subject matter which is undignified, superfluous, or otherwise objectionable, and is directed to refuse publication to any paper which is not in accord with the principles or objects of this Association; but in no case may remarks in debate or discussion be so modified as to change the purpose and intent of the speaker, and, while any paper may be suppressed in its entirety, none may be published without the expressed consent of its author, which has been elaborated, abridged, or changed in any way.

SEC. 5. The action of the Publication Committee in all cases with respect to its editing or censorship of the proceedings of the Association shall be final and may not be called up for review or modification by the Association.

SEC. 6. No paper or papers presented to this society shall be published in any journal or periodical until ninety days have elapsed from the day of adjournment of the last annual meeting, unless by vote of the society.

## ARTICLE VI.

### BUREAUS.

At each annual meeting the president shall appoint a Necrologist. He shall also appoint a chairman for each of

the following bureaus: Homœopathic Philosophy, Materia Medica, Clinical Medicine, Homeœopathic Treatment in Obstetrics, Homœopathic Treatment in Surgery, and each chairman shall organize his bureau as soon as possible after his appointment. Papers shall be limited to twenty minutes and discussions to five minutes to each speaker. All papers written for the Association must be in the hands of the bureau chairman thirty days before the date of the annual meeting.

## ARTICLE VII.

### MEMBERSHIP.

SECTION 1. Applications for active membership may be received at any time, and shall be indorsed by three active members in good standing. Said indorsement shall be made not upon the general reputation of the applicant, but from positive knowledge of at least one of the indorsers as to the integrity of his homœopathic practice.

SEC. 2. The application shall be in the possession of the chairman of Board of Censors at least two months before the next annual meeting; it shall be accompanied by a thesis upon the subject of Homœopathy, or a clinical report of three cases treated by said applicant, or a proving of a remedy, and by the amount of the first year's dues.

SEC. 3. Application for associate membership may be made by graduates of recognized medical colleges. The applicant shall be of good moral character, but shall not be required to indorse the Declaration of Principles. The application shall be indorsed by three active members in good standing, and upon the recommendation of the Board of Censors such physician may become an associate member by a two-thirds vote of the members present.

Associate members shall have the privilege of the floor for the discussion of medical topics, shall be allowed to present such papers as are indorsed by the Board of Censors,



shall be entitled to a copy of the transactions, but shall not be entitled to vote nor be eligible to office.

Any associate member who has been in the active practice of Homœopathy for three years may at any time apply for active membership, subject to the necessary conditions

At the expiration of three years of associate membership any member may make application to the Board of Censors for full membership, and upon its recommendation and two-thirds vote of the members present at any regular meeting will become a full member; failing to make such application the membership ceases.

SEC. 4. At the next annual meeting, after applications for membership have been received, and upon recommendation of the Board of Censors, an election by ballot shall be held, and a two-thirds vote of the members present shall be necessary to elect. If an applicant be not elected, said applicant may make a second application at the end of two years.

SEC. 5. The name of any applicant for membership which has been rejected by a unanimous vote of the Board of Censors shall not be presented to the Association; but in case of the rejection of any application by a majority vote of the Board of Censors, the minority of that board may report the name of such applicant to the Association for final action.

SEC. 6. Under the recommendation of the Board of Censors any member of this Association who in their opinion has rendered signal service to the cause of Hahnemannian Homœopathy, or to the welfare of this Association, may, by a two-thirds vote of the members present, be elected to the Board of Honorable Seniors, and as a member of such board shall retain all the rights and privileges of active membership.

SEC. 7. Continuous active membership for twenty-five years shall constitute a member an Honorable Senior.



SEC. 8. Membership in local or branch societies of this Association shall require that an application for membership shall be filed with the Board of Censors of this Association.

### ARTICLE VIII.

#### DUES.

The annual dues of Active Members shall be five dollars. The annual dues of Associate Members shall be two dollars, and all dues shall be payable in advance. Members of the Board of Honorable Seniors shall be exempt from the payment of dues.

### ARTICLE IX.

#### NON-PAYMENT OF DUES.

Any member who shall fail to pay the annual dues shall for the time during which they remain unpaid forfeit all privileges of membership, except by unanimous consent of the members present; and all members whose dues shall remain unpaid for more than two years, without giving satisfactory reasons therefor, shall be dropped from the roll of membership until such dues are paid in full.

### ARTICLE X.

#### DISCIPLINE.

All ethical questions and all matters of discipline for non-adherence to or violation of the Declaration of Principles of this Association shall be referred to the Board of Honorable Seniors, and its action thereupon shall be final.

### ARTICLE XI.

#### AMENDMENTS.

The Constitution and By-Laws may be amended at any annual meeting of this Association by a two-thirds vote of the members present, notice having been given in writing at a previous annual meeting; but the order of business may be changed at any annual meeting by a majority of the members present and voting.

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# List of Hahnemannians by States.

## INCLUDING MEMBERS

For the convenience of members and others the Association prints a list of Hahnemannians living in various parts of the country. Members of the Association are distinguished by asterisks:

### ALABAMA.

Duffield, Alfred M., Citronelle  
Brown, R. D., 107 Concepcion St., Mobile

### ARKANSAS.

\*Hallman, V. H., Hot Springs  
Ellis, C. F., Eureka Springs

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- \*Hotchkin, B. L., 2521 Kenmore Ave., Chicago
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- \*Roberts, T. G., 72 Madison St., Chicago
- \*Taylor, E. A., 72 Madison St., Chicago
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- \*Sherwood, W. W., 3517 Cottage Grove Ave., Chicago
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- \*Beckwith, E. B., 1417 Masonic Temple, Chicago
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- Felt, Sarah A., 922 Sawyer Ave., Chicago
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\* Holloway, J. C., Galesburg  
\* Llewellyn, H. S., La Grange  
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Roy, D. G., Braceville  
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Carr, Jesse B., Sheridan  
Carr, C. T., Somonauk  
Dienst, George, Aurora  
Eberle, Julia C., Pana  
Enos, Laurens, Decatur  
Flanders, A., Glencoe  
Henderson, F. H., Secor  
Knott, J. D., Monticello  
Lehman, S. W., Dixon  
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- Aldrich, H. L., Caney
- Chessir, J. M., Superior
- Clark, T. C., Garden City
- Harding, Eva, Topeka
- Sutton, Ella, Peabody
- Kendall, Elizabeth, Pretty Prairie
- Portor, F. A., Pittsburg
- Kendall, Addison, Great Bend

KENTUCKY.

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- \* Cobb, Harriet H., 1626 Mass. Ave., Boston
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- \* Walker, F. C., Nantucket
- \* Eaton, S. L., 340 Lake Ave., Newton Highlands
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- \* Kimball, S. A., 229 Newberry St., Boston
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- Defriez, W. P., Brookline
- Diener, L. H., Cambridge
- Dike, John, Melrose
- Gleason, W. W., Provincetown
- Harvey, W. E., Cambridge
- Keith, F. S., Newton Highlands
- Kimball, L. H., Roxbury
- Maynard, H. E., Winchester
- Parmenter, K. R., S. Framingham
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## MAINE.

- \* Oakes, Chas. H., Livermore Falls
- \* Newton, Carrie, Brewer
- Briggs, F. E., South Limington
- Clark, George A., Portland
- Curtis, C. F., Bath
- Dixon, A. A., Ashland
- Drake, T. N., Pittsfield
- Lyfort, F. O., Farmington
- McDonald, Charles D., Portland
- King, Jos. M., Damoriscotta
- Rainey, R. B., Crowley

MARYLAND.

- \* Stauffer, A. P., Hagerstown
- Blessing, J. P., Brownsville
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MICHIGAN.

- \* Kendall, E. J., 206 Fine Arts Bldg., Detroit
- \* Decker-Holcomb, A. A., Mt. Pleasant
- \* Hinsdale, W. B., Ann Arbor
- Baker, Harley N., Grand Rapids
- Barr, Ulysses S., Le Roy
- Carpenter, A. H., Lansing
- Ely, Edwin S., Bay City
- Ely, Nina M., Bay City
- Henderson, W. C., Union City
- Henderson, S. J., Bad Axe
- Hollison, H. P., Pokagon
- Markham, R. C., Marquette
- Munger, L. P., Hart
- Randall, A. F., Port Huron
- Ruffe, A. L., Grand Rapids

MINNESOTA.

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- Clark, Martha E., Omaha
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- \* Schmidt, H. C., York

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- Medley, Jennie, 1830 Diamond St., Philadelphia
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\* Givens, Jessie, Bowie

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\* Sparhawk, S. H., St. Johnsbury

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Corey, H. S., Richmond

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Coffman, M. B., Richmond

Perkins, R. S., Norfolk

Williams, E. C., Hot Springs

Allen, M. R., Norfolk

## WASHINGTON.

Freeman, W. L. Kenniwick  
\* Fitzmatthews, J., West Sound  
Andrews, H. W., Spokane  
Beckett, E. E., Seattle  
Pompe, A. A., Vancouver  
Gundlach, J. G., Spokane

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McColl, John, Wheeling

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Holmes, H. P., Sheridan

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Lewin, Octavia, 25 Wimpole St., London

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 Gupta, G. L., 35 Chasadhopapara St., Calcutta  
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REPUBLIC OF COLOMBIA.

\* Valiente, T. Francesco, Barranquilla

SWEDEN.

\* Axell, O. T., Ostersund

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1881 Bell, J. B., 178 Commonwealth Ave., Boston, Mass.  
 1880 Berridge, E. R., 193 Gloucester Terrace, London, Eng.  
 1887 Baylies, B. Le B., 418 Putnam Ave., Brooklyn, N. Y.  
 1881 Carleton, E., 71 W. 50th St., New York City  
 1881 Custis, J.B.G., 912 15th St., Washington, D. C.

- 1902 Fellows, Antoinette K., 4958 Washington Ave., Chicago, Ill.  
1885 Drake, O. M., 1085 Boylston St., Boston, Mass.  
1881 Goodrich, L. A. Ren Dell, 93 Lake Place, New Haven, Conn.  
1886 Hoyt, Wm., Hillsboro, Ohio  
1882 Hussey, E. P., 483 Porter Ave., Buffalo, N. Y.  
1881 James, Walter M., 1231 Locust St., Philadelphia, Pa.  
1905 Levenson, M. R., 927 Grant Ave., Bronx, New York, N. Y.  
1885 Martin, Leslie, Baldwinsville, N. Y.  
1883 McNeil, A., 1362 Page St., San Francisco, Cal.  
1890 Oakes, Chas. H., Livermore Falls, Me.  
1880 Rushmore, E., 429 Park Ave., Plainfield, N. J.  
1885 Reed, W. L., 4201 Belle St., St. Louis, Mo.  
1880 Smith, T. Franklin, 264 Lenox Ave., New York, N. Y.  
1886 Stover, W. H., Tiffin, Ohio  
1886 Sutfin, J. H., 604 K. C. L. Bldg., Kansas City, Mo.  
1881 Stambach, H. L., 15 Victoris St., Santa Barbara, Cal.  
1891 Yingling, W. A., 814 Market St., Emporia, Kan.
- 

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1889 Alliaume, C. E., 221 Genesee St., Utica, N. Y.  
1903 Austin, A. E., 616 Madison Ave., New York, N. Y.  
1905 Augur, G. J., 431 Beretania Ave., Honolulu, H. I.  
1905 Adams, E. T., 527 Yonge St., Toronto, Can. (R)  
1907 Baker, H. H., 636 Sedgwick St., Chicago, Ill.  
1905 Boger, C. M., 227 Seventh St., Parkersburg, W. Va.  
1901 Bishop, Minnie R., Chicago Beach Hotel, Chicago, Ill.  
1908 Baldwin, C. A., Peru, Ind.  
1908 Blackmore, Richard, Bellevue, Pa.  
1905 Barnes, F. B., 6102 Woodlawn Ave., Chicago, Ill.  
1905 Bowie, A. P., Uniontown, Pa.  
1910 Baker, Harry B., 1 E. Grace St., Richmond, Va.  
1910 Baker, Will H., Terre Haute, Ind.

- 1906 Baer, Elizabeth, 1300 Pine St., Philadelphia, Pa.  
 1906 Burgess-Webster, Margaret, 1703 Chestnut St., Philadelphia, Pa.  
 1905 Bloomington, F. E. D., 6132 Monroe Ave., Chicago, Ill.  
 1907 Becker, H., 1330 King St., West, Toronto  
 1909 Boggress, W. B., 4919 Center Ave., Pittsburg, Pa.  
 1909 Beals, Herbert, 188 Franklin St., Buffalo, N. Y.  
 1909 Campbell, Nettie, 1411 Le Claire St., Davenport, Iowa  
 1904 Campbell, John B., 435 Putnam Ave., Brooklyn, N. Y.  
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