

# PROCEEDINGS

*of the* Thirty-sixth Annual Session *of the*

INTERNATIONAL  
HAHNEMANNIAN  
ASSOCIATION



The Prospect House, Niagara Falls, New York.

June 22, 23, 24, 25, 1915



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THE PROSPECT HOUSE, NIAGARA FALLS,  
NEW YORK, JUNE 22, 23, 24, 25, 1915.

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The Thirty-sixth Annual Meeting was called to order by the President, Dr. Edwin A. Taylor, at 10:15 A. M., June 22, 1915.

REPORT OF THE SECRETARY, DR. FRANK W. PATCH,  
FRAMINGHAM, MASS.

I have to apologize for being here without programs or books, the matter was sent last Saturday, by Adams Express, but has not yet shown up. It probably will come some time during the day or tomorrow morning.

The work of the Association, as viewed from the Secretary's office during the past year, has been uneventful. Interesting correspondence has been carried on with many members and

a great deal of time spent in the editing and publication of the annual transactions.

The results of the terrible conflict now raging in Europe have undoubtedly been very hard on some of our brothers abroad, and it is to be hoped that some action indicating the extent of our sympathy may be taken at this meeting. It will probably be difficult or impossible for members in the war zone to pay dues for some years to come and the Association may well give them assurance of a continuation in good standing.

The state of our membership is a source of some anxiety. While there have been a fairly large number of new members admitted in the past few years, it has, at the same time, been necessary to drop a great many names for non-payment of dues. It would seem that quite a proportion of our members must take a very limited interest in the welfare of the Association, or they are in a constant state of financial difficulty. Whatever the cause may be the result is often most embarrassing to the officers. We cannot do the aggressive work we would like without funds. There is much to be done throughout the country if the position of Homœopathy is to be maintained and our special work in upholding the purity of our *Materia Medica* is of unusual importance at the present time. The world is more receptive to our appeal than ever before, yet our membership is decreasing every year. There is a real demand for young, energetic, well-educated homœopathic physicians the country over. At the present time not enough are coming into the field to supply the places of the older men who are dropping out. What the result may be in the course of the next decade one hesitates to contemplate. As the pendulum never swings constantly in one direction it is no doubt wise to look forward to a change in the near future that will again see us able to take a more advanced stand among the individual bodies of the country.

President: You have heard the Secretary's report; what will you do with it?

Motion made and carried that same be accepted and filed.

President: The next number on the program will be the report of the Necrologist, and, in the absence of Dr. Rushmore, Dr. Macadam will read the report.

### REPORT OF NECROLOGIST.

DR. Z. T. MILLER.

Dr. Z. T. Miller, the seventh child in a family of twelve, was born in Mason, Ohio, November 17, 1847. He attended a country school and the common schools in Miamisburg, Ohio, where his people later moved. At the age of fourteen he enlisted as a musician in the Sixty-first Ohio Volunteers and served through the Civil War, first as a fifer and later as a clerk at Carl Shurz's headquarters. After the fall of Atlanta he was a citizen clerk in the quartermaster's department in that city. Returning home he studied telegraphy and shorthand alone, and for a while was telegrapher at the station in Miamisburg, later going to the Dayton office.

It was in Dayton he had his first experience with Homœopathy, being promptly relieved of a severe cold.

At this time he met his fourth cousin, Katherine King, a school teacher in Tippicanoe, Ohio. They were married in Troy, a nearby town, June 11, 1872. Shortly after they went to Cleveland, where he was offered a better position. Later he moved to Pittsburgh. My mother continued teaching, and together they saved to send my father to medical college, "that he might be his own master." Father worked at the key during the day, studied and did dissecting at night. Finally he went to the New York Homœopathic College, and during his first year there received the setback of having his savings swept away in a bank failure. He began to save again, and after three years, in New York, completed

his course with a year at Hahnemann in Philadelphia, graduating in 1878.

He began practicing in lower Allegheny (now the north side of Pittsburgh); until establishing a practice he continued his work as a telegrapher, at the key all night, in his office during the day. A few years later he moved to the south side of Pittsburgh, and continued practicing there till the time of his death.

He was a member of the State Society, the County Medical, the American Institute, of the International Hahnemannian Association. It was during his presidency of the State Society that he began to voice his opposition to vaccination, the *first* man in the organization to take that, then, bold stand. He was president of the County Anti-Compulsory Vaccination Society and vice president of the national organization. He was several times president of the County Society.

He was on the staff of the Pittsburgh Homœopathic Hospital. He taught, from the founding of the chair, artistic anatomy in the School of Applied Design, Carnegie Institute of Technology.

He wrote a great deal; was musical, and painted remarkably well.

He died suddenly of angina pectoris, November 14, 1913.

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DR. ALONZO P. BOWIE.

Dr. Alonzo P. Bowie, a life-long resident of Uniontown, dean of homœopathic physicians of Fayette County, and one of the most active members of St. Peter's parish, died at the Central Avenue Homœopathic Hospital, Pittsburgh, at 1:30 o'clock Thursday morning, from the effects of a nervous breakdown, following the death of his wife, the late Mary Robinson Bowie, February 18.

Deceased was one of Uniontown's most faithful citizens, as well as one of its oldest physicians, in point of service. He was a pioneer in Homœopathy, and his large and suc-

cessful practice won a place for that school here. When smallpox threatened the town, through the epidemic among the negroes of Haiti, it was Dr. Bowie, then a young man, who went into their homes, treated them and took care of them, curing almost every case and preventing, in a great measure, the spread of the disease. Preventive medicine was his hobby, and he was among the first, if not the first of the local physicians to use vaccination and antitoxin in the prevention of smallpox and the treatment of diphtheria, respectively.

Not only did he treat his patients when they were ill, but he fed and very frequently clothed them, helping a great many poor families from time to time, as he found them in need.

Dr. Bowie was one of the pillars of St. Peter's Church. First as a member of the vestry, then as secretary of that organization and as lay reader to the congregation, he had been identified with the parish since his early manhood. In point of service, he was one of the oldest vestrymen in the church. When the Brotherhood of St. Andrew was organized, Dr. Bowie was deeply interested in getting the younger men of the church into the work and he served as director for a number of terms.

In recent years he has been particularly interested in the welfare of St. John's in the Wilderness, the little Episcopalian parish at Dunbar, and during the time that Rev. Frederick Beekman was rector of St. Peter's, he had practically full charge of that parish. Since Rev. A. N. Slayton's arrival and the appointment of his assistant, Rev. M. S. Kanaga, Dr. Bowie devoted himself more to the individual members of the parish than to the church work and he was largely responsible for the increased interest in St. John's at Dunbar.

Dr. Bowie was the oldest child of Lucien B. and Margaret Graham Bowie and he was born March 31, 1847, in the old Bowie home in Morgantown Street, just across the alley from R. W. Playford's residence. When about sixteen years old he went to Pittsburgh to work in a pharmacy, and while

there became interested in Homœopathy, going soon afterwards to the homœopathic college at Philadelphia, where he was graduated in 1869. His only son, Dr. Eleazer Bowie, following in his footsteps, was graduated from his father's alma mater last June.

After receiving his degree, Dr. Bowie returned to Uniontown and began to practice, never stopping except to attend a convention or medical meeting until the week he was sent to the hospital. In the forty-seven years of his service, he was more than a physician to the thousands of persons he attended. He was their friend, their adviser and their comforter, when despite his efforts death entered their homes. But life followed in his footsteps far oftener than death, and not long before he died, he told the writer that he had brought more than two thousand babies into the world in safety.

Dr. Bowie was a senior member of the American Institute of Homœopathy, one of the incorporators and first vice president of the Pennsylvania Homœopathic Medical Society, and had been since its foundation, a contributor to the literature of that society. He was also a charter member of the Uniontown Council of the Royal Arcanum and a member of Tonnaleuka Lodge No. 365, I. O. O. F. Three times he was sent as the representative of the latter lodge to the Grand Lodge of Pennsylvania.

In January, 1888, Dr. Bowie married Mary Robinson, daughter of Eleazer Robinson of this place, whose death from pneumonia last February, is thought to have hastened his collapse. To them were born two children, Dr. Eleazer R. Bowie and Miss Elizabeth R. Bowie, both of whom survive.

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DR. WALTER M. JAMES.

Dr. Walter M. James, one of Philadelphia's leading homœopathic physicians, died suddenly at his home, 1231 Locust Street, February 24, 1915. He was sixty-five years old.

Dr. James had been in poor health for the last four years.

Until one month ago he conducted his extensive practice. Subsequently his condition became so serious that those attending him found it necessary to order him to his bed.

He hovered between life and death for three weeks. On Monday, however, he had recuperated sufficiently to permit his being about. All familiar with his condition looked for his speedy recovery.

Last night, shortly before 8 o'clock, while waiting for his dinner he was seized with a sudden attack of his old ailment. He had those near him communicate with his wife. Mrs. James arrived a few minutes before he died.

Dr. James was a direct descendant of several of the oldest families of this city. His great-great-great-grandfather, Samuel Hazel, was one of the first mayors of Philadelphia. He was also a lineal descendant of Abel James, a leading merchant during the colonial period. Abel was a member of the merchant's firm of James & Drinker. These two men were placed under arrest by General Washington during the Revolutionary War.

Thomas Chalkley James, one of the greatest known Quaker preachers of the original thirteen colonies, who conducted services at the famous Chalkley Hall in 1699, was also an ancestor of Dr. James.

Dr. James attended a private school and then entered the Pennsylvania Homœopathic Medical College, which later merged into what is now Hahnemann College. He was graduated in 1869. For a time he was associated with Dr. Adolph Lippe, one of the pioneers in Homœopathy.

He married Henrietta Potter, daughter of the late Henry Potter, a widely known merchant. She survives him.

Dr. James was a stanch and devoted adherent of reform politics. In 1909, while engaged as a Penn party worker, he was kidnapped by a number of Eighth Ward Republican organization workers, and after being taken to an outlying section, placed in a cell on a charge upon which he was later vindicated by a grand jury.

Dr. James was a member of the Germantown Homœopathy Club, Oxford Club, Art Club, Historical Society, Penn Club,

Franklin Institute, and the American Historical Society. He was also an active member of St. Andrew's Episcopal Church, Eighth Street, above Spruce.

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DR. H. H. READ.

A wide circle of friends throughout Nova Scotia will receive with genuine regret news of the death this morning (April 5), at his residence, 396 Tower Road, of Dr. Herbert H. Read, one of the best known medical practitioners in the Province. To more intimate friends of the family, however, the news will not come as a surprise, for they have known of the extreme seriousness of the doctor's condition, and that no hope of his recovery could be entertained. Two years ago his health began to fail and his physical decline thereafter was sadly perceptible. About two months ago the disease of which he died reached a stage at which he was obliged to succumb and take to his bed, and he rapidly grew worse. On Saturday the family recognized with grief that the shadow of death was close at hand—this morning the doctor passed tranquilly away to the rewards of a life quietly and unostentatiously, but consistently and firmly devoted to the best.

Born in this Province, he was educated in Edinburgh. As a young man he practiced for a short time in Windsor, then moving to Halifax, where he was for over forty years in active practice, only relinquishing it when illness compelled him to do so. To it he brought a deep interest in all relating to his profession, and the highest ideals as to that profession, which can guide the doctor in his work of healing. He took from the first an active interest in the war on the white plague in which the loss of a young daughter from that dread disease gave him what might be called a personal interest and sympathy.

He married Miss McGregor, daughter of the late Rev. Dr. McGregor, who with six children, four daughters and two sons, survive him. The daughters are Mrs. Lorway, of Sydney; Miss Edith Read, principal of Branksome Hall, Tor-

onto; Misses Emily and Winnie Read. The sons are Walter and John, the latter the winner of the coveted Rhodes scholarship at Dalhousie, and now on military duty in England, awaiting orders to the front.

In religious belief Dr. Read was a Baptist, and he had been a life long and highly valued member of the First Baptist Church, by the congregation of which church news of his death will be received with a special sense of loss.

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DR. CHARLES F. NICHOLS.

Dr. Charles F. Nichols, a Boston physician, who resided in West Roxbury, died suddenly today at his home at the corner of Church and Centre Streets in that section. His professional offices long had been in the Hotel Pelham at Boylston and Tremont Streets.

Dr. Nichols was born in Salem, February 20, 1846, the son of Charles S. Nichols and Amelia (Ainsworth) Nichols. He attended the public schools in Salem and later went to the Harvard Medical School, from which he was graduated in 1870; he then became associated with Dr. Wesselhoeft, afterward opening his own office, which he ever since had maintained; in his general practice he had become widely known.

Dr. Nichols is survived by his wife, who formerly was Miss Arenberg, and by two small sons, as well as by a married daughter, who resides in Dakota. She is the daughter of his first wife. Dr. Nichols leaves also a brother, Rev. Harry P. Nichols, D. D., rector of Holy Trinity Church in New York City, and a sister, Miss Ellen Nichols, who lives in Salem.

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President: You have heard this report; what will you do with it? Any remarks? If there are no objections, it will take the usual course and be made a matter of record. We will next hear the report of the Board of Censors, which Dr. Boger will read.

Dr. Boger: I have the honor to report the following candidates eligible for election to be members of the Association:

Dr. William A. McFall, Toronto, Ont.; Dr. Kenneth A. MacLaren, graduate of the University of Toronto, 1910; Dr. A. E. Wickins, graduate of the University of Toronto, 1900; Dr. Charles W. Becker, Toronto Medical College, 1901; Dr. Richard Hearn, University of Toronto, 1883; Dr. Mary Parker, Chicago University, 1910.

These names are recommended for your consideration.

President: What will you do with this report?

Secretary: I move that these individual members be taken up later, after an amendment of the by-laws, which was proposed last year, has been considered. Seconded.

President: You have heard the motion. All in favor please signify in the usual manner. Motion is carried.

Dr. Patch: I received a letter some days ago from an individual whose name, I think, is Lena Shroedder, of New Jersey. She encloses this circular letter and also writes a very appealing letter in regard to the Homœopathic Hospital, which has been established outside of Paris. I would be very glad to read the circular if you care to listen. Of course it is an appeal for help.

Letter read by Dr. Patch.

The letter, which accompanied the circular, is an appeal to bring the matter before the Association and ask for support and help in any way that may seem wise. I understand that this is not a surgical hospital but a hospital that has been established for the treatment of the sick—that is, such cases as would occur in the war zone.

President: You have heard the reading of this letter; what will you do with it?

D. A. Williams: Place it on file.

Motion is seconded—put to vote and carried.

President: We will now have a preliminary report of the Treasurer—a complete report will be read later.

D. A. Williams: How much in back dues have you collected?

Dr. Powel: I can't tell you that; probably we have had

to drop about twenty members who have evaded dues for over three years. That would make it about \$300, and I should say that there were at least fifteen or twenty members who were back one year's dues.

C. M. Boger: I recall that when Dr. King was secretary, and, by the way, he is not here at this meeting, he was always calling our attention to the fact that he had a great mass of old Transactions and had rent to pay for them, and not much in the way of funds to pay the rent. Now, I suppose, these Transactions are still some where. I want to ask the opinion of the society about this: you are always in favor of missionary work, why can we not take some of these old volumes and whenever we see a case to convert, or an erring homœopath, send him one of these volumes. We never get anything out of them. We ought to distribute them instead of storing them—use them as missionary volumes.

Dr. Powel: Those volumes are now in the hands of Dr. King. They have been advertised in the Medical Advance; how many have been sold I do not know, but I do know that I never have, as yet, received any money for them. We sent a number of sets to Boericke & Tafel. They had a number of them at first and sold them, but during the past year they only turned in four or five dollars, though usually the amount received from the sale of old Transactions has amounted to thirty or forty dollars per year. I do not know how many volumes Dr. King has. I don't know that he has ever reported to me the number on hand. I know that he must have a good many.

Dr. Patch: I have probably two hundred and fifty volumes that have accumulated in the past four years that I have been secretary of the Association. That gives you some idea of the number of members who have not paid their dues because the Transactions are sent out as the dues are paid. I think I have one hundred volumes of the 1914 edition in my office. We have two hundred printed, that may be too many. There has been a membership of one hundred and eighty-eight, but I think we have dropped more than Dr. Powel has mentioned. If we have one hundred and seventy-

five members, it is evident that a large proportion have not yet paid their last year's dues. I should like to see them distributed where they would do some good. I have sold two volumes at fifty cents. I believe it was voted to sell them for that price.

D. A. Williams: What do they cost, doctor?

Dr. Patch: A little over \$3. These two volumes, I mention, were bought by a man who has recently become a member of the society, and he was interested in getting the former Transactions. I think that something ought to be done, but if it is to be left to the members, generally, to send one to any enquiring Homœopath, nothing will be accomplished. In most societies the business is put in the hands of responsible committees, and even then, it is not always easy to get the work done. It seems a pity that all these books should be lying idle. Either we should print less, and in this way cut down expenses, or see that they are used.

President: Does the society want to take any definite action in regard to these extra copies of the Transactions, or shall we leave it for further consideration later?

Dr. Boger: I do not want to push the matter too hard, but I do think we should do something about it and not keep putting it off while the books are all the time piling up. I think that a committee ought to be appointed to dispose of these old sets.

President: If no one cares to make a motion in regard to the matter of course we will have to pass it.

Dr. Boger: I move that a committee of three be appointed with power to act.

Dr. Patch: I move, as an amendment, that a committee of three be appointed to report to the President before the end of this meeting.

President: You have heard the motions of Dr. Boger and Dr. Patch. The motion of the Secretary is that a committee of three be appointed to report later at this meeting some feasible plan for the disposal of these extra copies of the Transactions.

Motion put to vote and carried.

Dr. Patch: I want to call your attention to a little book

written by Dr. Wheeler, of London. The title is "The Case for Homœopathy," and it seems to me the most concise presentation of our case that has been published for years. You remember that Dr. Wheeler was the author of the last edition of the Organon, which came out in London.

By the way, Mr. President, I would also like to move that the reading of the President's address be deferred until evening, if agreeable, or some later time, when we have more members present.

Dr. Powel: Second the motion.

President: You hear the motion that the President's address be deferred until this evening or some later time. Are there any remarks? Motion carried.

If there are any committees that have been overlooked we are ready to hear reports now.

Voted to adjourn until 2 o'clock.

Meeting called to order at 2 o'clock on the afternoon of June 22, by Dr. Taylor, President.

Dr. Taylor: We will listen to the report of the Corresponding Secretary, Dr. Harry W. Baker.

Dr. Baker: I have written to members of the society in every country, where I could find one, with the exception of Mexico and Belgium, and the postoffice authorities told me there was no use trying to get anything through there. I have had two replies—one from Dr. John H. Clarke, of London, not a member of the society, but probably better up on conditions in England than anyone else. I also have a letter from Dr. Guiseppe Secondari, of Rome, Italy.

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## HOMŒOPATHY IN ENGLAND, 1915.

BY JOHN H. CLARKE, M. D.

The great war dominates everything in Europe at present, and homœopathy has not escaped. Numbers of homœopathic physicians and surgeons have been drafted into the service, and some are now prisoners in the hands of the Germans. So

far as things look at present, these are the only foreign homœopathic doctors likely to be in Germany at the time of the International Homœopathic Congress, fixed to be held in Berlin next summer. There is one thing to be said for our German *confrères*, they, at least, had no part in or inkling of the Potsdam plot, or they would never have given us the invitation.

Of the homœopaths now in France, Mr. Dudley Wright with Drs. Cunningham and Hare are doing brilliant surgical work in connection with the French Red Cross. In the last stand at Antwerp, Dr. Petrie Hoyle and his associates did work of exceedingly great value under most trying circumstances. I think it may fairly be said that, as far as distinctively homœopathic work is concerned, Dr. Hoyle is our chief standard-bearer at the seat of war. He is the chief organizer and supporter of the Homœopathic Hospital at Neuilly for medical cases among the troops. But in all this there is nothing much about "Homœopathy in England." In fact, the institutions are going on, but not quite as usual. The societies have been a good deal interfered with. The journals appear as usual. The hospitals devote part of their space to war victims. The lectures at the London Homœopathic Hospital have been kept up.

Among these, the most notable, from a purely homœopathic point of view, are the lectures of Dr. John Weir, the Compton Burnett professor. Dr. Weir commands an audience greater than any other homœopathic lecturer has succeeded in obtaining, and his lectures are devoted to the exposition of Hahnemannian homœopathy, such as might be expected from an enthusiastic follower of Dr. Kent.

But I am not at all certain that the real live centre of Homœopathy does not reside in Glasgow in the person of Dr. Gibson Miller. Dr. Miller has an influence in the Scottish University of Glasgow that is unique, and has done and is doing more to turn medical students from the errors of their orthodox professors' teachings than any other individual in these islands.

A notable break with the past has occurred in the death

of Dr. J. W. Hayward, of Liverpool, which took place on October 3, 1914, within ten days of the completion of his 86th year. Dr. Hayward belonged to the great period of Liverpool homœopathy when Drysdale, Skinner, Moore, Hilbers, Stokes, and others, were in full career; when *Kali bichromicum* was proved, and the *Cypher repertory* projected, and, in part, compiled; and when that great torso, which became eventually under Dr. Hughes' editorship, *Materia Medica Physiological and Applied*, first appeared as the *Hahnemann Materia Medica*. These two works, the *Cypher Repertory* and the *Hahnemann Materia Medica*, in the compilation of which Hayward had a large share, were heroic attempts to mobilize the *Materia Medica* and make it presentable to allopaths. The works must be regarded as splendid failures, so far as fulfilling their ambitious aims is concerned, but they provide mines of good material for other workers. The monograph on *Crotalus* was Dr. Hayward's contribution to the *Materia Medica*. Another link with Hahnemann and the past was severed by the death of Dr. Frederick Leopold Robert Suss-Hahnemann, which took place at Ventnor, Isle of Wight, on November 12, 1914, at the age of eighty-eight. Dr. Suss-Hahnemann, who practiced in London for many years, was the son of one of Hahnemann's daughters, whose married name was Suss, to which Suss-Hahnemann added that of his illustrious grandfather. Dr. Suss-Hahnemann was able to supply Dr. Haehl, of Stuttgart, with some interesting details for the "Life of Hahnemann," on which Dr. Haehl has labored with so much devotion.

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Dr. Patch: I have a letter from one of our two charter members now living, which I would like to read.

Highlands, Branghing, Heights, England, June 15, 1915.

Dr. H. B. Baker, Richmond, U. S. A.

Dear Doctor: Your kind letter just received here in England, where I have at present settled down on a small farm of my own, near London. I have been here now one year, and am preparing myself by different studies for more effective work in Sweden later on.

The Homœopathic Institute, which I founded in London, is now managed by Dr. V. Valde, a very able physician and true Homœopath. We also have formed the Swedish Homœopathic Physician's Society, which now is three years old. Homœopathy is still fighting with aggressive allopathy in Sweden, but Homœopathy is now so deep rooted I do not think it can ever be eradicated.

Allopathists are struggling to have a law passed by which they can more effectively fight Homœopathy, but have small chance to be successful, as public opinion is much in favor of Homœopathy.

Not being in Sweden at present I can not write with authority about the present conditions there, and the fight just now going on.

With best wishes.

Fraternally yours,

A. T. ARELL.

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49 Via Sardegna, Rome, June 1, 1915.

*Dr. H. B. Baker, Richmond, U. S. A.*

Dear Doctor: You ask me for a short sketch on homœopathy in Italy and I hasten to comply with your request.

Here in Italy exist a Homœopathic Institute, with a seat in Turin and a Homœopathic Hospital annexed, a Hahnemannian Homœopathic Association, which is a branch of the International Hahnemannian Society in America, six dispensaries, with a seat in Turin, Milan, Genoa, Florence, Rome and Naples; a dispensary in Rome of which I am the director.

Homœopathy in Italy is declining, and this is due to the fact that homœopathic doctors are almost all mongrels, and therefore have no fortunate results in their cures. The abuse of the names of truly eminent homœopathic doctors now dead is losing ground every day and harm homœopathy, because the public does not distinguish between pure and mongrel homœopathy, putting all in one bundle and homœopathy suffers in consequence. If homœopathic doctors follow closely the law of the Organon of the healing art, they

would have unexpected and wonderful results, which only the true Hahnemannian homœopathy can give, and would provide better for the good name in honor of science and for the good of the suffering humanity.

Fraternally yours,

DR. GUISEPPE SECONDARI.

June 19, 1915.

*Frank W. Patch, M. D., Secretary of the International Hahnemannian Association.*

My Dear Doctor Patch: I had strong hopes that I would be able to attend the meeting of our Association, of which I have the great honor of being one of its charter members, but I find that it will be impossible for me to meet with you, so I send this greeting.

I desire to assure you that I am a firm believer, just as firm today as I was when I subscribed to the principles laid down when we organized the Association in 1880, and I shall never believe any different. I realize that I have not been a very regular attendant at the meetings because, being the Treasurer of the A. I. H., I felt that it was imperative upon me to be in attendance at their meetings, but my interest in the I. H. A. has never lagged or become cold.

I had fully intended to be with you at this time, but sickness in my family has made this impossible, but I will be with you in spirit if not there bodily.

I remain your old friend and fellow-worker in the good cause, which lies so near to our hearts, that of the practice of Homœopathy in its purity.

THOMAS FRANKLIN SMITH.

Dr. Patch: I have also two resignations—one from Dr. G. C. Birdsall, of Washington, D. C., and one from Dr. J. B. S. King, of Chicago.

Dr. Taylor: I will call your attention to the report of the Corresponding Secretary. If there are no objections, this will be accepted and made a matter of record. No remarks. Carried.

Now what will you do with the resignations? Which one is first, doctor?

Dr. Patch: Birdsall, of Washington, D. C.

D. C. Williams: I move that it be accepted.

Dr. Taylor: The motion is regularly moved and seconded that the resignation of Dr. Birdsall be accepted. It is carried. Now what about the resignation of Dr. J. B. S. King, of Chicago?

Dr. Case: Mr. President, at the first meeting of this Association, twenty-five years ago, Dr. King was present, active in helping the Association, and he has continued active for the cause of homœopathy in the whole twenty-five years. He did not become an active member until a few years later, but I think he has earned the right to be made an honorable senior of the Association, and I would move that he be made an honorable senior member, and bring the subject before the Association for discussion.

Dr. Taylor: Perhaps I ought to say that about six weeks or so ago I received a letter from the doctor stating that he had tendered his resignation to the Secretary of the society, and he thought the members of the society seemed disposed to treat it lightly and did not take it seriously. He says, "I insist that you, as President, have my resignation read and accepted."

Dr. Farrington: Mr. President, I think we would all be loath to see Dr. King sever his connection with the society, and I do not see what excuse he could offer for handing in his resignation. I do not know how his resignation is worded; in fact, I think that when the members from Chicago get back they should get after Dr. King and put him in the lake.

Dr. Stearns: I move that the resignation of Dr. King be laid on the table.

Dr. Patch: I think Dr. King is very conscientious about this. I also feel that it is a pity that his name cannot be continued as a member, but of course if he insists, as he seems to do at present, we have no other alternative. I think it

would be in order to put his name on the list of honorary members rather than to make him a senior.

Dr. Stearns: Would such a motion be in order? If so, I will withdraw my first.

Dr. Taylor: The first motion is withdrawn. You have heard the motion of the secretary, Dr. Patch.

Dr. Stearns: I move that Dr. King's name be placed upon the list of honorary members of this society.

Dr. Taylor: The motion is seconded that Dr. J. B. S. King be made an honorary member of this society. If there are no objections, the motion is carried.

Dr. Stearns: What do you do with his resignation, then?

Dr. Patch: I suppose it is the intent of the motion that his resignation be accepted and his name put on the honorary list.

Mr. Chairman: In order to clear the field, I move that the resignation of Dr. King be accepted.

Motion is seconded.

Dr. Taylor: You have heard the motion seconded. Are there any remarks?

Put to vote and carried.

Dr. Taylor: Next in the order of business will be the Bureau of Homœopathic Philosophy, Dr. Henry Becker, of Toronto, in charge.

## Bureau of Homoeopathic Philosophy

HENRY BECKER, M. D., CHAIRMAN.

Dr. Becker: Mr. President and members of the International Hahnemannian Association:

I must say I was highly honored when I received the invitation to take charge of this Bureau. I also feel very incompetent because, even though I have been very much interested in Homœopathy and have been a member of this society for years, I have never attended a meeting, and not being acquainted with the procedure, I thought I would just have to trust to the good nature and kindness of the members at the meeting to carry me through. When I deliberated over the matter I decided it would not be fair for me to refuse, and I sent Dr. Taylor a note to the effect that I would take charge of it, and do my best, and I immediately got busy and sent out invitations for papers, and I must say that I am deeply gratified with the responses. Several papers have been promised which, through something unforeseen, have not come along, but there are enough to make the Bureau interesting I think we have at least five or six here, and in our limited time that is probably as many as we can attend to. Several of the members are present, and we will hear them read their papers. Those by absent members will be read by some of the members here. One of our Toronto men, whose ability is only exceeded by his modesty, has asked me to read his paper for him, which I will do later. In the meantime, I will ask Dr. Quackenbush, of Ottawa, to give us a resume of a paper which he would not present in type, but he has agreed to give a synopsis.

## IS HOMŒOPATHY A FAILURE?

A. QUACKENBUSH, M. D., OTTAWA, CANADA.

*Mr. President, Ladies and Gentlemen:*

I have to plead a little laxity or negligence—I had the paper pretty well written and typed, when Dr. MacLaren went away and left me with the work of both of us to do, so I was pretty busy up to the time we came away.

Then another apology I may owe, and that is as to whether this would properly come under homœopathic philosophy or not; but the title of the paper I was to give is “Is Homœopathy a Failure?” Well, that to the members of this society would probably be considered a little out of line, but we hear a great deal among people, both within and without our ranks, saying that homœopathy is a failure. There are two reasons for this, and it comes from two sources. One, of course, is from the old school, or, you might say, hereditary enemies, who have been and still are trying to legislate us out of existence; they are keeping up the game pretty well. From these people we naturally would not expect very much in the way of encouragement, to say the least; and, on the other hand, we have many of our confreres who are doing everything that they possibly can in one way and another to belittle homœopathy and to make it appear as a failure to the world. Now, you take the old physicians; for instance, just last summer I met a man from Philadelphia and he said to me: “You are a graduate of Hahnemann, Philadelphia?” I said “Yes.” He said, “Straight Homœopathy is not practiced in any place.” I said, “You are right where it is practiced, and we practice it to the letter,” and I said to him, “Whether you believe it or not, it does not make any difference to me, but you are right where it is practiced.” Now, take, on the other hand, among our own graduates—graduates of our own colleges—there are many of them who do not understand Homœopathy, whether through lack of ability or from lack of opportunity it is pretty hard to say, but there is one thing about it that, so far as I can see, there is no man that can practice straight Homœ-

opathy without he has a peculiar brand of intelligence. It is not every man that can do it. I do not say this wishing to pass as any purist or egotist, but I have observed this, that there is only a certain quality of intelligence that is capable of understanding it. Now, if a man cannot grasp Homœopathy it may not be any fault of his at all, but the principle applies. On the other hand, many who have the intelligence lack the opportunity. I can tell you some experiences that I have had that would lead anyone away from the truth. When I was a boy at home I went to a physician who was supposed to be an Homœopath, or at least I told him I was going to study medicine. He said, "I would advise you to study both systems." I said, "Why?" He said, "It is a good thing to know both systems, so that if you get stuck on one system, rather than let the patient die, I would use the old-school treatment." I said, "If you studied one, which would you prefer?" "Oh, Homœopathy, by all means." I said, "Am I to understand then that if you had a case that was very bad you would use something that you considered not very good and discredit something that is good?" He did not have much to say.

I wrote to a physician in Williamson, N. Y., who wrote back a letter containing statements not very complimentary to that physician. On the other hand, you will find that lots of students will come to the college and their preceptors or professors will head them off and ridicule Homœopathy. I remember one college I was in where the professor named a great many remedies without indications, one after another, given in a most sneering way. I remember his speaking about the itch, the remedies for it, indications, etc., and when he got through he said, "I can cure it in less than a week with sulphur ointment." Of course there was a general laugh among the students after that. Then, another instance, in the same school, about the time of graduation, a member of the graduating class (I think it was the night before their commencement exercises) gave a party. I was invited to it. After a while, the students invited me out. We went off down the street a little way, and before long they said

they wanted to know where they could go to learn something about Homœopathy. Now, these were good, bright students, with more than ordinary intelligence, yet they knew practically nothing of straight Homœopathy, and admitted it, though they were ready to graduate. I told them of the Kent School in Philadelphia and Hering in Chicago. Those schools are all things of the past and we are now left to our own resources to teach our students or practice where we can. Of course, some teaching is done in our colleges, but in the main, so far as I can find out, there is a decline in teaching Homœopathy. In one college I know that the professor on diseases of the skin has a work-out, which I have not seen, but I know he recommends right and left treating by local applications which, to my mind, is belittling Homœopathy with a vengeance.

Now, we have undoubtedly a system that is scientific, and the failure of many to grasp it is a thing that is not hard to understand; but to those of us who have practiced Homœopathy for years and met with fairly good success we can tell quite a different story from those men who try to discredit everything with regard to Homœopathy that they do not understand. Take, for instance, in our *Materia Medica*, there are a great many men of materialistic tendencies who cannot understand the finer shading of symptoms, and because they do not understand, do not believe they exist. These men want to get rid of everything from *Materia Medica* excepting the grosser symptoms. Then, from materialistic tendencies they must endeavor to prescribe and give most material doses and eradicate, if they can do it without eradicating the patient, eradicate the grosser symptoms and leave uncured the finer shadings. We can go back for ages, and I believe it has been spoken of in the oldest philosophical writings, the school of natural sciences recognizes Homœopathy as a branch of natural science, and I think that if we do a little more of the kind of work we have carried on, even with the neglect in teaching that there has been, in a few years Homœopathy will still exist. I do not think it will ever die. I think it is just the law of nature that action and re-action are equal and

opposite, and we are living on the downward side of the wave. Our old practitioners, at least many of them, have gone to their reward; those who have practiced Homœopathy in spirit and letter, and Homœopathy has been living for quite a while on its hard-earned laurels, but that does not interfere with the fact that we must endeavor to keep it alive, and we must accept the responsibility and try to continue it on to generations yet unborn. On my own part, I do not consider that Homœopathy is a failure, in any sense of the word, and the reason I took that title for the paper was just merely to bring out the point that though Homœopathy is certainly considered in a great many instances as a failure, we know it is not.

I think I have worried you enough now.

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Dr. Becker: That talk is all right; it illustrates what we all run up against and in our own cases we too often accept the lines which run to this effect "I see the better way and acknowledge it; I follow the worse." We are so circumscribed and limited that even those of us who should know better sometimes follow the worse. I can testify however that Homœopathy is not living on its own laurels in Ottawa; it is living on the practice of two staunch Homœopaths,—Dr. Quackenbush and Dr. MacLaren, two good men known all over Canada; and of Toronto I cannot say anything different either; Toronto has a number of good Homœopaths. I know of some who are not good Homœopaths like our friend of the doctor's in Philadelphia. Now if Dr. Stearns will let us have his paper, "Suppression and Chronic Diseases," we will be pleased.

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## SUPPRESSION AND CHRONIC DISEASES.

BY GUY BECKLEY STEARNS, M. D., NEW YORK.

The theory of suppression is accepted with varying degrees of credence, from an interrogatory superciliousness to a zealous belief that everything except the homœopathic remedy

must be suppressive in effect. To those who accept the theory it come as a distinct revelation; it is knowledge that is never spontaneous but must be acquired by each one for himself. One's conception of suppression determines absolutely the character of one's medical work. We often limit our idea of suppression to the act of using external methods of cure for diseases with skin manifestations; then, when we see external methods used with no apparent harm, we are confounded or we say forebodingly "wait and see," convinced that in time the bad effects will show. Actually, to use external means is not always harmful or inconsistent with the law of similia, and may even be beneficial.

A few facts and physiological principles will make this clear. Many years ago, Thompson, the physiologist, said: "There is no physiological reason for death." At the Rockefeller Institute bits of chicken tissue have been isolated and kept alive for several years; environment has been controlled so that the nutrition of the cells and the carrying off of the waste products exactly balance; the cells simply go on subdividing without death. Here the environment is controlled so that only favorable conditions are present. In its normal situation, this same tissue would, from birth to death, have to react to unfavorable as well as to favorable environment. Single cell life is apparently the only life having physical immortality. Old age and death are the penalty of those cells which combine to form organic life.

We are absolutely limited by heredity as to our length of life, our height, our strength, etc. In nothing can we go beyond a certain point, each individual having his own limit. The effort to fulfill all the possibilities of heredity is inherent and constantly acting; what Abderhalden calls "disharmonious conditions" are equally constantly acting to curtail the fulfilment of these hereditary possibilities. What we call illness is that part of the reaction that impinges upon our consciousness, and it gives a perfect picture of what is happening within. Curative efforts must be in harmony with the reactive efforts; otherwise, instead of the reaction being complete it will fall short or be diverted and a chronic state

be established. *For chronic diseases are only the sum total of incomplete reaction.* Everything then not in harmony with the reactive effort of the body is suppressive and chronic diseases, old age and death are all the result of suppressions. Expressed concretely, the similimum represents the acme of curative help, for it arouses exactly the same reaction as the body is already attempting. Heat or cold is curative when used where the symptoms are improved by one or the other; likewise with moisture, dryness, air, food cravings, etc. At times even bland oils or powders may properly be used to allay skin irritations. Conversely, every prescription not the similimum is suppressive because it changes the natural reaction. The more contrary its action the worse. This applies to all stock preparations for colds, headaches, diarrhea, rheumatism, etc. They invariably take their toll in the final summing up. The unsimilar "homœopathic remedy" comes in this same category. The same is true of every use of heat, cold, moisture or other measures that are contrary to the symptomatic modalities. Most pernicious of all are those external applications which "cure" by causing skin or other surface lesions to disappear, but have no relation to the other symptoms. They invariably act suppressively by blocking the efforts of a non-vital tissue to receive the brunt of the reactive effort.

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Dr. Becker: A good, concise paper now open to discussion.

Dr. Farrington: Mr. Chairman, the members seem to be so bashful that I will try and start the ball rolling with a word, especially in the line of the remarks of Dr. Quackenbush, unless that would be out of order.

Dr. Becker: I should have allowed you a chance to discuss it.

Dr. Farrington: I thought you were going to have all the papers read and then discussed afterwards.

Dr. Becker: We will have the last two papers discussed, if it so pleases you.

Dr. Farrington: We, of course, agree with the doctor that Homœopathy is not a failure. Any man of average intelli-

gence can practice it with reasonable success, if only he has the right attitude towards it. But there are many things that tend to draw him away from the beaten path. I believe that to be a good Homœopath a man, in the first place, must have a conscience. Aside from understanding and knowing what Homœopathy can do, he must have conscience enough to practice it at all times, not only when most convenient. In the second place, he must have some conception of the immaterial. A man who is a confirmed materialist is unable to practice Homœopathy consistently, because it deals with the remedies beyond the plain of matter, and even if under ordinary circumstances he is willing to trust to those remedies, when he gets a case that is desperate, he is liable to falter, and, as the doctor's friend said, rather than let the patient die "he would use something else." Dr. Quackenbush's idea was good. It is too bad, that we have not a college where our students may learn more about straight Homœopathy. I believe, as Dr. Quackenbush does, that, in time, a reaction must come and that eventually we will come into our own again.

Dr. Farrington: Dr. Stearns' paper is one of the best I ever heard. It is clear-cut and to the point. Doubtless all of us here have had experience with suppression and know it as a positive reality. But the average physician, be he Homœopath, old school, or what not, regards disease from a standpoint totally different from ours. He believes that symptoms appearing on the surface are purely local infections and therefore to be dealt with from the outside. It is, therefore, quite natural for him to bend all his efforts towards destroying the special germ which he believes to be the cause—the "germ" of eczema, the itch-mite of scabies, the gonococcus of specific urethritis, etc. If harm results, he calls it a new disease. For years I have explained to my patients that although some diseases may start from the outside, as soon as they become active, the whole system is involved, and the external signs are only nature's efforts to protect the internal organs. The fact that no untoward effects are apparent after suppression does not prove that harm has not been done. It may be

years before the patient pays the penalty. The constitution in these cases seems to be strong enough to maintain its equilibrium until some stress or undue call upon its energies weakens it. Asthma furnishes a good illustration of this. I have long ago ceased to ask: "Have you had the itch?" In my experience nine out of every ten cases of asthma are the result of suppression of that disorder with external applications. I say: "When did you have the itch?" A man of about fifty-five consulted me for his asthma and I asked him the usual question. His answer was in the negative, but after thinking intently he finally remembered that he and his two brothers contracted some sort of an eruption in steerage on the way to this country from Germany. When they got ashore they rubbed down with sulphur ointment every night until the eruption began to disappear. The two brothers seemed none the worse for the treatment but my patient was almost an invalid for a year. Then he regained his health and remained comparatively well for twenty years thereafter. It was impossible to bring back the eruption and he died in a year or so of heart complications under old school treatment.

It is true, as the doctor has stated in his paper, that homoeopathic remedies will suppress. I saw one or two instances of this in the early days of my practice. A girl once came to my clinic at Dr. Kent's dispensary in Philadelphia with a pain in the right deltoid—no other symptoms. I gave a dose of Sanguinaria. In two or three days she returned complaining of a stitch in the heart, something she had never had before. The pain in the shoulder had disappeared, proving that the remedy was not well selected. *Spigelia* cured the stitch in the heart. It pays to prescribe carefully, especially in cases of rheumatism.

Dr. Quackenbush: I want to tell you an occurrence I observed once that comes in the line of suppression. A man and his brother had had the itch. He had been out to California with the forty-niners, to the Yukon, and all those places. On this occasion, or when I heard of him, he had made a misstep and strained or sprained his knee and had developed a synovitis of the right knee

joint. I was on my way to Montreal when the conductor came to me and said he wanted me to go down and see him. They had tapped his knee above the patella and the knee was swollen up worse than ever. I went on, saw it, and it looked as if there would be trouble ahead. Suppuration occurred in spite of all I could do. At the very best, I said to him, you are going to have a stiff knee. They wanted to send him off to Montreal and have it amputated. I opened the knee several times and washed it out. Every time I washed it out I would seem to smell gunpowder. I said to the nurse, does not that peculiar smell make you think of gunpowder? The next time I opened it, it was the same, and the last time I am sure that there must have been a tablespoonful of gunpowder crystals that came away. I said, "What in the world does that mean" His brother said, "A long time ago when Duncan and I had the itch we used gunpowder and hog's lard for it." This was at least forty-five years after, and had I realized it at the time, while I do not know as I could have gotten out enough ammunition for the British, I know that I could have gotten a lot of it, now I tell you.

Dr. Hatfield: When I was at college, I had the honor of getting my materia medica from Professor Farrington, Dr. Farrington's father, and we all know he was one of the grandest men that ever lived. Unfortunately, I believe, he only gave us two lectures on the Organon in the term and there was the mistake. Had he given us lecture for lecture on the whole Organon, I think we all would have been better Homœopaths. I left college with a poor idea of homeopathy, simply because I did not understand the Organon; but fortunately two or three years after that I met old Dr. Frederick Ehrmann, of Cincinnati, who gave me points on Homœopathy that benefited me greatly. From that time on, I have practiced it. Before that, I was prejudiced. When I got my stock of medicines, everything was in the tinctures or not above the third, and triturations not above the sixth. I used them for the first two or three years, and had the results I might have expected. I lost cases I should have cured, and was dismissed from cases I should have benefited, like the rest

of us have done in earlier life, and myself, especially. And because of that I have learned, in the last twenty-five years, that the Organon is the true medium whereby we may know Homœopathy and practice it in its entirety.

In regard to Dr. Stearns' paper, it is a most excellent one. I have seen, of course, in the many years I have practiced, suppression, even from homœopathic remedies, when I did not get the proper remedy, perhaps; but sometimes suppression can arise from the use of the wrong homœopathic remedy as well as the application of external remedies. To guard against that, we must know, as nearly as we can, when we have selected the proper remedy, and more especially, wait for the action.

Dr. Boger: Mr. Chairman, a young allopath, investigating Homœopathy, not long ago, made a very significant remark to me. He said, "The tools are there, but you have got to learn how to use them." Now that is true of Homœopathy. Hahnemann found the tools, but everyone cannot use them. Homœopathy will never make a universal appeal. Living at the feet of the greatest astronomers does not make us all astronomers, and it is the same with Homœopathy. The tools are before us and the appeal is before us, but if it does not strike a responsive chord within our souls, then you will never get one step further. The truth in one shape or another should appeal to most of us, and that is what finally brings over many men who are now leaning toward Homœopathy; but the trouble with Homœopaths is that they are not capable of making the appeal strong enough. As long as we have a multiform homœopathy it will not appeal to the real truth-seeking mind. Homœopathy is sick with its own medicine, and it is sick because it does the things which are not homœopathic. In the early days of Hahnemann, before the days of Hughes and the coterie which surrounded him, when Hahnemann appealed, through actual experiences, it made more rapid progress than it has done since it has tried to philosophize about things and to argue about things and to convince people who are not ready to be convinced. The only basis upon which we will ever progress is the one

which I have just pointed out. You must make the appeal to the inner soul and the inner conscience of the man to whom you have addressed your remarks, and, failing in that, Homœopathy cannot take a single step; and until we are prepared to do that and appeal to these men who are today opening their minds to us, we cannot do anything; and my advice to men who are trying to spread Homœopathy is to discard these false garments, take off these false clothes you have on and get down to hard, practical work, and demonstrate to these men what you can do, and stop arguing about it.

Dr. Williams: I remember very distinctly an argument which Dr. Powel and I got into one evening on this very subject, and it seems to me that the older I grow the more convinced I am that what I said that night was true. We do not want to inject the mystical in Homœopathy. The thing which spoils more good Homœopaths, in the making, is trying to get the mystical side of Homœopathy into their minds. We give the Organon to the old school man; he does not comprehend it. We have no book that we can put in his hands to give him a straightforward explanation of it. That is the one great difficulty with Dr. Kent's explanation of the Organon. \* \* \* I waded all through it and I got a lot out of it, but it is only because my mind was receptive. I was very anxious to get all I could. Take the man you are trying to convince and it savors so much of the mystical that he cannot take it in. I do not believe that Homœopathy will ever become anything but a specialty. We all know that there are men with special ability who become specialists on various subjects. I believe there always will be special men who have special ability in prescribing homœopathically, and such men will always keep Homœopathy alive. Men like Dr. Boger, for instance, who follow the law of similia to the best of their belief. Some of us are not always able to supply the indicated remedy for every condition or disease, and if we make a mistake such cases often fall into the hands of old school men, and for the time being, at least, they make an impression. The present day age is one of commercialism; the young man in the profession thinks about the money

he can make, but love of the profession or a desire to cure is not very uppermost in his mind, at least I find it so.

Dr. Farrington: This discussion confirms what I said in the beginning; it all depends upon whether a man has a conscience or not. There is a doctor of my acquaintance in Chicago who has a good practice. A former stenographer of his married and happened to become my patient. She asked me one day whether I knew him, and I answered that I did and thought him a fine fellow but he was an allopath. She said: "He used to be." In a burst of confidence she told me that he had given up all that, there wasn't enough money in it; his patients got well too quickly.

Dr. Baker: It all reverts to the results we can get, and I think that is what has brought Homœopathy up from the beginning. If you cure a patient that another man cannot cure, it may not make much impression on him at the time, but it does on other people. Because we have no schools to send our students to I believe that our salvation at present lies in our preceptor system. We must select our students carefully and follow them up. The trouble now is that they are not carefully selected. We must select each student and keep hold of him through the whole four years in college; keep hold of him when he goes out. If you have known him beforehand you ought to be able to make the proper impression upon him. Keep after him. I think that is the only way you can keep the man straight until he gets started, for it is pretty hard at first practicing Homœopathy. It is uphill work. He is going to be up against many things. I was very fortunate; I had the late Dr. Tabor—was his first assistant for four years and he pulled me out wonderfully. I certainly believe that we must keep hold of our students, not only through the four years in college, but afterwards, until they can get on their feet.

Dr. Bidwell: I am not a member of this society, but I want to say this. I do believe that Homœopathy has been on the decline—not at the present time. I think we are doing better than we did, but certainly there has been a good deal of mongrelism taught for a good many years. \* \* \*

Why do you believe that? Take the old school physician who uses some Homœopathy and he will use a certain remedy. If he cannot find the remedy he thinks is indicated he gives his old-school medicine, but he will not give the third, fourth, fifth, sixth or some kind of a medicine tablet. We must all realize that the practice of Homœopathy medicine is changing. It has got to be a specialty, and it is going to be more so all the time, and whatever advancement is made, will be made through co-operation, and not through the single efforts of one man, no matter what kind of a specialist he may be, be he an Homœopath, a radiopath, or what not, but we must work co-operatively in order to get the best results. Now, I say you nor anybody else can cure by the homœopathic remedy and expect others to believe you without proving it. You can talk about it till you are black in the face. You can never make them believe it unless the one to whom you are talking has a wonderful belief in you. But if you can take a man and show him that you can do such a thing, then he will certainly believe what he has seen, and I believe that the future of Homœopathy depends upon a co-operative basis of the specialists of our school, with the specialist in Homœopathy, with the laboratory man, with the X-ray man, with all the other specialists and diagnosticians in medicine today, so that our diagnosis may be confirmed by good men; so that they will confirm the cures we have made, and then by giving these cures publicity we will then have evidence that cannot be refuted by anyone. Now, if you cure tuberculosis by a remedy, they say you could not make your diagnosis; that it was not correct, and we must accept the conditions. Now all you good homœopathic prescribers are up here among yourselves—just a bunch of spongers—up here telling what you can do; absorbing what you can get from each other. How many Homœopaths are you going to make? Supposing you had this meeting with the American Institute? There are many men who could get some good.

Dr. Stearns: I am rather in favor of that last remark. Homœopathy is not a failure. While men like Dr. Case and Dr. Boger are practicing (or indeed anyone here for

that matter), Homœopathy will not be a failure. Dr. Boger does not know how much good he has done or how he has done it. I look back to the first time I ever heard him speak and remember many of the good things he has said; indeed, every good word that I have ever heard for Homœopathy is with me. All we need do is to go ahead—tactful, aggressive—a bit more so perhaps. It may be that Homœopathy will never be any better practiced than it is now, because it is a matter of the few who can grasp it and practice it in its purity. The rest will look up to them, and the man who practices Homœopathy will come into his own more than he has because it will be looked upon as more the thing—everything points that way.

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### HOMŒOPATHY IN MENTAL DISEASES.

BY KENNETH A. MACLAREN, M. D., TORONTO, ONT.

Until the time of Hahnemann, little was known and less attention was paid to that most interesting branch of medicine, disease of the mind. The reason for this must lie chiefly in two paths.

First. Because of superstition. Those who suffered from these diseases were believed to be infected by demons, and were thus to be shunned.

Second. All or nearly all efforts at treatment were met with flat failure.

Hahnemann, however, was the father of the new school of therapeutics—his was a master mind. He could see that the method of treating lunatics as if they were in reality devils, by teasing, starving, beating and chaining the unfortunate wretches was rewarded in every case, by a direct augmentation of all their symptoms. Thus excited, patients became raving maniacs—the melancholic became suicidal in the intensity of their depression. While a diseased mind was thus kept in a constant turmoil, how could anyone expect to cure?

To Hahnemann belongs the glory and thanks of the world for his correction of these baneful methods of dealing with the insane. He instituted a treatment of gentleness, quietness, fearlessness and indifference, which acted as a balm to the diseased mind.

“The Classification of Mental Diseases” at that time was superstition to a degree. People were “lunatics” because of too long exposure to the moonlight—they were “demented” because the body was inhabited by an evil spirit. They were “melancholic” because of an excess of black bile in the system, and so we see that mental diseases were classified according to their supposed cause and had not reached their present awkward and voluminous nomenclature.

Hahnemann attempted to classify mental diseases according to their cause.

Those due to “psora” as a primary and latent condition with fright, vexation, bad habits, educational errors, corrupt morals, superstition as an exciting cause. (See Organon, paragraph 221-224).

Second. Most of the so-called mental diseases are in reality bodily diseases—the emotional and mental elements of which have become developed at the expense of the physical, and thereby assume a one-sided picture, which obscures or tends to obscure the bodily disease.

We will now turn to the latest, and probably as good a classification of mental diseases which the psychiatrists of our time have been able to produce. First:

1. Paranoia and paranoid states.
2. Manic—depressive insanity.
3. Paresis.
4. Dementia precox.
5. Involution—melancholia.
6. Senile psychoses.
7. Infection, exhaustion, psychoses.
8. Toxic psychoses.
9. Psychoses, associated with other diseases.
10. Borderland and episodic states.
11. Idiocy and imbecility.

This classification is based on the clinical aspect of some numbers of the group; on the etiology in others, the pathological aspect and psychological in still others. Compared with that of Hahnemann, it is most voluminous and awkward. Let us turn to the definition of insanity, and see if we can throw some light on this question. (See White's Outline of Psychiatry).

"Insanity is a disorder of the mind due to disease of the brain, manifesting itself by a more or less prolonged departure from the individual's usual manner of thinking, feeling and acting, resulting in a lessened capacity for adaptation to the environment." We at once see that the cause of insanity is given as a disease of the brain, and according to Hahnemann, the majority of mental diseases are in reality bodily diseases. If we can prove this to be so, would it not be of value in treatment of these cases, and would it not increase our respect for the immortal Hahnemann.

Of 1,335 patients admitted to the Insane Asylum of Ontario in the year ending October:

20 suffered from paranoia.

234 from manic depressive insanity.

487 from dementia precox.

—  
741

Leaving a balance of 594.

By a brief glance, it will be seen that the bodily element in the remaining 594 cases is certainly the predominant one. It remains for us to prove that some of the first three groups are in reality caused by bodily disease. We notice that the largest number of admissions were 487 with diagnosis of dementia precox. Since the introduction and general use of the Wasserman reaction, it has been found that at least 32 per cent of such cases gave a positive Wasserman reaction and are, therefore, due to syphilis, making the result as follows: [Dercum, Journal of American Medical Association, March 13, 1915].

Those cases clearly traceable to bodily disease..... 750

Those cases due to mental diseases..... 585

When we turn, however, to the post mortems in asylums, there the proportions of bodily disease to that of mental is truly remarkable. In the same report, as quoted above (Table 9), the causes of death are given as follows:

Mental disease (including acute exhaustion; chronic..	40
Debility of old age.....	43
Suicide .....	4
	—
	87
Physical diseases, including T. B.....	293

Is it not entirely probable that many cases of bodily disease are unrecognized in our institutions and is not Hahnemann to be credited with intellect, unrivaled in medicine.

We will now turn to the asylum statistics upon the question of heredity, according to table No. 7 of same report: Out of 1,337 patients admitted, 370 showed a marked hereditary tendency. Do not these 370 cases fall under the first class of Hahnemann's division, and is not psora an hereditary chronic disease or condition?

Having now clearly demonstrated that *our Master Hahnemann* fully understood the cause of mental disease, I will endeavor to prove that he was as far beyond his time in the knowledge of the course and prognosis of these cases, together with their treatment, as he was in the knowledge of their cause.

We will now consider the present allopathic method of treatment of mental cases and compare it with that taught us by Hahnemann. In addition to the ordinary requirements for any physical condition which the patient may present, our friends employ to a great extent hydropathy, especially in acute, excitable states. This method of treatment is quieting, much less harmful than drugs, but we must remember that the amount of heat lost by conduction in warm baths and hot packs is very great and that therefore they are very weakening. Hahnemann does not mention this form of treatment.

Restraint (manual or mechanical) is used where hydro-

therapy cannot be employed. It is exciting to the patient, imbuing him with a fear of his attendants, and of food and medicine, which is so frequently seen in these cases, and which makes them so difficult to treat. Hahnemann charges us to be gentle, firm, indifferent, and on no account to exhibit strength, anger or fear, as it greatly excites the enfeebled mind.

Medicine is chiefly used for insomnia and acutely excited states. There is no treatment, as we understand it, for the insane. The coal tar derivatives are largely employed, and Professor White tells us that the alkaloids of hyoscyamus are the most reliable drugs in the acute states, but he warns against their use in too small doses.

Homœopathically, we are directed to employ Aconite, Belladonna, Stramonium, Hyoscyamus, Mercurius, etc., in these states, according to the indications.

Psychotherapy—This form of treatment, in favorable cases, has been much in the limelight of late, but little of definite direction has been given us by modern writers as to which class of case it should be used in. Aside from insanity, it has been employed by the Emmanuel Movement and Christian Science with some degree of success. Hahnemann's Sections 225-226 directs us to use psychic means in these cases due to protracted grief, mortification, vexation, insult and frequent occurrence of intense fear or fright. And especially will it be of value where the mental disorder is of recent origin and has not as yet caused any serious physical debility. He especially directs that the cure obtained in this manner be rendered permanent by a course of anti-psoric treatment.

The homœopathic treatment of mental disease consists in giving a remedy in sufficiently diluted doses, the symptoms of which correspond as nearly as possible with both the mental and physical symptoms exhibited by the patient.

As we are told that the bodily element is often obscured or nearly so, we can at once see the importance of a *thorough* history of our case.

A sequence of remedies will often be required. After the

acute remedies have been used, the anti-psoric remedies are to be employed.

After the cure has been perfected, we are assured that our case will remain cured, provided the patient will faithfully adhere to a well regulated diet and habits.

These patients who receive psychic treatment will be benefited or aggravated according as they are suffering from true mental disease, or a bodily disease complicated with mental symptoms. This affords us a means of diagnosis in these conditions and should be of great value (Sec. 224).

Hahnemann insists in all mental cases that a prolonged course of treatment follow the cure, because the mental susceptibility having become awakened by the first attack, a second attack much more severe and harder to cure will follow if this treatment is omitted. This second attack will be either a continuous affliction of the mind or a periodical state. We thus see that he clearly understood circular insanity as well as other forms (Sec. 223).

I will now close, having already taken up too much of your valuable time. I have endeavored to prove that our master fully understood insanity in all its forms, its proper method of treatment, and its ultimate curability. He has given us all this information in six and one-half pages of a small book. What other physician of his or our time could even equal such a performance.

References: Forty-sixth Annual Report, Insane Asylum of Ontario; Outlines of Psychiatry, William A. White, M. D.; Tools of Our Trade, F. X. Dercum, March 13, 1915, Journal American Medical Association.

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Dr. Becker: Shows considerable work, I think, this paper. The work of a novice, too, for this is the first time a paper has been read in an homœopathic convention by Dr. MacLaren. It gives promise of good work in the future. I am sure you will all agree with me.

Dr. Boger: The thing that struck me forcibly, although having a rather indirect bearing on it, is that Hahnemann does not strictly draw the line between psora and reversion.

As we understand psora, it is a perversion of cell life that has come down to us through countless generations, while reversion is an alternation in the cell growth that takes us back many generations to former states of society, former manners of living, etc., and perhaps beyond. The line of demarkation is perhaps not always clear, but reversion, even if not part of the same thing, is very closely related. Now, when we say we have a reversion that Mr. So and So is in an asylum for some defect of heredity, he simply harks back to what perhaps generations ago entered into the normal life of his ancestors, and in that line of descent is irrevocable, so far as we know, hence I do not believe that Hahnemann's idea of psora there will hold, unless we also admit that the condition was removable by continuous homœopathic treatment from one generation to another, purely a matter of opinion. As related to psora the latest reports in medicine seem to show that the toxic substance which is absorbed from the itch infection is the real causes of the results which follow. Hahnemann also tells us that the condition is transmissible, more or less, to the next generation. Therefore, this toxic substance must have made some lasting impression upon the cell tissues which will carry it forward from one generation to another.

Dr. Reel: May I say a few words in relation to this paper, even though I am not a member of this society? I was, for nearly six years, connected with the State Hospital for the Insane at Norristown, as one of the assistant physicians and resident pathologist, and I think I can say "Amen" to most of Dr. MacLaren's paper, in that the mental condition is for the most part the result of physical disorder. I want also to say this: "I was practicing old school, of course, at that time, though, in my experience, as near as I can judge correctly, there was no real treatment of the patients at Norristown, while I was there, except to quiet intense excitement or produce sleep. Very little was accomplished; or perhaps I should say that as for any rational remedial course of treatment for any particular line of mental disorder I never saw anything carried out when I was there. I have thought it

would have been very different under homœopathic treatment, and I have been tremendously anxious to have mental cases that I might try homœopathy on them.

Dr. Stearns: I think it was two years ago that a paper was read before the New York Society by the superintendent at Gowanda, Dr. Arthur, and he compared the statistics of the institutions in the State under homœopathic rule and those under the old school and there was something like three per cent of recoveries in favor of homœopathic treatment.

Dr. Patch: I would like to call attention to a paper that was read before this society two years ago by Dr. Hayes, in which Lachesis was used with the most wonderful effect in a case of acute mania. It would be well worth looking up.

I think, in the treatment of mental disease it is necessary for us to distinguish between the mental symptoms, common to so many patients, and deep-seated pathological conditions which come under the head of true mental disease. We get wonderful results in the treatment of mental symptoms with homœopathic remedies, but I do not think we can claim equally brilliant results in the treatment of deep-seated organic conditions, such as paresis, manic depressive insanity and the various forms of well recognized mental disease. Those, so far as my experience goes, are much more difficult to cure and are more largely dependent, in their origin, on heredity. Tuberculosis is a prominent factor, not necessarily active but in the history of the patient. The mental disease often dates back to previous generations, and we find it most difficult to get curative results in these cases.

Dr. Bidwell: I had a very interesting case of paresis that I think was really cured. When he came to me they sent him from a State hospital, where they said he would not live for more than a week or ten days. They sent for me to give him something to quiet him. I gave him Aurum metallicum. This held him for nearly a year. The old-school fellow would say that he had a remission, but certainly Aurum boosted him up a great deal. When I saw him he could not talk right, could not use his mind, could not have any voluntary stools, and it brought him along so that he could use his mind,

figure, and do all sorts of mental stunts for over a year, and then when he went bad, he didn't go as he did before—just had delusions, more or less.

Dr. Boger: I wish to point to the fact that many fixed diseases are terminal in character. They began a very long time ago, perhaps six or seven generations ago. Here is the ripened fruit, just ready to drop; you have that in a number of diseases; in tuberculosis and in Bright's disease. If you once view diseases from this standpoint, it will give you quite a different idea of what you are attempting to do.

Dr. Farrington: Many of these cases can undoubtedly be cured if they are taken early enough. Among other affections, Dr. Bidwell mentioned paresis. Here the brain cells have been destroyed by suppressed syphilis and actual destruction of brain cells is beyond repair. Some of the diseases referred to in the beginning are physical and then mental; some of them are mental from the first. Experience shows that those which become mental after physical symptoms have entirely disappeared are usually incurable. After all, it makes little difference whether you call it a "reversion of the type" or not, your prescription must be based upon the totality of symptoms.

Dr. MacLaren: Probably the most striking difference between the two schools upon the subject of insanity is our point of view, received from Hahnemann, that insanity is based upon psora, while the allopathic school seem to hold it is purely specific, or very largely so. They always try to trace it to syphilis, and my own experience does not coincide with the majority. Certainly all such cases are mostly psoric, and a case is never thoroughly cured until the antipsoric remedy gets to work and then you have a real cure and the case will never relapse.

Dr. Sloan: I think the condition of the brain in paresis is the result of previous disease, just like the condition of the kidneys in Bright's disease. Bright's disease is the result of previous disease, just as cancer is the result of diseased conditions, and just as ash is the result of fire, and not the fire itself. I think everybody, even the old school, appreciates

that the time to treat Bright's disease is before you have the changes in the kidneys, and if you can get this disease before the pathological process occurs, that is, the product of the disease, and not the disease itself, much can be done in the way of treatment.

Dr. Stearns: In the matter of prescribing we are very much inclined to prescribe for the type of insanity or so-called mental disease. We should not consider the diagnosis first. I recall a case diagnosed as dementia præcox, which Dr. Kent told me about. The case had been studied for a long time along the lines of mental diseases, but what finally led to the remedy was that this boy wanted cold things to eat and drink, and phosphorus came to Dr. Kent's mind and he prescribed it. It cured this case entirely. Whether it was true dementia præcox or not remains undecided, but that is a point that we should bear in mind in prescribing for such cases.

Dr. MacLaren: I may say that the idea in writing that paper is not to give any points along the lines of homœopathic treatment. It was to compare the insight Hahnemann had into disease one hundred and fifty years ago with what is done by the most prominent psychiatrists today in mental diseases. It is to compare his methods with the present methods of treatment; where he gives the two thousandth to the case which is wholly mental \* \* \* and the case that is just physical. He tells us that once susceptibility is awakened it is much harder to cure. Of course we would hardly be doing ourselves justice to take hold of an old case of manic depressive insanity and say that we could cure it according to Hahnemann. It would be impossible, but if we got it in the first cycle, we would probably have a very good chance of curing that case. I recall one case I saw which was rather interesting. He was introspective—there was flight of ideas which became more marked, and patient became very headstrong in everything that he did; anything that had to be done, had to be done at once. Any work to be done had to be attended to at once; any orders to be carried out, such as sending a telegram or anything of the

sort, could not be done too quickly. Finally it developed into acute mania. It took several people to control him and three or four straight jackets were burst in this effort. Gradually he quieted down and he had a great desire to spit. *Lachesis* was given and he gradually improved until finally, at the end of eight months, at least, he was able to return to his work. There has never been any return, although at times patient is slightly talkative, perhaps a little exhilarated or depressed, but a dose of *Nux* or *Lachesis* is all that he requires, so that my object in writing this paper was just to compare Hahnemann's directions as to how to treat these cases with the present knowledge we have and whether his insight and knowledge at that time was superior to ours at this time as compared with the old school methods.

Dr. Becker: I think you proved your point, doctor. It is brought out in the paper very distinctly and clearly that the deductions are correct. I think we are all agreed in the one idea that functional disorders precede organic changes. Probably there is no difference of opinion here. I think Hahnemann was the first man who ever brought that out, at least, so far as I have read in the history of medicine, and Dr. MacLaren has shown that very clearly. Perhaps some of the members of this society have read the book by a man named Beers. He is a Yale University man who became insane. After he came to himself, so to speak, he wrote this book, "A Mind that Found Itself." A rather remarkable book, well worth reading. He has given his views of his own case. His style is clear, and he has done considerable work since he brought that out. He was lucid—here was a man who had gone through an existence which was rather remarkable. He threw himself from a third-story window; nearly died as the result, but he describes his state of mind at the time and shows that he could not control the impulse.

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#### A DEFENCE OF HOMŒOPATHY.

BY W. A. MC FALL, M. D., TORONTO, ONT.

Homœopathy rests upon the therapeutic law of *similia*

*similibus curantur*, and a belief in Homœopathy rests upon the acceptance of that therapeutic law. The question is naturally asked, "Is there a therapeutic law?" And yet a mind trained in the affirmative attitude will at once reason if medicines cure disease, they must do so according to laws and fixed principles.

We know that law governs everywhere and everything. All nature is governed by laws and fixed principles. A true study of the sciences, such as chemistry, physics, astronomy, etc., is largely a study of the laws by which nature is operated. So, if the Aconite, the Belladonna, or the Pulsatilla plant cure disease, then the affirmative mind at once assumes that in accordance with all nature, they cure through well-defined laws of order.

Upon the healthy human being we know by our provings of any one of these drugs, what the impress of that drug is. We have a sick patient with a certain type of symptoms. We give the patient the medicine which produces a sickness similar to that of the sick patient and the patient recovers.

Belladonna will produce a certain type of dryness and soreness of the throat and Belladonna will cure a similar condition of the throat, caused by cold, etc. With the use of Belladonna, we see at once the essential difference between the therapeutics of the allopathic and homœopathic systems. In physiological or poisonous doses Belladonna produces a paralysis of nerve endings, with a consequent dilatation of the pupil of the eye from a paralysis of the third nerve and a suppression of the milk by paralysis of the nerve of the mammary gland. In order to attain certain ends, the old school use Belladonna to produce certain toxic effects. But what about these toxic effects, and who can say that these toxic results are not more deleterious than the good that is obtained by the end aimed at? But how different to the homœopathic use of Belladonna which is given in just sufficient dose to restore to order the sick patient. With regard to the dose employed in Homœopathy, the homœopathic physician gives the smallest dose necessary to cure. But what is the use of giving a larger dose?

It is charged by the opponents of Homœopathy that while between 1838 and 1860 there was a great flow toward Homœopathy, in recent years that the reverse is true. This proves nothing, but only indicates the sphere existing in recent years in the medical colleges, and in the medical fraternity what is practically a sphere of therapeutic nihilism. The whole trend of recent years is toward surgery and bacteriology; and nearly every medical student is fired with the thought of some day becoming a surgeon; so that Homœopathy, which is a fixed faith in the power of medicines to cure disease, cannot necessarily gain any headway in that sphere. We are sometimes confronted with the statement that Dr. So and So would make a good homœopathic physician, as he does not believe much in medicine. This is not the truth. Homœopathic physicians do believe in medicines and have the most unbounded faith in medicine curing disease, in so far as medicine can cure disease.

The charge is frequently made that allopathic physicians are more skilled in diagnosis than the homœopathic physician. In fact it is charged that the homœopathic physician mostly counts upon the symptoms, as narrated by the ignorant patient. Well, this depends upon what you mean by diagnosis. If you mean the study of gross pathological changes in certain organs, it may be so. But, if by diagnosis, you mean as the word indicates (a knowing or seeing through and through), then it is not so, because the homœopathic physician takes note of every departure from the normal. Every change of the body and mind is recorded and the patient encouraged to tell exactly how he feels. To the charge that homœopathic physicians depend mainly upon the ignorant patient's account of his symptoms, it may be answered that the sick are not always so ignorant as they are given credit for being. They know how they feel. They know whether they have a pain in their limbs which forces them to get up, to walk around for relief, or whether they have to lie still, as every move aggravates the pain. The patient can tell you if he is affected by the changes of weather. The patient can tell you of his desires and aversions, and there is no other

way, or means, or tests to learn of the change in the real man himself.

My experience is that the patients are nearly always honest in the symptoms that they complain of, and I have known several patients who have had their case diagnosed as neurasthenia with the advice to shake it off, and who have subsequently developed marked pathological conditions.

The charge is sometimes made against Homœopathy, and even this by those who are its patrons, that Homœopathy is slow. The charge is not true. If you mean the alleviation or suppression of one symptom, then it may be so; but if a cure, a restoration to health is what is meant, then it is certainly not so. In the last analysis, Homœopathy must be judged by its results, and Homœopathy is ready and willing to stand or fall by its results.

That is the acid test that Homœopathy is willing to have applied. Take a given number of cases of any disease, such as pneumonia, typhoid fever, smallpox, rheumatism, tuberculosis, or measles, and Homœopathy, properly administered, will have a smaller death rate, fewer complications, and will cure them in a less space of time than any other system, or creed of therapeutics. It has proved this by statistics in the past and it can do so again. Homœopathy is not only not slow, but it is the speediest and quickest means of cure.

There have arisen, in recent years, systems known by the names of osteopathy, chiropractory, and mechanical therapeutics. The practitioners of these systems make the bold assertion that they remove the cause of disease by manipulating the spinal vertebræ. Man according to this assumption is on the same plane as an automobile which, if not working smoothly, needs some mechanical adjustment. No thought is seemingly taken of the fact that man is more than a machine or that he is a machine plus a vital organism. It is true that there are certain conditions which are remedied by these mechanical adjustments, such as lumbago or sciatica, brought on by over-lifting, or injury received while getting on or off a street car; or the effect of pressure on nerves or blood vessels from faulty positions assumed while sitting at

a desk, etc. But these are mechanical conditions and they are remedied by mechanical means. But disease is more than this. It is a disturbance of the vital force, which animates and rules the body and mechanical adjustments applied to the disease, does not only do no good but may actually do a great deal of harm by suppressing the manifestations of the disease.

Canada is now in a state of war. We see men go gladly forward and join the colors to fight, and even die for their country, and the principle it stands for. War is not an un-mixed evil. It is a glorious spectacle to see men stand up and fight for what they think and believe to be right. Why cannot we who are assembled at this meeting, acclaiming ourselves to be followers of a therapeutic law, take a lesson from the trenches? Why cannot we go forward willing to stand up and fight and even die, if necessary, for the defence of the principles of Homœopathy.

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Dr. Becker: Ladies and gentlemen, this paper is now ready for discussion.

Dr. MacLaren (D. C.): A very distressing case came to my notice a short time ago. A fine, well developed, healthy woman, after her first confinement, and about two months ago, I should judge, had an attack of hemorrhage. An allopath gave her a stiff dose of ergot, which stopped the hemorrhage. She began to cough and soon developed a very serious condition in the upper lobe of the left lung, and she came around to me for treatment. The cough was most distressing—would not let her lie down, eat, nor did she get any sleep or rest. The remedy I gave her first brought back the flow and the second time I saw her she was very decidedly improving. The flow, however, had increased, though it finally began to decrease until it dwindled away into a clear normal light blood, which was even then subsiding, and I sent her home with some more of the usual remedy to keep things going nicely, and told her that in all probability everything would be all right, but she had a mighty close call.

Dr. Quackenbush: Speaking about a case getting well

under homœopathic treatment, Dr. McFall tells a story of a man who was going to call on a man whom he knew was very ill. He hurried to the hotel and asked the clerk if the man was still living. The clerk said, "No," he died that morning. Then he asked, did he have an Allopath or an Homœopath for a physician? The answer was he had an Allopath, so then he made the statement that it was too bad he didn't have an Homœopath, for then he would have seen his friend.

Dr. Hatfield: I had a case of dysentery a short time ago. She had developed a kind of spasmodic condition; would twist her hands and arms and the legs in the same way, and would remain in that condition for hours. She had been treated by several old-school doctors with little benefit. Through a patient of mine, I saw her. The third day after I prescribed, she had the first natural stool she had had in two years and a half. Later, she was unable to get me, and to relieve her for the time being, she partook of some medicine that one of the old-school doctors had given her. I sent to the drug store and secured a copy of the prescription. I do not now remember just what it was—bromide of potassium and several other sedatives—and she had taken that during the morning. I was to see her in the afternoon, but before I could reach her, she had, what they thought, was a stroke of paralysis. They sent for the doctor next door and he gave her an injection of some kind. When I arrived in the afternoon, she was quite limp and in rather bad shape. I have forgotten what I gave her, probably Nux. She seemed to improve somewhat, but a few days after that she developed pain about the stomach, which she had had some time previous. They called me after my office hours, but did not reach me. They sent for a physician who gave her a powerful sedative. They called me again about five o'clock and said they were sorry they could not get me, and that they felt the mother would not live until morning. She did die at half past ten, and I believe it was due to the strong sedative which was given her.

Dr. Boger: I believe it is a pretty general observation that after a successful homœopathic prescription the patient is

very apt to go down under allopathic dosing. The doctor said that in prescribing for mental cases we are also to look a little to physical symptoms. It has also been my experience that symptoms which occur outside of the mental ones are also really very important. A man with a history of epilepsy, for four years, had another attack. He came out of it very nicely under one dose of *Veratrum* 1 m.m., but in about a week violent mania came on—he did various things, turned somersaults in bed, thought he had immense strength, etc., but the peculiar thing was that these maniacal attacks always appeared when he awoke or after four o'clock in the afternoon. He received *Lycopodium* and the mania subsided with a profuse flow of urine. About two weeks afterward he had a recurrence and was given another dose of *Lycopodium*, then he went back to his old condition.

Dr. Stearns: Two points are to be taken note of in this very interesting paper; one is that Homœopaths are supposed to be truer diagnosticians than the old-school men; that is the state of mind that is in us. Take the average Homœopath, he is as good a diagnostician as the old-school man. And the other point is about being slow. That is a state of mind due to our undiplomatic way in talking to our patients. We are too cautious with them and we caution them, "Now do not be in a hurry," when, if we used the same attitude that the old-school man does, this would not creep in. When it is possible for a remedy to act quickly it will act quickly, and sometimes much more quickly than the old-school remedy. When it does not, it is proof that it is not the fault of the remedy.

Dr. MacLaren (D. C.): If they will only confine themselves to that. I will use the low potency and I will try to give the right remedy. They give you two or three remedies—*Aconite* and *Bryonia* in alternation for a case that requires one dose of *Belladonna*. What is the *Aconite* and *Bryonia* going to do but make the case worse? That is the trouble—they never know where they are at; never prescribe carefully.

Dr. Quackenbush: And if they would only give them in

alternation! I was in the city the other day and the druggist called me in behind to the back office and said, "Say, I want to show you something. I know you do not write prescriptions—you have so many medicines of your own that you don't bother about sending us prescriptions, but I want you to see how this thing is done." I looked, and one physician had prescribed and given two prescriptions—one *Sulphur* and *Lycopodium*, combined, and the other *Nux* and *Pulsatilla* to be taken every hour.

Dr. Becker: Now, this next paper; I want to say that I just begged for this paper; begged particularly for this contribution. In reading over the Transactions I was very much struck with an article presented by Dr. Oakes, of Livermore Falls, Me., and I wrote him, asking for a paper. He was very prompt in sending it in. I believe it arrived the 18th or 20th of May. I was out of town at that time. He sent for it again and it was sent back to him and later sent to the Secretary. In writing, he tells me that perhaps this was not exactly fitted for this bureau, meaning that the inspiration was upon him, and he could not control his pen, so I am just as much interested as you are to find out what he has to say. You heard his paper two or three years ago.

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### "THE IRREPRESSIBLE CONFLICT."

BY C. H. OAKES, M. D., LIVERMORE FALLS, ME.

Perhaps there are few members of this Association whose recollection of the days just before the Civil War is at all distinct. Yet doubtless, as an historical phrase, the title of this paper is familiar to all as having been used to express the general belief in the imminence of that mighty shock of arms, which for four dreary years filled the land with woe—and the scars of which, after the passing of a half century, are still with us.

May I not be pardoned if I dig out this old political phrase—the favorite catchword of Seward—and readjust it, however

humbly, to later and different, yet unmistakable conditions? (Very likely the Chairman of the Bureau of Homœopathic Philosophy is wondering what on earth Seward and Civil War and politics have to do with Niagara Falls and the assembly of the I. H. A. of 1915).

While, as an organization, we may count ourselves tolerably exempt from politics, we are, nevertheless, always on the firing line, and too often, be it confessed, permitting ourselves to remain in the attitude of defense when a bold front and an aggressive spirit would do much to inspire confidence, secure respect and win the irrepressible conflict between right and wrong, true and false—in short, between the forces of health and those of disease which are today, perhaps more than ever, confused and obscured by the haze of “modern medicine,” so called, together with its rank advertising of “discoveries,” its serums, its vaccines and its antitoxins. To-day we are, as members of a great body of men and women devoted to the interests of health, humiliated by the spectacle of a one-time dignified and honored profession, or the self-styled “regular” wing thereof, giving itself over to the exploitation, through the columns of the press, of the still questionable products of the laboratory. And, blush for it as we must, there are those who permit, and possibly strive to encourage the belief that they are of the homœopathic fold, who avail themselves of the above questionable output under the plea that they are “willing to do anything to help the patient” can practice “both ways” (to please the patient), and so on, *ad nauseam*.

These alone, were there no others, are sufficient reasons for our continuance at the front in a persistent attitude of attack.

All the more is this duty imperative when, added to the foregoing whimsies of practice exemplified in accepted “scientific medicine”—vagaries which, in recent years, include largely the by-products or results of disease; and on failure of these, with a few crude drugs thrown in, the patient consigned to the hospital and the knife.

Such is the deplorable *status praesens* of up-to-date medi-

cine—appendicitis for the surgeon; diphtheria for the laboratory, and tuberculosis for the cold-storage sanitorium!

Why, in the locality where the writer lives, the most modern of allopathic practitioners do not appear to want the responsibility of treating a serious disturbance of vitality; such cases demand a consultation at once, and then the hospital, a surgeon, or both. This to the modest disciple of Hahnemann appears "dead easy." (And too often to the patient the result is precisely that, omitting the "easy").

To any of those here present who retain vivid memories of half a century of medical wanderings in the empirical wilderness, it must be apparent that, aside from sanitation, the older system has little to show in the way of achievement. While a few things have been discarded, the newer dreams are—still but dreams. And it is safe to state that, omitting a few heroic, if not positively barbarous, matters of routine once in vogue, progress lies yet in the future. For example may be noted that remarkable phase of human susceptibility to mental influence, so akin to Salem witchcraft which once threatened an entire colony, and rivaling in widespread manifestation the unique era of "the jerks," the particular aberration of this generation, fostered by fear, padded by pathological conditions, real or assumed; operated upon in scores, in hundreds, and in thousands with, after a quarter century nightmare, a greater mortality following operation than ever cursed the crude dosage of old-time treatment of all the local abdominal inflammations.

Needless to say, I refer to that bonanza of the present generation—appendicitis—in connection with which the well-known surgeon, John B. Deaver, is quoted:

"Out of three hundred cases of appendicitis at one hospital with which I am connected, in the last three months there have been but six deaths. This is due, not so much to skillful operating as to care in avoiding the use of the knife."

I appeal to you—to you—and to you—ladies and gentlemen of the I. H. A., shall not we expect, and prove to the world, as good results as those above noted in the experience of a skillful surgeon who had so largely renounced the

use of the knife, in favor of the crude devices of allopathic medicine? You, of all medical men and women, possessing as you do the *Organon* of Hahnemann, cherishing the rich memories of experience along the lines of its teaching—you certainly cannot “fall for” the obsession—this world-wide craze that, in some localities has become so intense as to lead a brilliant writer of protest to aver that in his own state, “a man with two hundred dollars and a stomach ache was not safe over night!”

If we investigate the treatment of diphtheria, it is only to hear the praises of antitoxin as a sovereign remedy. Yet it is advocated in ever-increasing dose, leaving the legitimate inference that its previous use had been ineffectual. Nevertheless, it is pushed in the advertising literature of the laboratory, and is trumpeted through the press by self-advertising physicians of the health board. What of the mortality? Apparently less, much less than fifty years ago; but this may all be placed to the credit of improved sanitation, quarantine, and also be it said to the omission of caustics, throat-swabbing, and a portion of the depressing influence of drugs formerly in use.

From all this Homœopathists can turn with relief, knowing as they have always known, that the name of a disease cannot change the immutable law of nature—the law of cure by similars.

Who, in this Association, would for a moment relinquish his potencies of Belladonna, Lachesis, Lycopodium, *Phytolacca*, and all the rest, for laboratory products in the treatment of diphtheria?

What better results have ever been achieved that those recorded throughout the literature with which you are all familiar—the bound volumes of the *Homœopathic Physician*, *The Medical Advance*, and the *Transactions of the I. H. A.*?

These treasuries of medical experience furnish a most impressive and inexhaustible fund of refutation of popular fads and fancies now passing as “science.” They are the magnificent product of our philosophy—an enduring monument to the truth of Section 2 of the *Organon*:

“The highest aim of healing is the speedy, gentle, and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons.”

Let me express the hope that you have all learned that by heart; and though it may not appear on the lintel of the office door, nor, as a guaranty of blissful dreams, upon the posts of your old colonial bed, paste, I pray you, within your hats, and heavily underscore, those last few words:

*“In the shortest, most reliable, and safest manner, according to clearly intelligible reasons.”*

With this system of medicine and its philosophy at our command, shall we permit our minds to go wool-gathering in the haunts of Allopathy? Shall we sully ourselves by adopting the merely palliative methods of dosing so forcefully condemned by Hahnemann, and which are, as he admonishes us, “to be most carefully avoided?”

In this connection it is well for the beginner to remember one or two elementary truths:

First. All drugs that are curative in sickness are also disease producing agencies when administered to the healthy person; that is, they are capable of creating symptoms, each drug in its own way.

Second. Every case of sickness originating within the body, when demanding remedial measures is treated by a drug which must of necessity produce, in the healthy person, symptoms like, or unlike, similar or dissimilar, to those of the case in hand.

All systems of therapeutics agree to this point, and then—chaos!

Third. Modestly—perhaps timorously, may we not ask: Were it ever true that drugs are given curatively along dissimilar lines by the same law, for there are no *accidents* in nature, would not our allopathic friends be preventing disease by the prophylactic action of such drugs as are persistently used anti-pathically in the sick room?

They are not doing so; have never been able to do so. Hence their present skepticism in medicine, their interest in

germ hunting, and in the mere by-products of disease, resulting in a rapid rise and fall of theory unknown in any other profession.

Hence, too, as "the irrepressible conflict" continues, the more need of organized effort and aggressive action on the part of the homœopathic world. One can, perhaps, be pardoned if in connection with this condition reference is made to advertising, by which term something of the nature of a press bureau is intended.

Distasteful as it once was in medicine, in view of what we have to oppose, is it not justifiable to build a "back fire?"

(Certainly it would be as much in consonance with *similia* as is horse serum and "calf-lymph").

The people look to the press for news, whether of the long dismal trail of blurred footprints, marking the "giant strides" of an ancient system, or of the equally valuable discovery of "fossil bacteria." Homœopathy, as developed by Hahnemann and his conscientious followers, has shown, is showing, and ever must present, something of instant appeal to all generations of afflicted humanity.

Why not intensify our action along the whole line, confident in the confidence of the great leader, who in spirit and in practice proclaimed: "I have set before thee an open door, and no man can shut it."

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Dr. Powel: I move that we adjourn until eight o'clock.

Dr. Williams: Isn't it possible to cut out evening meetings? We have four days yet; we sit here morning, noon and night. It seems to me that we need more recreation, and the evening is the only time we will get.

Dr. Becker: Mr. President, if you will allow me to say it, I do think that when a man takes the trouble to write a paper that, though he derives the greatest benefit from that paper, we ought to show him the courtesy of reading it, even if he is not here; even if we avoid the discussion of it, because after all, discussion takes time, and if we can possibly read all the papers we really should, and perhaps make the discussions somewhat shorter than we have been doing. I feel

under obligations to the ones who wrote these papers for my bureau. Several of them did it because they wanted to help me out, and I have no doubt but that there are chairmen of other bureaus who had to beg for papers and they probably feel as I do.

Dr. Farrington: It may be that we have talked too much, and it might be well for the chairman of the bureau to call us down and shorten the discussions and then it will not take so much time. I am in favor of an evening session if it is a short one.

Dr. Powel: I have made one motion that the society adjourn until eight o'clock.

President: You have heard the motion that we adjourn until eight o'clock. What about it?

Unanimous vote to adjourn.

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## EVENING SESSION.

8.25 O'CLOCK.

Dr. Boger: Ladies and gentlemen, Mr. Chairman: I wish to announce that we have increased our membership by two since we closed this afternoon.

Dr. Becker: I think that if there are no preliminaries that should be attended to, I should like to ask Dr. Hatfield to read his paper.

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## THE VALUE OF CONDITIONS WHICH CONTRIBUTE TO THE HEALTH OF THE HUMAN RACE.

W. S. HATFIELD, M. D., CINCINNATI, OHIO.

In the beginning, when man was governed solely by the laws of nature, he knew naught else but health and happiness. His happiness was due to his ignorance of all else save

the fulfillment of the laws which governed him. He knew naught of refinement, of ambition to outshine his fellowman. His energy and enlightenment consisted of his effort to build up and perfect the health and strength of his own body. He knew not that in following the laws which governed him he would make most powerful the body which nature had given him.

His endurance was his chief asset. The body builded up by the use of such nourishment as nature provided, proved to be able to withstand exposure and any resultant effort he might make. He laughed at the rain. He basked in the sunlight. He shivered in the cold, and yet, through it all, he developed to physical perfection.

The mentality of man increased in ability as the ages passed. First, in the primitive form, he roamed the forests. He swam the rivers. He explored the caves. Each age of existence brought more enlightenment and increased knowledge. And, with those conditions, there came simultaneously, the diminution in physical hardihood. As he housed himself, first in adobe huts, in buildings however crude, gave evidence that mentality was gaining mastery over the physical predominance.

With these signs of enlightenment came other conditions, which in a measure, impaired nature's gift, which was perfect physical manhood.

Disease invaded the life of man and brought to him the inability to perfect his physical development. These disease conditions preyed upon mankind, until without the realization of the fact his sturdiness and physical perfection have been impaired. He sees with the eye of intelligence the loss of that which nature had perfected, a healthy human body.

It has been the aim for many generations to increase the mentality of mankind regardless of the maintenance of the perfect physical condition.

With the promise of further development, man was carried along in the stream of progress, whose current has been ever onward, whose source was at the beginning, when the life of mankind was an enigma, showing little promise of more than

that which comprised the sole development of the other forms of animal life, which contributed to nature's fulfilment of the promise which she made to herself in the beginning.

The law of instinct, which governed mankind, which controlled his every action, was sufficient to carry him along; to protect him; to nourish him and bring him to the time when the first ray of light from the Sun of Intelligence penetrated the darkness and the gloom of unenlightenment.

Primitive man knew naught of illness. His every-day life was only another cipher in nature's book of everlasting advancement. He plucked the ripened fruit, he gathered for his own benefit, the succulent branch; he dug in the earth for the juicy root that he might sustain himself against the day when, in his greater enlightenment, he found the way to secure the much-needed nourishment, which, from time to time, nature in the unfoldment of his mind, brought him to the realization that that which he might secure was necessary for his maintenance.

Little by little, the knowledge came to him by which he was able to govern himself, and bring to his aid that which would be suitable for his sustenance and the building up of the body which nature had given him.

Nature's prime object was the purity of the blood. Every portion of the different chemical properties of that most precious life-giving fluid carried to every particle of the system, the needed oxygen and the proper nourishment, keeping in perfect condition every portion of the body and bringing to perfection the different processes of glandular action and maintaining the essential processes which control the elimination of the poisons due to the natural destruction and the distribution of nutriment for the rebuilding of the most minute particle of tissue of every portion of the body with which nature had endowed mankind.

Thus has mankind advanced in intelligence, and in that enlightenment he has developed conditions which have been responsible for the entailment upon him of diseased conditions due to improper living, and from taking of nourishment unsuitable because of its richness, too great variety, and

in quantity too abundant. He has brought upon himself a condition, which because of his indoor life, he has relieved himself of the ability to withstand the elements—the cold, the heat, the moisture, all because he has failed to regard the law of nature, which was established for his benefit, that of freedom and abundant fresh air and the accompanying conditions which make for sturdiness and perfect physical development.

Thus, disease conditions have increased, and have brought about a tendency to weaken the system, and bring man to a condition where the laws of nature cannot be fulfilled, and without question his advancement in intelligence has been gained at the price of his physical status.

Because of the advent of disease, it is incumbent upon man to learn something of the method by which these diseases might be overcome and dispelled from the human body. In the several thousand years, when old physic held sway, the most drastic measures were followed for the elimination of that which seemed to the medical profession to be an entity, a thing, little realizing that disease itself was only manifested by the signs, which they, in their ignorance, assumed to be the thing itself.

It remained for one, who because of intuition and insight, falling short only of that ability to discover life itself, Samuel Hahnemann, through personal investigation, brought to light that most wonderful law of cure, known as “the cure by similars.” Through his indefatigable efforts, he perfected the establishment of the knowledge of that law and through the proving of the different remedies has brought about the system which by the inception of the different remedies having been proven upon the healthy body, creating a drug disease condition, showing to the world the power of the infinitesimal dose to eliminate from the system any disease condition which having fastened itself upon the system, making sick that life principle, termed by Hahnemann, “vital force,” and because of that disease force producing the signs of distress making plain to those who, because of diligent research, have gained the knowledge contained in the proving

of the remedies, thereby through their inception producing a drug disease similar in character, only sufficiently stronger to overcome the natural disease present and, in that manner, removing from the system the disease which threatened the life of the victim, and after the elimination of the natural disease the rapid disappearance of the drug disease follows, leaving in health the system which had heretofore been overpowered and rendered unable to carry on the natural process of the maintenance of the human body.

Surcharged with animation, the healthy, human animated body is capable of endurance, of proper procreation and perfect development of that which is generated and brought to the full determination of nature's intended member of the race, which in the elementary stage gives promise of perfect, healthful, intelligent development.

It is necessary in bringing about this condition that the blood should remain pure, that all conditions which contribute to the development of the individual, must, of necessity be in perfect accord with nature's law.

Disease, when once imbedded within the system, can be eliminated only through the law which nature has established. Disease may be hidden. It may be suppressed. It may be modified. Temporarily, as it were, cured. But the thorough eradication of the same, can be accomplished only through nature's law. Thus, it behooves the members of the medical fraternity to inform themselves of the perfect application of that law.

History tells us that for many generations stray rays of light came shimmering through the dense foliage which surrounded the mind of medicine. Yet, none could gain the courage to go forth and proclaim the beneficial results which would accrue to the human family until Hahnemann, as it were, was forced to expound the doctrine and carry the news to the waiting afflicted. For his pains he was ridiculed, ostracized, persecuted and driven from one point to another, knowing only hardship and privation. Yet, in spite of it all, the world has learned through his sacrifice that there is a law which governs in all cases of curable disease.

In conclusion, let us say that were it not for the inconsistencies of mankind; were it not that the laws of nature are continually violated, there would be no illness, there would be no impairment of the health of the human body. But inasmuch as these irregularities cannot be overcome, we must find some method by which these conditions can be remedied; therefore, it behooves us to acquaint ourselves with the natural law of the application of drugs properly prepared to meet these contingencies, and by the use of these remedies, we may be able to eliminate these conditions, and correct the distuned vital force and, thereby, restoring health to those who have been under the ban of disease.

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Dr. Becker: Mr. President, ladies and gentlemen, we shall be glad now to have any remarks on the very clear paper just presented to us.

No discussion.

Dr. Becker: It looks as though it were intended that the paper shall speak for itself. We are anxious to save time and not prolong it by discussions so as to get through all the papers. Now, if it is your wish that there should not be any discussions of the present paper, I would like to go on and read the paper by an esteemed confrere of Toronto, an old member of this Association, who has not been attending these meetings for a long time. I think he has dropped his membership. He is coming in again this year; but if anyone has anything to say about that other paper we will give them an opportunity.

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HOMŒOPATHY PHILOSOPHY  
OR  
THE PHILOSOPHY OF HOMŒOPATHY.

RICHARD HEARN, M. D., TORONTO, ONT.

Philosophy, meaning literally, "the love of wisdom, or the search after wisdom," as given by Webster, is really the sum total of wisdom, or defined as "The universal science which

aims at an explanation of all the phenomena of the universe by ultimate causes."—Webster.

"When applied to any particular department of knowledge it denotes the collection of general laws or principles under which all the subordinate phenomena or facts relating to that subject, are comprehended. Homœopathy, therefore, may be regarded as a particular philosophical system or theory."—Webster.

"There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy."—Quotation from Shakespeare in Hamlet.

Therefore, since the great Shakespeare found such depths unfathomable, and the immortal Hahnemann could but theorize; even a superficial essay seems like "attempting the impossible."

However, one can but make the plunge and seek to float ashore upon solid facts, if but based on theories, which the facts themselves support, and have anchored firmly for more than a century of time, against the floods of criticism, the storms of opposition, and the grinding and crushing forces of bigotry, malice and hatred. These expressions are not too strong, as my experience and that of many others have proved for many years. Why, I used to ask myself many times (as a convert to Homœopathy from the old school, so called), should such bitter invectives be continually hurled at a system of medicine which held out a helping hand to all mankind; why such bitter calumnies, such ridicule, while all the time patients were rejoicing in its benefits and seeking its "healing waters" to assuage their burning thirst for the relief of all their varying symptoms and diseases. Surely a fountain has been opened by this new treatment and "the healing waters," flowed on and on and will do so while time lasts and until that time comes when the "living waters" shall flow out from Zion, and disease and death will flee away forever.

Homœopathy was the citadel for medical science, and as such, has been, and will be assailed by its enemies so long as the mind of man is darkened to the revelation of these truths,

and he refuses to investigate for himself, and search after wisdom as a philosopher of the highest order of mankind should do, before passing judgment upon that which he understands not; but should follow the sage advice of the great founder of this system, Samuel Hahnemann, who said: "Put this system (Homœopathy) to the test and publish your *failures* to the world." And this is a very crucial test, as the rule is to make known our successes and hide our failures, yet sometimes we learn more by the latter than the former. To begin my subject proper with the triad, *Similia, similibus, curanter*, we must all admit the truth of this axiom, but it is not all the truth, and this is not a bold statement, as we all expect to learn something from experience and practice, and we ought to do so, if we make any research at all, and surely the search after wisdom is what should characterize all of us, though it may with varying ability, yet each atom of wisdom gained adds to the great superstructure, and the edifice grows in greatness and grandeur, even as the tiny coral insect, by countless grains of coral, slowly builds above the surface of the mighty ocean those islands covered by luscious fruits, and vegetation, which have withstood the storms of centuries. Truly the search for the *simillimum* is the great goal to be pursued and attained, but there is an underlying general condition, especially in chronic diseases, a dyscrasia, which calls for its particular *simillimum* its corresponding remedy, its particular specific, its constitutional *simillimum*, over and above the *simillimum* selected according to the totality of the symptoms. I have studied thousands of cases over a period of more than thirty years. I have oft wearied with the work; its complexity, its tediousness, and oft times its disappointments, but the panacea which has helped me greatly and brought gratifying results, has been this particular "simillimum of relationship," if I may so designate it by a new term. I wish in no way to minimize the importance of prescribing on the totality of symptoms, but there are numerous obstacles in the way of getting satisfactory and practical results in general practice, where oft celerity in getting at the remedy is of great moment. I say in "getting at the remedy,"

because in Homœopathy we have literally to “dig out the remedy,” and sometime as we search for “hid treasures” in order to get results. The patient is, as a rule, a hard subject to manage, and in reality the doctor is the “patient (one),” for he has to use his own judgment in the narration of symptoms and not that of the patient, make his own construction as to the importance or otherwise of any symptom or group of symptoms; in fact, dig out the case and arrange them in order mentally or in writing and then select a suitable remedy, by which we mean the curative remedy. When this is done, then watch the case, and you will learn some of the wonderful phenomena of nature—what the vital forces are capable of producing in the human system under the direction and power of the remedy; a perfect moving picture of marvels is disclosed to the observant physician. I could dilate from my own experience upon a hundred cases, as I have watched these cases evolve from a kaleidoscopic confusion into a normal harmony, which we call *health*.

In a paper like this we can but indicate, as time would not permit of going into details, but it is truly wonderful to review the marvelous results to be obtained from the action of the homœopathic remedy in acute and chronic ailments and compare such results with what we formerly got under allopathic or palliative treatment and their use of drugs, according to orthodox methods.

Our statement regarding cases treated and cured, and our theories as to methods employed in the treatment of cases and the selection of remedies are founded on facts, absolute incontestible facts, a law of *cure*, not merely treatment, but a scientific proving of remedies as carried out by Hahnemann and his followers, the application of this law in the use of medicines in diseases and their complications, the *rapid*, not slow action of the indicated remedy, as many think, the permanency of results attained by the use of homœopathic remedies, and as suggested and rightly so by my confrere, Dr. Becker, the “immunization to acute diseases given by homœopathic treatment of chronic disease,” and I might add, “the immunization given to any disease or condition of the system, whether

acute or chronic when healed or cured by homœopathic remedies." This is a great point to be observed by the physician and patient, and one which I point out to be, what I call, "a double cure," i. e., in chronic diseases, you can't take them again, and in acute diseases, you *don't* take them again. Such a statement may appear absurd, but many physicians can vouch for its truth as I can myself from many years' experience.

Take pneumonia, for instance, a very common and fatal disease, under allopathic treatment, especially in old people. What struck me when first using Homœopathy for this malady (I had it myself and was first treated by Allopathy and then homœopathically), was the quick relief from blood spitting, pain and cough and accompanying fever. The rust colored sputa disappeared in about a day or two, the pain in a few hours, also the cough in a few days' time, and I was downstairs eating beefsteak and bread in about four days' time. The lung was not weak afterwards, nor did I ever have chronic pneumonia or pleurisy afterwards. In fact, I have been "immune" from this dread disease for over forty years, a pretty good result. Cases all along in my experience have given just as satisfactory results, and I see no reason to alter my practice in this particular disease for the serum treatment or any other.

A few cases occur to my mind which may prove encouraging, viz.:

No. 1. An old lady, over seventy years of age, with hepatization of both lungs, and unconscious when I was called in, high temperature, cough, rust colored sputa, could take no nourishment, and complete prostration, gradually improved and was sitting up in about a week, eating roast goose and dressing. This was five months ago and she has kept well ever since, and no *complications* or *sequae*.

No. 2. Patient, female, about fifty-five years of age, pneumonia complicated with meningitis, pretty well advanced, recovered without a complication in ten days, downstairs and doing her work, no *sequae* and well ever since.

No. 3. A child, five years old, second attack in three

months (first treated allopathically), temperature  $105^{\circ}$ , cough, rusty sputa, hepatization of lungs; well in less than a week, remained so ever since. Her mother says, "Better than ever in her life before."

Take catarrh (nose and throat), the indicated remedy, primary aggravation, but permanent relief without douches or sprays, etc. One case I have in mind where the patient had lost thirty pounds in flesh with ulcerative catarrh of nose and throat; recovery complete, gained over thirty-five pounds and kept his weight, and for eighteen years no return, or even a cold. In syphilitic conditions the results are remarkable and permanent. In cancerous conditions, *cercinoma*, etc., not only relief but sometimes cures. Rheumatism and its complications yield in a satisfactory manner usually, even chronic conditions in old people have disappeared not to return.

I might continue at great length, but it is not necessary, as a "cloud of witnesses" can give better testimony than mine.

Referring again to the so-called "simillimum of relationship," or underlying foundation remedy, or I might term it, a *polychrest*; there appears to my mind, from experience, that there are such, and they form the great outlines of many existing deceased conditions, both acute and chronic, viz.: *Bryonia*, which covers so many underlying conditions in the system, affecting the mucous and serous membranes and muscles especially. Nearly all colds, bronchial and pneumonic conditions, liver, stomach, intestines, peritoneum, and the whole muscular systems, including the heart, to say nothing of its peculiar and keynote symptoms, such as aggravation by movement and heat, the irritability of mind involved (stamped on every feature), and many more marked symptoms, making it out as a "polychrest"; it is surely a mine of healing itself, such as no "empiric" mixture or allopathic prescription could ever present to our minds.

I have often said I could start out in practice with a bottle of *Bryonia* in my pocket, and if I had no other remedy I could out-distance Allopathy and all its mixtures, to say

nothing of empiricism easily, and have plenty of time and distance to spare.

I give such a remedy as this as a foundation remedy, without much detail as to special symptoms (though not ignoring them by any means), and seldom fail to get satisfactory results.

Again, in catarrhal, syphilitic and malignant conditions and dyscrasias, some remedies appear to cover the great general diseased condition of the system and includes so many of the minor symptoms that I again prescribe them as foundation remedies and get remarkable results, far-reaching and permanent; for instance, Kali bi, Kali carb, in catarrhs. The different potencies of Merc. rub., Nitric ac., and Merc. sub. or bi., and in syphilitic conditions, give far more satisfactory results than in the crude form, and produce no complications whatever.

I feel sure that, from experience, I might take a dozen principal homœopathic remedies, using mostly the 30x. and 200x, and Cm. potencies, and without fail, cure or relieve promptly and permanently more than 80 per cent of the acute and 30 per cent of the chronic diseases generally met with in practice; so much so that there is very little room left for the specialist. In fact, Homœopathy is all specializing and generalizing, if I might so term it. The more you specialize, the more you generalize, and the more carefully you prescribe at first the quicker and more exact you prescribe afterwards.

One more great principle overshadowing all else in prescribing and in the *use* and *abuse* of remedies and drugs, I will try to enunciate, and so close this paper. The demonstration you can carry out for yourselves and prove its correctness, as I have done and many before me, and after also. So long as Homœopathy is practiced as a system of medicine, according to an established law or cure, which is both scientific and rational, and well deserves to be called the "Rational Art of Healing."

The great principle in which Allopathy and Homœopathy differ is this, viz.: Allopathy is antipathic or opposite to

the diseased condition and therefore *suppresses it in the system*, while Homœopathy (homœ-like, pathos-disease), is similar, on the same lines, corresponds to the diseased condition, is suitable to it, and therefore nullifies its symptoms, antidotes it, destroys it in the system and *eliminates it from the system*, and so restores health, or a normal condition of the system, taking the place of the diseased condition formerly existing there.

This is accomplished by using the remedy or drug in the smallest possible dose, or otherwise potentizing the medicine, materially attenuating it, but "vitaly," making it *far more powerful* in its effects in and on the system, and over the diseased conditions existing; in fact, curing "cito, tuto, et jecunde," which is "qui bono," and therefore the patient can truly say "nil desperandum," and while there is life there is hope, in homœopathic treatment, according to the "law of similars," *similia, similibus, curantur*," the only scientific and rational method of treating diseased conditions of the system and restoring that normal state of the vital forces inherent in the human body, which we call *Health*, "mens sana in corpore sano."

In acute diseases the difference in treatment and results is very apparent. Allopathic methods relieve symptoms, but suppress the condition in the system, giving rise to the symptoms, which are nature's calls for help; in other words, the cries are stifled. What happens now? The patient, relieved for the time being, seems to recover, but this is an apparent recovery only, for soon other symptoms manifest themselves, and in perhaps in more distant organs, in nature's efforts to relieve the system by some other channel. This is regarded as a new disease or complication, and necessitating further treatment for the relief of *these new symptoms*, and means the further suppression of these later symptoms and perchance a relapse. Now, we are getting deeper into the mire all the time, and pathological conditions increase accordingly, and soon we have a chronic case on our hands, likely an incurable one. Is it any wonder from such experiences that patients come to dread doctors and drug treatment and go over to

Christian Science? I wot not! I might do so myself for that matter. Homœopathic treatment does not suppress symptoms, but cures the patient, and does not complicate or lead to relapse, but leaves the system in a normal condition with no drugs to work off afterwards.

In *chronic diseases*, allopathy does not claim a cure, but tonic and general palliative treatment, since suppression has already taken place, no further procedure in this direction is necessary, except in local skin eruptions, such as eczema, psoriasis and other psoric conditions or external tumors, etc. When the external treatment, adopted generally, drives from the surface to internal and more vital organs, the malady nature is seeking to rid the system of, by sending it to the surface. Thus, allopathic treatment becomes antipathic and against nature's law, which spells disaster.

Now, Hahnemann makes chronic diseases a special study and puts them under a separate class altogether, from acute diseases, dividing them into three great divisions, viz.: Psoric, syphilitic and sycotic.

His treatment can only be outlined, it is too complex for detail, and requires special study and aptitude for prescribing to succeed in curing any of these cases, which under allopathic treatment are regarded as *incurable*.

It is a life work and sacrifice, and even Hahnemann's "taking of the case," is an art in itself, seldom mastered by the ordinary physician, to say nothing of the exactitude necessary in prescribing the indicated remedy in the smallest possible dose and using the single remedy, and not repeating until its action has ceased in the system. Herein, I confess, I am so far behind, that I can scarce discern the skirts of his garments as the great "Master of the Healing Art" disappears afar in the distance. This is Homœopathy, "Mortals follow where angels fear to tread," but I fear to follow where I cannot understand, and so leave to others to attain the goal which I have failed in reaching during my short life-time of practice, and could I do so, or were it possible to attain to the Master's standard; still it might be said, as quoted at the beginning of this paper, "There are more things in heaven

and earth, Horatio, than are dreamt of in this philosophy." We have but reached the borderland of Wisdom, and as from the ascent of Alpine heights the vista continually opens wider, revealing increasing grandeur as we go from one elevation to another, and the unattainable is ever before our vision, so our ever-advancing knowledge of Homœopathy is but a step to further research and conquest, but always before our view remains that to which we never can hope to come, viz.: a complete and perfect knowledge of Homœopathy.

As one homœopathic physician of thirty years' careful practice remarked to me some time ago, "It would require a hundred and fifty years to master the homœopathic materia medica."

In chronic cases, after taking the symptoms and eliminating those we deem of less importance, we prescribe that remedy which comes nearest to the diseased picture presented by the patient's symptoms; then give the remedy and await results. If a primary aggravation sets up in the system, so much the better for the case, though the patient may not see it in that light, except the matter be explained. This is a favorable sign towards a cure and will soon give place to marked improvement.

Then, again, if former symptoms return and recent ones clear up, this is also a favorable sign, as the cure goes forward while the symptoms go backward. They run concurrently and yet in opposite directions.

If a recession of the original symptoms and conditions, first presented when taking the case, takes place, this is also favorable, though the patient sees it in quite another light and complains that he or she is as bad as ever; yet soon a change takes place and these symptoms disappear and give place to a further improvement and advance in the case which *would not have occurred* had it not been for this same reverse or seeming setback in the patient's system. Here then the repetition or otherwise of the indicated remedy comes into question. Hahnemann advises us to *wait* if improvement goes on, and if not, repeat. However, the picture may change and remain so, then the question comes before us of another

“taking of the case,” and a change of remedy. All this requires mature judgment and much experience and waiting.

Again, a deep-seated chronic condition after prolonged treatment may result in a rash being produced on the surface, such as on the skin or on mucous membranes. This again is favorable, and should not be interfered with, except perhaps to relieve irritation by some bland application such as hot water or cocoa-butter, not calculated to suppress in anywise a rash which nature has thrown out under the influence of the remedy, and is certainly curative and will soon clear up of itself, leaving the case far in advance of the former condition.

Again, symptoms clear up, or removed by the indicated remedy do not return, the patient is freed so far from his malady and not only so, but protected against a return of the symptoms at any time (at least this has been my experience). I call this “a double cure,” which no other system can give except Homœopathy; and thus an immunity is imparted to the patient’s system of the greatest value, both as to acute and chronic conditions.

To sum up, we have in our power and at our disposal a philosophy in medical treatment, which, if adhered to, and its laws complied with, is incomparable in its results, almost mathematically exact in its application and productive of the *summum bonum* to mankind at large; for it knows neither distinction of race nor social standing, in its far-reaching effects upon the human system for the relief of the multiplicity of ills to which humanity is subject—*magnas veritas et praevalēbit*.

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Dr. Becker: Paper is now open to discussion—any remarks, gentlemen?

Dr. Stearns: A fascinating paper, but one phase of it I don’t quite understand; that is, the giving of some remedy when, apparently, not all the symptoms call for it. Is there anyone here who knows what Dr. Hearn means?

Dr. Becker: You hear the paper the first time and I hear the paper the first time, but I gathered that it didn’t mean that the totality of the symptoms were not to be

present when the case was prescribed for, but I think he means there are some remedies which in their nature are very similar to certain disturbances in the system. These certain remedies are more marked in syphilitic troubles than in any other troubles, though the symptoms may be strongly indicative of the remedy; that the nature of the disease is covered much more by one remedy than it is by another remedy, though it seems very similar. You know we have in *arsenicum* and *ergot* some very marked characteristics common to both of them and yet they are markedly different. I would like to leave it to the members of the society if they infer anything else from it?

Dr. Stearns: The paper reads as though he was a very good prescriber and had a good understanding, yet there seems to be this one case where he blankets things in a way that I cannot quite understand.

Dr. Becker: Anything more to be said? If not, I would like to have you listen to a paper by Dr. D. C. MacLaren, of Ottawa. Another member of the family gave us a very good paper this afternoon.

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## PAPER.

BY D. C. MAC LAREN, M. D., OTTAWA.

Leaving out of consideration man's spiritual nature there are two striking physiological facts which elevate and distinguish mankind from all the rest of the animal creation. First, the ratio of brain to spinal cord, which in fishes, is 2 to 1; in reptiles,  $2\frac{1}{2}$  to 1; in birds, 3 to 1; in mammals, 4 to 1, but in man, 33 to 1—a gap which would require not one but a large number of missing links to fill. Secondly, the wonderful vitality of the human being, wonderful in its adaptability, its resourcefulness, its sensitiveness, and most of all in its healing power—the much-talked-of “vis medicatrix nature.” This inherent healing power of the human vitality is a timely subject for our consideration. Even though it may seem like ploughing over an already well-tilled field.

The vitality seems able at times to survive every assault and withstand every strain; again, it may be so weakened by disease or shock, so impoverished by inherited or acquired miasm that it withers like a leaf; but, in general, it is capable of remarkable endurance and furnishes us daily gratification in the way of happy recoveries and encouraging cures—a vivid contrast to the feeble recuperative powers of the domestic animals. So much by way of introduction; let me proceed to lay anew one of the most essential foundation stones of our homœopathic system. The dominant materialistic school of medicine regards man as a material organism, exposed to the attack of material forces, external or internal, and hence of necessity curable only by material agencies. A hundred years ago it was humors in the blood, supposed to be curable by copious bleeding; nowadays, it is germs and bacteria, and drugs and serums are held in esteem, according to their supposed germicidal properties. By contrast, our school regards man, though a material organism, yet animated and controlled by an immaterial vital force; harmonious control, constituting health, dynamic disturbances of any sort, producing sickness, and hence agencies to restore harmony or health must be immaterial, too. A clear conception of this fundamental difference in the two schools is necessary to become a true Homœopathician, and frequent reminding of it is equally necessary in order to remain in the straight and narrow path. For the possibilities of and temptations to diverge are thousandfold, and there is, also, such a thing as practicing a kind of Homœopathy with a material twist which leads to mixing, alternating, over-dosing with crude or near-crude drugs, an over-leaning toward surgery, as well as frequent and reckless suppression; none of which things are possible to a logical mind with clarity of vision on this important matter—a matter so very important that Hahnemann justly emphasizes it in the immortal Section 9 of the *Organon*: “In the healthy condition of man, the immaterial vital principle which animates the material body exercises an absolute sway and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational

spirit may freely employ these living, healthy organs for the superior purposes of our existence.

It is solely the morbidly affected vital force which produces disease, and the vitality can be thus disturbed only by the dynamic influence of a morbific agent. Hahnemann develops this doctrine and first uses the word "dynamic" in Section 11. Elsewhere, he explains "dynamic" by the phrases "almost spiritual" and "similar to spiritual." By way of concrete illustration, the itch, though communicable by contact, does not depend upon transference of the actual acarus, but upon the disturbance of the vitality in an almost spiritual manner by the dynamic essence of the disease; nor does ordinary, every-day gonorrhœa require the absorption of gonococci into the system but simply and solely the dynamic influence of the disease of which the gonococci are no doubt a later development. In both these instances, as in thousands of other exposures to all kinds of infection and contagion, many persons are by virtue of the innate resisting quality of their vitality quite able to resist infection indefinitely [Case], whereas those of feebler resisting power seem almost to invite attack. Dynamic influence is best appreciated when considered wholly apart from material agencies, as for example the bad effects of fright, of fear, of timidity, of extravagant joys, of indignation, of anger, of disappointment, of grief, of loss of sleep, of business and domestic worry, of weary monotony and overwork, and the thousandfold vicissitudes which constitute life, and either cause or help to develop many a sickness. In all such cases the original disturbance is purely dynamic. Fortunately, for humanity, the vitality which is so subject to these depressing influences is equally responsive to the beneficial effects of happiness, contentment, love, cheerfulness, faith, hope, enthusiasm, kindness, friendliness, encouragement, variety, rest and recreation, change of scene and air, changes of food and raiment, and the thousandfold joys of life, which often avert, and always help, to cure the ills of man [D. W.]. When a whiff of bad breath will make a person desperately ill, an equally infinitesimal remedy placed on the tongue will cause a speedy recovery. The highly

instrument remedy, one in which the spirit-like dynamic force has been highly developed is logically the most fitting instrument for use in quelling the vital disturbance which we call disease or sickness. The potentization of remedies is not a fad, still less a delusion, nor a process which can be arbitrarily arrested at the sixth or any other degree, but it is a fundamental and logical necessity, an essential part of our whole philosophy. In his discovery of the release or development of the dynamic influence of drugs, poisons and inert substances by the process of potentizing Hahnemann antedated the recent discoveries of physical science by a hundred years; and the proof by divisibility of atoms, molecules or corpuscles, in exceedingly infinitesimal conditions, and at the same time in a state of great energy and remarkable activity, as demonstrated by radium, affords an interesting confirmation of our contention that any and every substance may be thus treated and develop similar energy, and that there is practically no limit to the degree of infinitesimal nor of corresponding increase of force.

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Remarks by Dr. MacLaren: I am reminded to tell an incident of infection which I heard from the man's own lips. This man was working in a lumber shanty, way up north, and smallpox frequently occurs among these men. There was a case of smallpox and this man was deputed to take care of the sick man and bring him several hundred miles down from the country, by sledding, in the winter time. They would travel all day in the sleigh, covered up with Buffalo robes, and at night would sleep in some kind of a shack or shanty, and he always slept under the same blanket with the sick man. Well, he brought him way down to the city of Ottawa and delivered him to the hospital; exposed himself to it, sleeping in the same blanket with him, washing and feeding him, and never took it. He was simply one of those cases whose remarkable vitality offered no response whatever to infection.

Sometime later, some years later, and I think possibly the man's condition of health may have been slightly different,

but only very slightly, he was standing in a crowd of people, watching the ice go over the falls in the early spring, probably in March, and those behind were pushing and trying to see, uncontrollable, crowding those in front, and he was quite annoyed by someone pushing and shoving him and turned impatiently and angrily, got the hot breath and glimpse of a man's face, evidently just out of bed from smallpox—just a glimpse as he turned angrily around to ask him, "Who are you shoving?" That little mental condition of agitation and the man's hot breath in his face sent him home to have a very slight attack of smallpox himself, though he had completely resisted it on the previous occasion. However, he had it very slightly, did not go among people, but he had two or three spots that identified the disease. It is a striking instance of a wonderful resisting vitality, and yet why could he not resist it under the extra strain, especially the mental condition?

I am reminded here of another instance—an allopathic physician, a broad-minded and large-minded man, who was greatly beloved in his time and in his sphere, a man reputed to have had by far the largest clientele in our town, though he was unfortunately somewhat of a doser, and finally killed himself with an overdose, but that is entirely apart from the incident I wish to relate. He had a very large practice, but he would take the time to sit by the bedside of a dying woman, whom he knew he could not help, and made no effort to help in the way of prescribing, and yet he sat there in an effort to comfort, talking with the woman to take her mind off herself and her sufferings, in a cheerful and friendly spirit, making her feel ever so much better. It did very much more good than medicine could have done; certainly better than any medicine he would have thought of giving. The sick woman was a neighbor of mine, and I happened to know of her in a friendly way, and this splendid physician, because he undoubtedly was a splendid one in spite of the fact that he was an Allopath, he was there and did his bit, and it was a wonderful bit, too. The woman was,

very greatly cheered and encouraged and made to forget her sufferings for a certain length of time anyway.

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Dr. Becker: Does any member wish to say anything about this paper we have just heard? You must not think the Canadians are clannish, you know, but it certainly was a splendid contribution. I just got word this evening there is another paper on the way.

Dr. Boger: Possibly the most striking thing in this paper is the doctor's remarks upon the power of the emotions. As physicians, we do not have to be told very much about that. Of all the emotions, worry is perhaps the greatest, because it shuts out, at one blow, relief from our friends, as well as subjects the victim to additional mental depression by inviting further outside depressive influences. I really believe that the psychic state which is superinduced by worry opens up more doors of danger than any other single emotion.

Dr. Quackenbush: Worry is but a form of fear. If worry so far is the greatest thing, go into the finer analysis of it and you will find that worry is just a manifestation of fear.

Dr. Boger: It is well known that worry is a predisposing cause of cancer in those who have a tendency thereto, while fear also, undoubtedly, lays the system open to the inroads of external influences, as in the instance where the man turned and saw that face with the smallpox scabs on it.

D. C. MacLaren: He told me that it was a very bad case; that he should not have been out of bed.

Dr. Farrington: It is a well-known fact that those who fear disease are more apt to take it than others. I have been told that Stephen Girard, during a small-pox epidemic in Philadelphia, many years ago, entered the houses of families that had been wiped out by the disease, and in this way took possession of thousands of dollars worth of property. He afterward, founded the college that bears his name, "for the benefit of mankind."

Dr. Stearns: Mr. Chairman, in connection with this part of the discussion I want to call the attention of the society to a book which has just come out, written by a Harvard man

on the physical effects of anger, fear and hunger. He has experimented on dogs with the gastric juices and the different mental effects are shown by the suppression of the gastric juices. The different emotions were studied in this way, so that it is shown there there is a distinct physiological effect for a time.

Dr. MacLaren: I have found, in practice, that if the psoric condition is removed you can get them reasonably well. They are perhaps worrying over every little trifle; they may have to worry, to grieve over bereavement and a few disappointments, and worry over tremendous big things, of course, but this chronic, useless worry over everything, I find that as they get healthier they get rid of that.

Dr. Sloan: I had a case this winter that is a little interesting in this line. A man was a machinist in a factory, where machines were sold. Business was not very good and he wanted to make extra money, so he got a line of stockings and canvassed from house to house. He knew he could make a good deal out of it, but was afraid to ask people to buy, strangers especially. There was a history that he was afraid of the dark as a child, as he was always. As a child he played in church, but he said that if he had a solo he was always afraid he would break down; constant fear of being in the public's eye. I think *Lycopodium* did away with that; either he had good luck in selling socks or was relieved with *Lycopodium*; anyway, he was getting along very well the last I heard of him.

Dr. Becker: Don't you find great difficulty in getting to the mental state of patients? Are there any further remarks?

Dr. Boger: The man who is able to judge the mental state of a patient solely by the way he acts or by his manner will never get very far. I am afraid the doctor who never gets beyond judging what the patient is thinking about is that way just on the border line of real homœopathic work.

Dr. Becker: Now, if it pleases the meeting, I have a paper from Dr. Starkey which came in this afternoon. I have one here by Dr. Woodbury, of Portsmouth, which ar-

rived early in April, but if anyone cares to move that these papers be read by title, I am agreeable.

Dr. Boger: I move that they be read by title.

Carried.

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## IMITATIONS OF HOMŒOPATHY.

GEO. G. STARKEY, M. D., CHICAGO.

It is a matter of common knowledge that the discovery or appearance of any new and notable principle or method is usually attended by imitations or resemblances, some of them deliberate (with or without intent to deceive), some of them unconscious or accidental. The rule is that the imitation is inferior to the original, for an improvement on the original can hardly be called an imitation. Deliberate imitation is at once a tribute to the merit of the original, and a detriment, in the loss of reputation arising from the inferiority of the imitation, which discredits the original in the eyes of the indiscriminating. True progress ever follows along the path of distinctness and differentiation, removing fictitious resemblances and exposing unfounded pretensions.

To be able to pass upon the claims for kinship with Homœopathy which may be made by or for various therapeutic systems, requires only a well-informed grasp of the homœopathic system itself, as worked out by the master, Hahnemann, and by his consistent followers. Unfortunately, such grasp is not so common as would be expected in the case of a system now more than a century old, vindicated and established by a proportionate mass of clinical evidence. The philosophy of Homœopathy is too little studied. Too often the beginner is allowed to get the impression that there is no real homœopathic philosophy or scientific method—that it is enough to know that drugs act curatively along the lines of their symptom-similarity to the conditions for which they are prescribed. But he who has grasped no more than this has but crossed the threshold—he is beginning where Hahnemann began, not

where he left off, still less where later generations of devoted students and skilled practitioners have placed the system.

The Law of Similars must be understood *in particular* and worked out to particular and intelligent applications. To become effective a general law must become also infilled with its particulars, else it remains obscure and liable to perversions. It can be applied as well to error as to truth. Let us borrow an illustration of this from a higher plane: The general truth that God is good becomes in the mind either a truth or a falsity, according to the truth or falsity of the particulars with which it is infilled, concerning the attributes of God and the essential quality of good itself. Thus if God be conceived of as a monster of vindictive "justice" (so-called), and if the definition of "good" be made to include unmercifulness to all but a chosen few, the law is thereby made to stand for a terrible falsity, although in its general terms it continues to stand as true for those who will interpret it aright.

Even so, the Law of Similars, in order to fulfil its destined measure of blessing to frail humanity, must be developed into a *system* at once universal and particular in its application to the infinitely varied conditions that arise to call for its ministrations. Yet there are many who seem to wish to limit Hahnemann's service to medicine to the discovery of a simple "rule" for the administration of remedies, denying that there is any well-grounded homœopathic philosophy. But what of the understanding of the nature of disease, and of man the subject of disease? What about the differentiation of underlying, constitutional disease tendencies and miasms, and of their acute exacerbations, from the shorter-lived miasms of infectious diseases; and what of the difference of treatment respectively called for by the two classes? What of the knowledge of susceptibility; of antipathies and affinities among remedies? What of the classification of remedies as to pace, as to depth and duration of action? Is the neophyte to be left to work out all these and other subtle but most important points of practice, for

lack of instruction in the true science and art bequeathed to us by our predecessors in the vineyard? Can anyone who is deficient in these essential regards presume to pass upon the homœopathicity or non-homœopathicity of upspringing cults claiming to be homœopathic or ultra-homœopathic?

Let us begin by doing justice to Hahnemann, in order that we may do justice to Homœopathy. Let us recognize his preliminary preparation and qualifications. When the conception of the Law of Similars came to him it did not fall upon a mind devoid of the elements of its future germination and nutrition, vacant of all intuitions and of previously instilled guiding principles. It is a fiction that the ideal state of mind for the investigator of truth is blankness of all previous impressions; the tool must be fitted for its work, none the less so when the preparation has been unconscious. Hahnemann's form of mind, by inheritance, by education and by experience, was such as to make it a fitting receptacle for the great light he was destined to make known to the world. In his make-up we find humility (without which there is no teachableness), reverence, disinterestedness, and an unquenchable zeal to be of service to his fellowmen. Add to these patience, observation, keen perception and powers of analysis, accuracy, thoroughness and wide scientific attainments and you have the elements of a master-mind, one well qualified to become the founder of the true system of healing.

By such qualifications, imperfectly outlined here, Hahnemann was capable of enlightenment as to the true nature of life, and of man, the chief and highest subject of life, as also of vital derangement or disease. Man he always treated as being of dual constitution—a spiritual being invested with a material body; and the agency by which the spirit rules and operates in the body he called "vital force of dynamis." This immaterial but potent force he does not try to dissect or anatomize. He even went so far as to state (rather gratuitously, I think) that it *never* would be possible so to do; but prophesying as to the limits of possibility is somewhat risky, to say the least. But in our present state of knowledge he certainly was justified in contenting himself with interpreting the

dynamis by its manifestations in the functioning of the body, as well in order or health as in disorder or disease.

In this light disease becomes simply disturbed dynamics of the body, and logically, since experience had shown disease to be curable by drug-action, similar in symptomatology to the disease itself, that drug-action must likewise be dynamic in character; and thus the mystery of potentization became in a general way intelligible, the dynamic essence and potency of the drug individuality being activated and set free by the divulsion of the enveloping material substance, known as the crude drug, through trituration or succession.

Here we lay foundation stones of prime importance; individualization of symptoms in the patient and individualization in the symptoms producible by the drug—rocks on which will split the frames of many a specious appearing craft sailing under a falsely assumed standard of Homœopathy or near-homœopathy. Add another: The power of a drug to produce symptoms can be known adequately and scientifically only by provings made upon the healthy, and in no other way. How many of the claimants we bring up for this examination will pass that test? Yet without these you have no Homœopathy, unless you are willing to summarily throw Hahnemann out of his own ship and sail with a wholly strange hand at the helm and another purpose on the ship's manifest, till the name Homœopathy loses all meaning whatsoever.

Individualization of the patient, who is sick. Well, who is sick? Is it the tissues of the patient, or the patient himself? Hahnemann says it is the man himself, and that he was sick before his tissues had begun to show any reaction. What then becomes of serum therapy, and vaccine therapy, and phylacogen therapy, and finally of autotherapy? All of which are based on the modern theory of immunity (and resistance to disease by the generated antibodies), which again depends upon an infection of some sort or other. Now what sort of infection do you suppose that man had whose insanity manifested the peculiar symptom of thinking that his brains were in his stomach, and who received Aeonite on the strength

of that strange symptom and got well? And so with countless other strange but mightily important symptoms that have come in as life or sanity savers without a peg of excuse in the way of theoretical antibodies or other features of our complicated modern theories to hang an explanation on for the cures which followed the exhibition of the indicated remedy. If there be a sense in which all disease is infectious it is not the sense in which the immunity theorists use the term.

Now, I had intended taking up the sundry leading therapies more in detail, but circumstances compel me to content myself with this brief outline whereby such and other "pathies" may fairly be tested as to their relation to Homœopathy, and perhaps as to their soundness of principle. I am truly sorry to have to dismiss so cursorily the auto-therapy of Dr. Duncan, not only because he has shown me great courtesy in supplying me with the opportunity of examining his views but because he has shown so much zealous and industrious effort in working out a philosophy or theory which comes so close to something very like the truth that he can find apparent support in Hahnemann's own note to section 56 of the Organon. But to me it seems hardly philosophical to say that the effect of disease, as, e. g., pus, is identical with the disease itself—that cause and effect are the same; that the effect is the cause of itself, etc., etc. And then, of course, he suffers the great disadvantage of requiring some discharge from the patient for his autogenous remedy, which, of course, he cannot by any means always depend upon getting.

My chief excuse for this little paper is, that it seems possible that if time shall serve it may set the ball a-rolling for a lively and profitable discussion; in which case I shall be profoundly grateful for the opportunity, as well as for the indulgence of the I. H. A.

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### PSYCHOTHERAPY AND HOMŒOPATHY

BY BENJAMIN C. WOODBURY, M. D., PORTSMOUTH, N. H.

The present, perhaps more than any other period in medi-

cal history, may be called the age of mental medicine. Not that mind cure has not long been known and practiced, but because, just at the present time the laity and the medical profession alike have been caught in its spell.

Accordingly, when the vox pupuli is loud in its praise of psychotherapy as a cure-all in the various mental, that is, functional diseases (so-called), vouchsafed by the apparent success of the Emmanuel movement, which originated in Boston a few years ago, and has so captivated various sections of the country, notably New England, it behooves practitioners of medicine to take a definite position in the matter. Up to but comparatively recently, few physicians, and these principally members of the dominant school, have co-operated very extensively with the leaders of this movement. The time is rapidly approaching, however, when it will be well for us as a school to assert the position which the homœopathic method rightly holds in the field of mental therapy.

It is safe to say at the outset that to the careful follower of Hahnemann, the matter needs no qualification; knowing as is generally known in our school, the importance with which mental symptoms are held in the totality of indications.

That the Emmanuel method, which claims to be a combination of lay and professional endeavor to right some of the wrongs of society through the co-operation of the church and the medical profession, can make any exclusive claim to the employment of any element of power, aside from the spiritual, not already set forth in various similar methods which employ and rely upon suggestion, will scarcely be denied.

In order to strengthen our position as practitioners of Homœopathy, we have only to turn to the writings of Hahnemann, and the following are a few references to the subject of mental diseases selected from the *Organon*. We shall endeavor, therefore, to consider as briefly as possible, Hahnemann's directions for the investigation of mental disorders, and more particularly as they appeal to us in the light of present-day literature on psychotherapy.

As the mental symptoms are considered of first rank in

the relative value of symptoms, let us review what Hahnemann has to say concerning the totality of the symptoms. In

Section 118 he states:

“It is then unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the only indication to guide us in the selection of a remedy.”

It is well known that Hahnemann considered mental symptoms to be of chief importance in the taking of the case. Thus (Sec. 211):

“The state of the patient’s mind and temperament is often of most decisive importance in the homœopathic selection of a remedy, since it is a distinct and peculiar symptom that should, least of all, escape the accurate observation of the physician.”

Section 214:

“What I have to say regarding the treatment of mental diseases may be expressed in a few words. Such diseases are to be treated like all others, and they are curable only by means of a remedy which is very similar to the morbid effects it is capable of producing upon the bodily and mental state of a healthy person.”

Section 215:

“Most of the so-called diseases of the mind are in reality bodily diseases, certain mental and emotional symptoms are peculiar to every bodily disease; these symptoms develop more or less rapidly, assume a state of most conspicuous one-sidedness, and are finally transferred, like a local disease, into the invisibly fine organs of the mind, where by their presence, they seem to obscure the bodily symptoms.”

Thus we may be led to believe that Hahnemann regarded most mental disorders as one-sided cases which, as he details later on, are to be treated most carefully along the strictest homœopathic lines. Section 216:

“In this manner they assume the shape of one-sided, or as it were, of local diseases which have the peculiarity that a slight degree of mental disturbance is enlarged into the main symptoms, which henceforth serves as a substitute for the rest of the physical symptoms and palliates their violence. In short, the disorders of the coarser bodily organs are transferred, as it were, to the almost spiritual organs of the mind, where the dissecting knife will search in vain for their cause.”

Section 218:

“In recording the totality of symptoms of a case of this kind, it is of prime importance to obtain an accurate description of all physical symptoms which prevailed before the disease degenerated into a one-sided mental disorder. The information necessary for this purpose will be derived from the statements of the attendants of the patients.”

As an example of this class of disorders, and the singleness and one-sidedness of their symptoms, let us consider the case of a patient having as his most prominent symptom the “desire to commit suicide.”

Frequently such cases present themselves to the physician, yet how rarely will the patient frankly state this intent, which may have long been fomenting in the mind, only waiting to break forth into an actual attempt at self-violence. In such patients the careful taking of the case may reveal the underlying symptoms, which will lead to the proper remedy; hence the importance of Hahnemann’s injunction for obtaining the physical symptoms which have antedated this one-sided mental condition. It may be that it is in just this class of cases that the recently advocated association

test can be successfully applied as a method of diagnosis, and in many cases may offer some hope of cure.\*

(For a recent review of the status of psychoanalysis, vide Bost. Med. and Surg. Journal, Vol. CLXX, June 11, 1914):

Section 219:

“We may obtain assurance of the continued, though obscured existence of physical disease, by comparing its early symptoms with their present indistinct remnants which occasionally appear during lucid intervals, and during transient amelioration of the mental disease.”

Section 224—Appendix 119:

“Mental disease may not be fully developed, or there may be some doubt as to its origin from physical disease, or from educational errors, bad habits, corrupt morals, neglected mental training, superstition, or ignorance. In these cases, the following will serve as means of distinguishing the cause:

“If the mental affection is based on the last named class of causes, it will yield and improve under the influence of sensible admonition and consolation, or of serious remonstrances and arguments; while real mental disorders arising from physical diseases are rapidly aggravated by the same measures. Thus melancholy patients will be still more depressed, plaintive, disconsolate and retiring; the malicious maniac will be still more embittered; and the silly prattler will become more foolish than ever.”

Is not this a clear-cut distinction between the type of case that can be readily put to rights by means of psychotherapy *per se*, and that which demands the combined method of careful psychical regime and homœopathic, anti-psoric treatment?

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\*The Association Test and Psychoanalysis, by Arthur H. Ring, M. D., Boston Med. and Surg. Jour., Vol. CLX, No 1.

“It seems as if the mind received the truth of these rational admonitions with displeasure and sadness, and as if it acted upon the body for the purpose of restoring the disturbed equilibrium; but it appears also, as if the body, by means of its disease, reacted upon the organs of the mind and temperament, thus creating in them a higher state of excitement by again transferring its suffering to these organs.”

Thus we may infer that Hahnemann believed, with most modern thinkers, that disease is not the result of mental, or physical causes alone, but is in the majority of instances, the result of combined mental and physical disorders. Referring to that other class of mental disorders not due to physical cause, he says (Sec. 225) :

“There are, nevertheless, some mental diseases which are not the result of physical or bodily affections, but which, notwithstanding, tolerably good physical health, originate in, and proceed directly from the mind. They are often caused by protracted grief, mortification, vexation, insult, and frequent occurrence of intense fear, or fright. This kind of mental affection, in the course of time, will also seriously deteriorate the bodily health.”

Section 226:

“When this kind of mental affection, bred and nourished by the soul itself are of recent date and have not yet undermined the physical health too seriously, they admit of speedy cure by *physical treatment*; gentleness, kind admonition, appeals to reason, and often skillful deception, will soon restore health and comfort to the mind, while careful regulation of habits will re-establish the health of the body also.”

Examples of this “psychical Homœopathy,” as Hahnemann called it, may be cited in this connection, as illustra-

tive of what the ordinary environment of mankind can furnish in the way of the substitutive cures of grief by a similar affliction. A good example of this kind is recorded in the Journal of the American Institute of Homœopathy for October, 1913: In the cure of a case of insanity by the deceptive enactment of a supposed tragedy, which had taken place to an engineer in running his train. This patient had become insane as the result of what he had supposed to be a fatal accident. The facts proved that his victim had not been fatally injured, and a fictitious repetition of the whole scene, through the aid of a "dummy," restored the sanity of the patient.

Such advice as Hahnemann refers to regarding the mental and physical habits of the patient; the regulation of his habits of occupation, personal and general hygiene—in fact, the whole regime is well set forth in the pages of the *Organon*. Modern writers on hygiene and kindred subjects would do well to read with the utmost care the works of Hahnemann. Nowhere is the importance of such teaching better attested to them by Dr. Richard Cabot, in his recent book, "What Men Live By," where he states that, in his opinion:

"Many doctors have set a good many women to work and taken a good many men out of it. \* \* \* I recall," he writes, "the illness of an old stage-driver. He had no need to work. His children were eager and willing to supply his wants. But despite good medical care he would not or could not convalesce till his sons lifted him into his wagon-seat and put 'the lines' into his hands. Then you could see him gain every day."

Hahnemann was distinctively a vitalist, and we should here make careful distinction between his use of the word *soul* and his frequent reference to the vital force (*dynamis*). Modern writers like, for instance, Victor Rousseau ("The Discovery of the Soul," Harper's Weekly, Feb. 20, 1909), would lead us to the opinion that the soul and the subconscious are one. Thus, he writes:

“But deep down, submerged below the level of ordinary consciousness, is the ‘subjective’ mind (also called subconscious and subliminal)—the soul—the real individuality which is the abiding and immortal portion of us all.”

It will be noted that this writer makes use of the term “subjective mind,” in contradistinction to “subconscious mind,” which latter, to quote Professor Münsterburg, is rapidly going out of usage. “The story of the subconscious mind,” says Professor Münsterburg, “can be told in three words: there is none.” To the mind of this eminent psychologist, there is but one consciousness—that is to say, consciousness is a unity. At all events the term subconscious is rapidly being replaced by the word “subjective.” The term, “subliminal mind,” was introduced by the late Professor Myers, in his writings on psychical research, as having reference to that part of the mind which is submerged, as it were, below the threshold of consciousness.

It is interesting to find that Troward, a recent writer along similar psychological lines, has also adopted the term subjective mind, as referring to that part of man’s intelligence (a part of the *universal* spirit, or universal mind), which permeates all space and all matter, and is likewise the creative power in all nature and the builder of the body. As a part of the one universal mind the mind of the individual, he says, “is amenable to any suggestion, and will carry out any suggestion that is impressed upon it to its most rigorously logical consequence” (See “The Edinburg Lectures,” pages 30-31).

Under this classification, the individual is assumed to have two minds, an outer and an inner; namely, an objective and a subjective. Several points in this philosophy are worthy of emphasis:

“The subjective mind is only able to reason *deductively* and not *inductively*, while the objective mind can do both.

“Innumerable experiments on persons in the

hypnotic state have shown that the subjective mind is utterly incapable of making the selection and comparison which are necessary to the inductive process, but will accept any suggestion, however false, but having once accepted any suggestion, it is strictly logical in deducing the proper conclusions from it, and works out every suggestion to the minutest fraction of the results which flow from it. \* \* \* As a consequence of this it follows that the subjective mind is entirely under the control of the objective mind. With the utmost fidelity it reproduces and works out to its final consequences whatever the objective mind impresses upon it; and the facts of hypnotism show that ideas can be impressed on the subjective mind of another as well as by that of its own individuality."

Herein, then, lies the power of suggestion, and the corresponding power of individual or auto-suggestion; and in this connection it must be fully recognized that in order to impress the subjective mind, the barriers of consciousness; that is, the control of the objective mind must be thrown down, and the subjective laid bare.

This uncovering of the subjective, therefore, involves the induction of the subjective state of the patient, hence the dangers attendant upon the process itself must not be lost sight of, if we are to evade the pitfalls of hypnotic control, induced psychism and the like. Therefore, the novice in psychotherapeutic methods should approach this field with due care. It will readily be seen from the foregoing, that the greatest caution should be exercised as to who or what individual mind is to control the subjective mind of the patient. Hence the timely warning given by the author just quoted:

"But it should be noted that the control must be *our own and not* that of any external intelligence, whether in the flesh or out of it."

The following distinction is made between the individual subjective mind, which is considered a part of the universal subjective mind, and the individual objective or intellectual mind.

“The individual subjective mind is regarded as the organ of the Absolute, that is, ‘that idea of a thing which contemplates it as existing *in itself*,’” and not circumscribed by its environment. The objective mind is the organ of the Relative, or conditional.

In this whole field of psychotherapy and physiotherapy as well, the observer and experimenter must advance with due caution, being always sure of his ground before making the slightest move. Above all things, he must recognize that there is a vast difference in the attitudes with which the subject may be approached. There is a true way and a false way in psychotherapy. Since the objective (sometimes called the rational mind) governs the subjective mind, it is plain that in order to act normally upon it, we must receive all suggestions through the mediumship of the objective mind. Hence the possible dangers in the ordinary methods employed in psychotherapy, notably the use of hypnotism and post-hypnotic suggestion. On the other hand, we need only to contrast the value to be derived from normal suggestion, that is suggestion made to the intellectual or rational mind in its waking, conscious state; provided of course these suggestions be sane and sound.

This is owing to the fact that as emphasized by the above writer:

“What we call the hypnotic state is the *normal* state of the subjective mind.”

No field of medicine today offers more encouragement for the legitimate activities of the conscientious physician, on the one hand, and on the other more opportunities for the

gulls of the charlatan, than does psychotherapy; for, as so well voiced by Prof. Münsterburg in his work on "Psychotherapy" (p. 188):

"With a few vague words of encouragement mechanically uttered, or with a routine of tricks and tuning forks, not much will be gained even in the ordinary physician's practice."

From the context of the *Organon*, it would seem that Hahnemann's idea of the soul corresponds in a general way with the statements above quoted. Although he does not definitely state what his psychical treatment was, it was doubtless more or less empirical, as experimental psychology was hardly in its infancy in his day. The modern psychotherapeutist, in addition to the ordinary clinical methods, would, according to Dr. Morton Prince (Vide Boston Med. and Surg. Jour., Vol. CLIX, No. 16) make use of the following more "modern methods of examination; namely: "Psychoanalysis, abstraction, hypnoidization hypnosis, automatic writing, artificial hallucinations, psychogalvanic tests, word reaction tests," and so on.

The second class of mental disorders, as described by Hahnemann, as well as the first named, were believed to be dependent upon psora as a first cause, and whether or not we accept this theory of their origin, we would nevertheless do well to consider with due care his rules for treatment, as more fully set forth in the following (Sec. 228):

"Although diseases of the mind and temperament of physical origin, are only to be cured by antipsoric homeopathic medicine, combined with carefully regulated habits, it is necessary also to unite this treatment with proper hygiene and psychical regimen of the mind, to be strictly enforced by the physician and attendants of the patient!"

His method of treatment he summarizes as follows (Sec. 230):

“For the purpose of cure, antipsoric remedies should be most homœopathically adapted to the carefully recorded symptoms (image) of each individual case of mental disease, whose varieties are innumerable. \* \* \* The selection is likewise facilitated by the mental affection in its character as chief symptom of the case pointing to the remedy with unmistakable clearness. \* \* \* Indeed manifold experiences enable me to assert that the great excellence of homœopathic treatment, compared with all other curative methods, is never more triumphantly exhibited than when applied to chronic mental diseases, which originally sprung from bodily affections, or appeared simultaneously with them.”

If Hahnemann, himself, through observation and long experience, could give such excellent advice as found in the above sections of the *Organon*, it would seem that in the employment of this newer method of treating mental diseases, his followers should be no less successful, if his rules for treatment are carefully and faithfully followed. It would seem, however, that Hahnemann would stand today midway between that class of neuropathologists, who seek a demonstrable structural change and would restrict the term “functional” disorder to the perhaps even more abused term, “idiopathic nervous disturbance,” and that other class of over-enthusiastic psychotherapists, who already have embraced in the “list of patients examined and treated” (The Emmanuel Movement, by Charles Dean Young, A. M., M. D., Boston Med. and Surg. Journal, Vol. CLX, No. 7), in addition to the commonly called functional diseases, “dipsomania, arterio-sclerosis, dementia praecox, poliomyelitis, hemiplegia, lateral sclerosis, tumor and locomota ataxia.”

Whatever the present may show as to the permanency of such treatment in the above disorders, such an extended list of diseases can but represent the ramifications of this method among a host of disorders, which are not only incurable but

offer but little encouragement to the advocates of any method of treatment.

It would, at all events, seem best, in the opinion of the present writer, to leave the application of scientific psychotherapy, as distinguished from mystical psychotherapy (Mysticism and Medicine, by John E. Donley, M. D., Boston Med. and Surg. Journal, CLX, No. 10) with those who are sufficiently trained in the modern methods of psychology and mental physiology. To the faithful follower of Hahnemann the proper management of such cases could only mean a combination of modern psychological methods, with the carefully regulated regime and properly indicated homœopathic remedy. The exponents of the Emmanuel or any other psychotherapeutic movement would thus find true support through the co-operation with physicians of the homœopathic school, and here the proper treatment for the individual case could be employed. This does not mean, however, that in justice to Homœopathy, we could sanction any but proper homœopathic treatment. Nor does the ordinary co-operation of such leaders with the dominant school find much favor among us as a school. Such a combination is little better than empiricism alone. When we realize what a large number of supposedly healthy people have drifted away from the medical profession to the many cults now so widely scattered throughout the land, we must consider the causes that have thus divorced them from the care of the physician, and study the means for bringing them back.

According to Dr. Frank C. Richardson (New England Med. Gazette, Vol. XLIII, No. 12):

“Recognizing that diseases of psychic origin are best treated by mental therapy, the physician should make use of every legitimate means to establish through an education of the reason, stable and healthy sub-conscious function; at the same time he should give to existing somatic disturbances the benefit to be drawn from every adjuvant which his science and experience teaches him to be of value.”

Apropos the above, it need only be mentioned that Homœopathy has always recognized the value of somatic or physical treatment for disorders which are distinctively belonging to the body; as to the treatment of those which are primarily mental, we have already quoted the views of Hahnemann.

Again, homœopathic physicians have long treated their mental cases from the standpoint of the patient, not from the standpoint of the disease from which he is suffering. For instance, an early contributor to homœopathic literature, Dr. Dulac (*Hahnemannian Monthly*, Vol. V, No. 6), thus states that the series of cases which he reports:

“Have reference to maladies purely moral, or which recognize a moral cause; all of them presenting at the same time the disturbed health of the mind and that of the body.”

He then recounts the cure of the ill effects of grief, with aggravation by consolation, by *Nat. mur. 1m*. A second case of melancholia by *Veratrum 2c*. Two cases presenting the peculiar impulse to kill some member of the family with a scissiors, or any sharp instrument, by *Nux vom. 1m* and *24m*, respectively. Another similar case, where the slightest contradiction excited homicidal impulse by *Merc. vivus*. A continued fever in consequence of reversal of fortune, by *Ignatia 24m*. A case where the patient appeared to possess clairvoyant intelligence, and saw the inside of her head, which she described very accurately. This case yielded finally to *Veratrum*; after *Ignatia* and *Rhus* had been given. Such cases, while not at all extraordinary, do not fail to demonstrate the ultimate triumph of the prescriber who has confidence in himself, and faith in his system.

In conclusion, the writer says:

“When we know more thoroughly the relationship of the medicines to each other, we shall walk more firmly, and will make the most rapid and splendid cures. At the point at which Homœopathy has, at

present, arrived we should be able to reach our ideal, which is to *proceed quickly and with certainty.*"

Literature upon the general subject of psychotherapy, written by homœopathic physicians, with a few marked exceptions (Vide North American Jour. of Homœopathy, March, 1913, for two very excellent articles on this subject, by Dr. J. Richey Horner and Dr. G. B. Stearns), has not been very extensive. This may be due in part to the fact that in the past the Homœopath has been content with his cures; therefore, he has not actively entered the broad fields of psychiatry. Complacency, however, in this matter, is not greatly to be admired, nor should it be too much encouraged. We need to show to the public and to the medical profession at large the position of our school in these subjects. When we shall have demonstrated the power of Homœopathy to cope with the severer forms of insanity with greater success and with a larger percentage of cures than the old school of medicine, then we shall be in a position to defend the methods of Hahnemann, and successfully carry out such treatment in practice.

It may be well, in closing, to call attention to the fact that psychotherapy is just at the present time having a very difficult struggle to maintain its status in all its variety of phases, and especially is this true in the regular school. Already many eminent writers upon psychotherapy are expressing their disagreement with the teachings of the Freudian School. This is plainly a reaction against the theories of the origin of many essential mental disorders in the realm of sex life, and in the ultimate value of dream analysis.

Just what the extent of this reaction may be and in what direction it may eventually lead is at present not to be determined, or even conjectured. That the psychoanalytical method has a certain marked similarity to the methods employed in Homœopathy for obtaining the carefully delineated history of *subjective* phenomena thereby to obtain the symptoms in their *totality*, there can be little doubt. Such study should command the respect of all true students of the psychical in its relation to the physical. It is praiseworthy to con-

template that at length there has arisen in the minds of some of the most brilliant thinkers of the old school, the first ray of light upon the proper relationship of mental symptoms to the causation of disease, and the very evident desire on their part to enter into the careful study of subjective symptomatology.

Just how far psychoanalysis may prove effectual, and whether or not we possess in the Hahnemannian rules for taking the case a more searching analytical method will lie almost wholly in the zeal with which we, as a distinctive school, investigate and apply these principles, and through them corroborate the well-established analytical methods of Homœopathy.

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Dr. Boger: I want to move the election of two members, Dr. Ida Virginia Reel, of Philadelphia, and the transfer of Dr. G. C. Emerson, Marshall, Mo., from the associate to active membership.

Carried.

Voted that address of President be read.

Dr. Taylor: I will ask Dr. Boger to take the chair.

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## PRESIDENT'S ADDRESS.

BY E. A. TAYLOR, M. D., CHICAGO.

*Members of the International Hahnemannian Association:*

As came the faithful, in the days of old, to sacred shrines, there to receive a renewal of their piety, so comes today that old guard of the healing art, the International Hahnemannian Association, to receive a new inspiration from a common communion and to pledge anew their loyalty and devotion to that triple alliance of cardinal virtues, similia, simplex, minimum.

Yours is, indeed, a high and noble purpose, one which leads along a pathway as sacred as that which leads to any shrine or sepulcher, the pathway of suffering humanity from the cradle

to the grave, from the first cry of the newborn babe to the last sad moan of death. Such a calling should be conducive to the development of the highest and best qualities of mind and heart.

More than a third of a century ago the fathers of our faith, finding that the American Institute of Homœopathy was no longer faithful to the principles upon which it was founded, and knowing that a departure from those principles would defeat the purpose of our existence as a separate school of medicine, wisely decided to withdraw from the institute and establish an organization that would be true to the tenets of our profession, consistent with the contention of our school, and faithful in the fulfillment of its obligation to elevate the standard of healing the sick. Like Hahnemann, the founder, they turned from fame and fortune and the patter of applause to follow the guiding star of conviction. They loved the right more than popular approval, and sought honor in the consciousness of doing good, and today we pay silent homage to their memory in feelings of gratitude that spring spontaneously from the heart.

That this society has accomplished a useful purpose in helping to maintain the purity of our practice is beyond cavil, and it must ever maintain that integrity of purpose and purity of precept and practice without which it would become an unwarranted assumption in the field of medical organization. Here, as elsewhere in the evolution of great endeavors, constant vigilance should be maintained, lest the principles of the progenitors become perverted by their successors. That it is not an easy matter to keep in the straight and narrow path of truth is clearly shown by our records, for the society was no sooner organized and well under way than there appeared within its ranks some who espoused the destructive doctrine of isopathy, a doctrine so at variance with the basic principles of our school that it drove that great master of the healing art, Dr. Adolph Lippe, and others from this organization into the seclusion of sincerity. The erroneous doctrine of isopathy is founded upon the pernicious postulate that the product of a disease will cure that disease, because it

is contended it is the potential prototype of the process which produced it. To suppose that from the dead product of disease may be evolved the living process of its creation is to assume that the flaming fires of life's vitalizing processes may be nourished and sustained by the ashes of exhausted energy. It implies that the derivatives of death are synonymous with the processes of life. The unreasonableness of the doctrine is obvious, yet for many years it deceived a certain portion of our members, who, while thinking they were strict Homœopaths, yet seemed to forget that Homœopathy relates, not to diseases, but to diseased individuals, and that one of the fundamental requirements is that remedies must be proved before being used, and then used only according to their symptom similarity. The doctrine of isopathy is only one of many departures that have divided our school at different times. It appears today in the guise of vaccines and serums, which the mongrels are wont to herald as a vindication of Homœopathy. So little do they know of what really constitutes Homœopathy that they fail to see in these methods the absence of two of its fundamental and vital factors, namely, that remedies must be proved on the healthy, and that each case must be individualized; that is, treated according to the characteristic symptoms of the sick individual, and not according to the diagnostic delineation of the disease.

Those who contend that the old school by the use of vaccines, etc., have thereby recognized and accepted the essential principle of Homœopathy give every evidence that they themselves are in profound ignorance of both its principles and its practice.

To enumerate all of the departures and vagaries that have from time to time appeared on the homœopathic horizon might be interesting, but surely would not be instructive. All could have been avoided if the *Organon* had been understood, but the Wesselhoeft translation, for many years the only one available, is so inaccurate and unreliable that it is little wonder that there was divergence of opinion among members of our school. The Dudgeon translation imparts the

true teaching of the master, and will not lead one astray. One of our great and good men made, perhaps, his only mistake when he plead before the institute for "liberty of opinion and action." As homœopathic physicians, we claim to be governed and directed by the law of similars in all our efforts to cure non-surgical cases. We insist that this is the only law of cure, and that its jurisdiction is supreme in the realm of internal medicine. How, then, can we claim the right to transgress the law, to ignore its demands, and depart from its directive influence? Liberty of opinion and action within the domain of law means nothing but unmitigated anarchy. How discordant the declarations that the "science of therapeutics" is founded upon the law of similars, and that "liberty of opinion and action is a vital necessity." In other words, the law is just and perfect, yet the right to defy and disobey it must not be questioned or abridged.

In the institute, principle after principle, and precept after precept, have been ridiculed, ignored and abandoned, until one would infer from their proceedings that they had received their baptism of faith by immersion in a saturated solution of liberty of opinion and action.

A prominent professor in one of our eastern homœopathic colleges had the temerity to stand upon the floor of the institute at its last session and boldly proclaim "the modern treatment of syphilis by salvarsan, as being the proper course to pursue. The pernicious and deadly salvarsan, that killed eight or ten at one time in Los Angeles; this crude drug, fraught with dire contingencies, is used and publicly endorsed by one who is a professor in a homœopathic college, and by him injected into the veins of his victims. "God of our fathers, be with us yet, lest we forget," lest we forget that there is such a thing as "Homœopathy, the science of therapeutics," the greatest blessing ever vouchsafed to suffering humanity.

That the homœopathic school is honeycombed with hypocrisy must be obvious to even the casual observer. Its journals, textbooks, society proceedings, and college teachings, all display a woeful want of loyalty to the principles pro-

fessed. Surely the provocation is sufficient to warrant complaint; but it is not enough to find fault—we must find a remedy. One of the first and greatest needs of our cause is a college, where pure Homœopathy will be taught and exemplified as “the science of therapeutics,” the one adequate method of treating all medical cases. Such a college, well equipped, well managed and well endowed, would enable all true Homœopaths to educate their students in a proper manner, and it would at the same time exert a wholesome influence on our wayward and wandering brethren who, perhaps, are more sinned against than sinning, as many of them have not been taught the right way.

Of paramount importance in the progress of any purpose is the ability to supply the demand for the product of such purpose, and our school will not receive the attention and recognition which it deserves until our practitioners are demonstrating the superiority of our method throughout the length and breadth of the land. All over this country there are good locations for homœopathic physicians, but none can be had because the demand is far greater than the supply, and it will continue to be so until we realize the folly of allowing our opponents to manage our affairs, to fix the standing of our colleges, to tell us what we must teach, to establish the requirements for matriculation, and in many ways to prevent the world from knowing and receiving the blessings of Homœopathy. When the homœopathic school arouses from its lethargy, demands and receives the right to govern itself, then and not till then will we be able to supply the demand for homœopathic physicians, and thereby make it possible for suffering humanity to receive that relief, to deprive them of which were nothing less than a crime.

If the attainment of our purpose is beset with difficulties, that should only develop our determination to succeed. Let us gather courage from the friction of opposing circumstances, and with that purity of purpose, which ever inspired the efforts of the master, push on to the accomplishment of our purpose, and success will crown our efforts. If at times the effort seems exhausting, and the progress slow, let us turn again

to the truths of the master, and the lesson of his life, for the inspiration to sustain our endeavors in the cause that means so much. Heartsick with the failures of the present, depressed with the tragedies of the past, Hahnemann turned from the tenets of traditional medicine to seek the great truth still unrevealed. Without guide or compass, without chart or chain, with heavy heart, but determined mien, he struck out boldly upon his mission of mercy, sustained by an unflinching faith in the eternal righteousness of things, and an abiding trust in the Great Power that rules wisely and well, pebbles and planets, souls and systems. Through sophistry and superstition he wends his way, seeking a system of medicine that conforms to reason. Through the morass of mystery and quagmire of quackery he follows a faith that leads, he knows not where; through a wilderness of scorn, into the pitfalls of persecution, he gropes his way into the darkness of despair, and at last, tired and trembling, weak and weary, he feels the faintness of exhausted energy and knows the futility of further effort, when above the hilltops of the dim horizon he sees the glancing gleams of a growing light. It is the golden-fringed dawn of a brighter day, lighting the summits of future ages, and with a cry of joy he falls by the wayside, where the rising sun of truth bathes his brow in its golden light and wraps him in its effulgent rays—a fitting robe for eternity.

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Dr. Boger: Members of the society, you have heard the President's address. Now I am going to ask you to give us a few comments, after which I will appoint a committee of three persons to give a report on the address. Plenty of room for discussion here.

Dr. Patch: I should like to take up a point that Dr. Taylor has made in his address as to the desirability of a college that would teach pure Homœopathy. There is no question, but what it is the thing to be desired, if we could have it in the form that Dr. Taylor has in mind, but the fact remains that in the past all our pioneers have been graduates of old-school colleges, and at the present time

some of the very best men we have in our school are graduates of old-school colleges, which perhaps makes one a little shaky of the wisdom of having our students' education at all one-sided.

Dr. Stearns: There is great inspiration in Dr. Taylor's address. That very point was in my mind about the colleges. My own feeling is that I would like to see just such a college or series of colleges throughout the country. Supporting such a college is the very best way we can make it as strong as possible by our influence and our work. It seems to me that that is the practical way of furthering Homœopathy.

Dr. MacAdam: It has seemed to me exceedingly difficult to teach students Homœopathy in colleges. I have already announced some of my thoughts on this matter, but perhaps it would not be amiss to speak them again. I think, if most of you look back, you will find that you have been led into Homœopathy through the influence of some doctor. We see grades of homœopathic physicians in various locations and will always see that all these grades have been brought about by some particularly strong man. I think there is not one of us who, if he had dug out Homœopathy for himself from the *Organon* and other books, or had learned his Homœopathy only at college, no matter how well it has been taught there, would have made little progress; but, instead of having learned in this manner, each one of us is the direct pupil of some doctor who has taken the time to take us around and show us, at the bedside, how to get results. I do not know who are the preceptors of most of the men here, but where I know the history of his education I find everyone has been a pupil of some doctor. That is the way I was taught; that is the way Stearns was taught. I do not know who taught you up in Toronto, but I warrant there was some strong man back of you. It is very difficult for students to be taught Homœopathy at college in class. It can be taught by clinical methods, and the solution of this decline in Homœopathy, which we are all talking about (and which I do not believe exists) the solution for it is for each one of us to

bring up a student. I have been astonished at the ease with which Homœopathy can be taught in this personal fashion. I know most of you think that it is necessary to have a large mentality and a philosophical mind in order to grasp these principles. We discussed that last year. The better man you have the better physician you will make, but it is neither a great nor a difficult feat to grasp the essentials of Homœopathy. It really is more of a trick—the practice of Homœopathy is more of a trick than it is any great philosophical venture, and I think it is not a very difficult thing, as I said before, to teach the basic things to such students as may come to us. I have already had rather remarkable success with one such student, and I have one in training now. One of the girls at the Women's Hospital, certainly not remarkable for any large mind at all, but rather remarkable for the results she has achieved with a pretty mediocre intellect.

Dr. Reel: I would like to ask why Homœopathy cannot be taught in the colleges. I have heard what the gentlemen have said, and I have heard the remark before, but it does not seem to me at all sound. If you have a good teacher, and the pupils are really there to get Homœopathy, they will get it.

Dr. Williams: I would like to say, in answer to that, and it is answered very quickly: A teaches one subject, B another and C another. A has one idea, B another, and C another. You get one thing three hours a week; you get another thing four hours a week; another for a longer period. If the man who gives you from four to five hours a week is a man whose personality attracts you, you are going to take his opinion. If the man who teaches you two to three hours a week has another personality, and the chances are he has, the consequence is that the teacher with the strongest personality, the one who explains things the most plausibly, is the man who keeps your attention and gives you ideas which you are quite willing to accept. Now that is what happens in the homœopathic colleges. One will tell you, "I never give anything over the second"; another says,

“give so and so, but as a matter of fact a dose of castor oil is the easiest way out of it,” and there you have it.

Dr. Quackenbush: I find this much from observation, not that I have been so much where colleges are, but I have noticed where physicians are that our very best homœopathic physicians have all that they can do and would not have an opportunity to teach because they are overworked, as a rule. Another thing you will find, the men who are good Homœopaths, and are always busy, are not of the political stamp, and in most of our colleges you will find that the teachers are politicians, first, last and all the time. Then when it comes to students, in particular, and some of the older ones the same way, they will hear Professor So and So make a remark, and Professor Someone Else will say practically the opposite, and the consequence is that they try to believe what both of them say, because they happen to be Professor So and So, and they do not themselves know any different. An instance of that kind happened to me when I was a boy down in Philadelphia. One young man from New Brunswick told me, “You had better listen to what Professor So and So tells you, for he will tell you the truth. I am not saying that I know any more about Homœopathy than the other fellow, but they were trying to believe two or three at once, and the consequence is that they do not know where they are at. Now, in Hering College in Chicago (I think there are some of you here connected with that school) they had things fixed pretty well so far as qualifications were concerned, but unfortunately, so far as Homœopathy is concerned, we now will have to look elsewhere. We might get quite a number of good men together and get it that way, but not in Chicago, or New York either, for that matter. MacLaren, here, came to me about his son there, Kenneth, where would he send him? I advised him, under the circumstances, to send him to an old-school college—let him graduate from there, and get his Homœopathy outside of college; he never would get it in college.

Dr. MacAdam: Where did you get it?

Dr. Quackenbush: I got a good deal of it by good hard dig-

ging. The first thing I read was the *Organon*, then Dr. Kent's lectures.

Dr. MacLaren (D. C.): Yes; but first of all, you were cured of an incurable disease by pure Homœopathy, and then you became interested in the subject.

Dr. Quackenbush: But I was not cured of a supposed itch. I started to study medicine, then I was ill, and then I got hold of Hahnemann's *Organon* and saw what he had to say about it, and was convinced that he knew of what he was talking. Now, that was the basis of it.

Dr. MacLaren (K.): After I was a year in an allopathic college I thought I would like to go to Chicago and study Homœopathy. The first man I met there was the old janitor, who had charge of the bodies in the dissecting room. We all had to attend Dr. Kent's lectures; that was one of the stipulations required. Most of the men would come in and sit down until the roll was called, and then sneak out, and at the close of the lecture, perhaps, a third of the men were there. It struck me that they did not have money enough to run the place properly, and from that idea I decided to go back to an allopathic college and finish up there, so I went back, and I have never been sorry, because I got a thorough training in all the laboratory branches, etc., which require a lot of money, spent in the way of equipment, extra teachers and high-salaried professors, and I do not think there is any homœopathic college in the country that could do this, so that my idea is for a man to take an old-school course, then go back to a college where he can learn nothing but Homœopathy, the *Organon*, good lectures on Homœopathy, clinics, etc., then he would have a good understanding of old school medicine and a good knowledge of Homœopathy. I do not think that the homœopathic colleges can afford to compete with the State colleges and give a man the training he thinks he ought to have.

Dr. Baker: Quackenbush says that the busy man cannot afford to teach, but you take a young man, after he graduates, and if you can use him as assistant two or three years, it will help him a lot, as that is a critical period in a young

Homœopath's life, and if he is any good, after he gets older, it means much to him.

Dr. Quackenbush: I meant so far as lecturing in college was concerned. So far as my knowledge goes, very few have time to devote to it.

Dr. Boger: We have two distinct classes of Homœopaths: those who imbibe Homœopathy because of breadth of mind, and after mature reflection, a class coming mostly from the allopathic side. The others are those brought up on Homœopathy; they should be the best educated of the two, but they are not. The trouble is with the teaching they have received. There is not homœopathic enthusiasm enough. Every college professor should be an enthusiastic Homœopath. Nothing but that will make the most homœopathic physicians out of the respective classes. Some may become good Homœopaths of themselves, but I take it that we should also have a good post-graduate homœopathic school.

I will appoint Dr. Case, Dr. MacAdam and Dr. Becker as a committee on Dr. Taylor's address.

Voted to adjourn until 10 o'clock, June 23.

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## THE RELATION OF THE PRINCIPLES OF HOMŒOPATHY TO THE OTHER THERAPIES HAVING ESPECIAL REGARD TO THE PHYSICAL THERAPEUTICS.

A. E. WICKINS, M. D., HAMILTON, ONT.

It might seem unbecoming in a member of this Association to be discussing any other therapy than pure Homœopathy. The practice of the pure therapy, of which we hear at this meeting, is so absorbing, and tends to such a degree to shut from our observation the fact that men, practicing other therapies than ours, arrive at some sort of success that we are apt to arrogate to ourselves the flattering unction that we are the Lord's anointed, and that all others are black sheep and totally without the fold.

The success which attends the unannointed practitioners, however, projects itself occasionally across the field of our mental vision, penetrates the aura of smug conceit with which we are apt to be surrounded, filters through our repertorial, symptom-laden brain, and arrives at our consciousness, tinged, however, with the certain knowledge that if these practitioners have any measure of success, which is doubtful, speaking from the patient's standpoint, it must be in some way without their knowledge, due to some secretly hidden Homœopathy in their prescription.

Gentlemen, we have many therapies abroad in the land. We have the old reliable, the regular of the old school, who relies on the massive doses of olden days, who purges, sweats, and all but bleeds in his endeavor to extract health for his patient from his polypharmacial quiver. He shoots an arrow or a fleet of arrows at the heart, liver or stomach of his patient patient, and sometimes the patient gets well. In sufficient numbers of cases to keep the doctor encouraged to keep on living and dosing the patient gets well.

Why does that patient get well? What is there in the practice of old-reliable Dr. Regular that seems to say to us that, after all, we cannot be the only chosen ones, that Homœopathy is not the Law of Cure, but only a law of cure?

We turn again to the ultra-scientific practitioner of the day. The man who does nothing without a laboratorial examination. This practitioner deals in serums, in vaccines, in blood tests, urine tests, analyses of the feces, of the spinal fluid, of every thing that can be separated by natural or forcible method from the human body, he takes some of your blood, separates it into its component parts, bakes it, boils it, filters it through a guinea pig, a horse, or a calf, adds a few million hot-house bacteria, killed for the occasion, and puts it back into your body, and very often gets very marvelous results.

Nothing more marvelous, you say, nor half so marvelous as that case you had last month, when you cured an affliction which had lasted a score of years, with a single dose of at-

tenuated extract of cock-roach. And again, I ask, where is the Homœopathy in the work of the laboratory physician?

We leave out of consideration for the present the work of the men who deal in the problems of the mechanical treatment of disease. The work of the surgeon, of the orthopedist, having to do with the removal of the products of diseased conditions, or with the proper adjustment of the physical structure of the body in their relation one to the other does not properly enter into this discussion. The work also of the non-professional band of workers, the masseurs, the ospeopaths, and other irregular practitioners, all of which, when properly supervised, are of value from the standpoint of health, do not enter into the matter of this paper.

However, gentlemen, we turn to the group of therapies which can be lumped in the generalization of physical therapy, in which I am particularly interested. I refer to the following:

Electro-therapy; radio-therapy, the therapeutics of light, heat, X-ray, and radium, and other radioactive substances; hydro-therapy, and mechano-therapy.

Of these, the ones now in discussion are the first two, viz.: Electro-therapy, and radio-therapy.

With the practical working out of the use of these means of treatment I am personally rather familiar, both from use and from observation.

Having been homœopathically born, of proper homœopathic parents, brought up under the eye of Dr. Nichol, of Brantford, Ont., and later under the eagle eye of the late, much beloved H. C. Allen, of Chicago, and being now under the surveillance of Dr. E. A. Taylor who, as I remember him as professor in Hering College, Chicago, stated without equivocation, evasion or circumlocution, that either Homœopathy was a law, just as much as the Newtonian law of gravity, or else we are all charlatans, must needs prove myself no backslider.

You see, therefore, gentlemen, that however much I might like to bring the first-mentioned classes of practitioners,

viz.: old regular, other scientific, and the laboratory physician into the fold, and to prove that, unwillingly and unwittingly, they may be included in the homœopathic camp by the demonstration that their cures must be according to the law of similars, though in a very crude and roundabout way, it is absolutely incumbent on me, I say, if I am not to shame my birth, my upbringing and my tuition, to prove to you, and to the shades of my ancestors and mentors, that the practice of physical therapy partakes of the nature of Homœopathy.

Gentlemen, I think that results can be had in the use of electricity, of phototherapy, of roentgentherapy, that you cannot get in any other way. I will modify and say that I have not been able to get in any other way, not having the prescribing acumen of an Allen, a Nash, a Boger, a Taylor, or a Becker.

The use of Galvanism in the treatment in certain neuralgia and in certain paralyses, the use of the sinusoidal current in certain constipations, and of the static current in certain other types of that disorder, parallels, at least, the work of the indicated remedy in curative effect. The use of static or other high-tension sparks, either from the mental point or from a vacuum electrode in the reduction of nodal joints in rheumatic affections, certainly is most satisfactory. The reduction of high-blood pressure, under the process of electrical auto-condensation, is one of the wonders of modern electrical therapeutics. The reduction of inflammatory exudate, which exists in some old prostates, complicating the true hypertrophy of that organ in older men can be quickly reduced by suitable high frequency currents, properly applied. In fact, any inflammatory exudate, fresh or old, such as occur in old sprains, in the thickening about chronic ulcerations, etc., can be reduced by the combined action of light, vibration and high-frequency currents, much better in my experience than by any other method. In this way, pressure neuralgias are relieved.

I will now refer, gentlemen, to the use of the radiant energies in the treatment of the sick. The application of heat

rays, of light rays, and of Roentgen rays, and of the rays of radium and other radio active substances.

The use of white light, embodying, as it does, the slower rays or heat rays, and the rays of greater velocity or light rays, and the still lower, and still higher rays; namely, the ultra red, and the ultra violet rays, I find to be one of the most useful agents in my armamentarium.

Now, these things are true in the test tube, in the crucible, and in the laboratory. They are also true in the great chemical process of life. We know, for instance, that there are certain currents of electricity in living muscle. If the biceps of a frog is isolated, and cut across, and one point of a galvanometer applied to the cut surface, and the other point to any other part of the muscle there is a current discernible in the galvanometer. In other words, living processes of chemical change exhibit the same phenomena of heat, of electricity, as we see in inorganic chemical reactions. In still other words, *vibrations*, are set up, and it is probable that all living processes consist of the change and interchange of chemical activity, with the simultaneous exhibition of radiant energy, by which I mean, some form of vibratory energy which is at one and the same time the result of one set of chemical change, and the stimulus of another set.

Now, this supposition granted as to the physical world, and to the human body and other animal bodies, undoubtedly belongs to the vegetable world and to the inorganic world. There is stored up in the stones, and in the metals energy, which can be released by some means. And by energy, I mean, in this paper, vibratory energy. And here we come to the question of the process of potentization. I do not know that it has been demonstrated physically, as yet, but it has to the certain knowledge of every one here, that there is in so-called inert substance untold energies for the cure of the ills of human kind, to be brought into activity by the simple processes of trituration, and of succussion. These properties I propose to assert, in accordance with my theory, are of a vibratory nature. I do not know that their nature has been determined physically as yet, but I think the time

will come when they will be, and their wave length and velocity measured.

In order to figure this out, we must endeavor to know of the nature of the forces with which we are dealing. We must learn of the nature of light, of heat, of electricity, of the potentized remedy, of the crude remedy, of the vaccine, of the serum, and of the vital processes themselves.

Some of these things have been demonstrated as well as anything has ever been demonstrated in the scientific world.

The *one outstanding idea* in all the physical world is *vibration*. Within the bounds of human knowledge, it is known that the phenomena of light, heat, and electricity, as well as the more obscure phenomena of the Roentgen ray, of radium radiation, all depend on the wave length, and velocity of waves in the all pervading ether. Within the bounds of human knowledge it is known that chemical changes are closely bound up with the evolution of electric energy, all chemical change is accompanied by the physical phenomena of heat, of electricity or of both, and in rare cases by the emanation of radio active rays. This brings us at once to the question as to whether in its last analysis, chemical action is not ultimately a matter of the relative velocity, and spheres of motion of the ultimate ions of the elements concerned in the reaction. In fact, it brings us close to a supposition which has been put forward at times that all matter is composed of one primal virgin element, and that all of the so-called elements are groups of the ultimate ions of this primal elemental substance, and that the properties of these individual groups are due to the manner of arrangement of the ions in each particular, so-called element.

However that may be, it is certain that all changes and permutations in the arrangements of the ultimate atoms set free vibration or waves of the surrounding and pervading ether, which are made known to us by the receptivity of your sense organs, as light, heat and electricity. With the use of Hepar, Silicea, Mercurius, and other remedies in the treatment of suppurating conditions, I am familiar from long acquaintance. With the healing action of the high-candle

power, reflected white light and blue light, you may not be so well acquainted. I have seen a carbuncular site, across the shoulders of a man of sixty odd years, so severe, and so slow of progress, even under the exhibition of the similar remedy, under the stimulation of surgical methods, and even under the operation of skin grafting, begin at once to heal, and to heal so rapidly that it caused wonderment in the minds of all connected with the case, under the influence of a half-hour long daily treatment of the 500-candle-power carbon lamp, sold under the trade name of the Leucodescent lamp. I have now three of these lamps in constant use. I would as soon be without Phosphorus in chest troubles as without the Leucodescent lamp in indolent ulcerations, or any acute septic conditions.

The use of Roentgen ray in lupus, in the reduction of fibroids, in the treatment of certain skin and mesoblastic tissue disorders, characterized by an overgrowth of tissue, such as psoriasis, exfoliating dermatitis, certain fibrous, and even fibro-sarcomatous conditions is giving brighter results every day, as the technique of deep and more powerful irradiation is better perfected.

And now we come to the crux of the situation, to the subject of my paper. How can we reconcile these facts with the eternal truth of the homœopathic law of cure? Assuming that the symptomatic cures that we get by these means above mentioned are real cures, just as much as the symptomatic cures made by the exhibition of the similar remedy are believed to be cures in your practices, what common principle, what common ground of physical or vital fact is capable of explaining all these results?

You will gather by now the idea of my paper, which can be stated thus: The ultimate chemical activities of inorganic, of vegetable, and of animal life, including human life, are closely bound up with the production, and interaction of very rapid vibratory forms of energy. The great symphony, called Life, consists of a great concert of co-ordinated vibrations, which in health are well attuned, and which in disease are in discord. The identity of any individual, the identity of any

species, or group of individuals must depend ultimately on the special correlated groupings of molecular construction, and of co-ordinated vibratory movements governing the action interactions of the same, peculiar to the species or individual. This applies to inorganic, to vegetable, and to animal life.

Now, according to this idea we will say that a certain patient is ill. In terms of this idea, he offers to us a deviation from that balance of co-ordinated vibration of the chemical constituents of his body, which constitutes what we call health, the disturbance of which nice balance is called disease.

Now, as to the law of cure. To quote from Tyndall, one of the greatest scientists in history: "A body which is competent to emit any ray, whether of heat or light," and we may add, of electricity, "is competent in the same degree to absorb that ray. The absorption depends" (*note this well*), "the absorption depends on the synchronism existing between the vibrations of the atoms from which the rays, or more correctly, the waves, issue, and those of the atoms on which they impinge." This is what Tyndall calls a great principle. It accounts for the phenomena of wireless telegraphy, for the principle of and phenomena of harmonics in music, and I believe, and set forth here that it accounts for the beneficial effects of the indicated remedy homœopathically applied, and for the curative action in the exhibition of light, heat, electricity and radioactive agents for certain purposes. Homœopathy brings to the sick man a remedy, which by reason of its particular molecule groupings, has inherent in it certain vibratory energy. This has been perhaps augmented, or amplified, raised to a higher frequency by the process of manufacture of the remedy, by potentization, but ultimately its peculiar combination of molecular atomic, or ionic activities, is recognizable as being similar to those of the deranged activities in the sick individual. According to the law of sympathetic vibration, the body will absorb the vibrations of the similar remedy by reason of the identity of wave lengths, and wave amplitudes, and of velocity of the same. The same result may be attained by isolating certain vibratory activities,

and applying suitable similar vibratory activities, as suggested by advanced knowledge of the agents now at our command, in the use of physical modalities, above outlined.

Granted, I say that this, though roughly and inadequately sketched, is the theory of life; its deviations from the normal, and their cure by homœopathic remedies; it is easy to see that by the use of other forms of vibratory energy, the same conditions of synchronism can be brought about, thus resulting in the cure of the patients under the Great Law.

It is quite certain, to my mind, that the favorable action of electricity, of light, heat, and other forms of radiant energy, as well as that of the indicated potentized, or unpotentized remedy, homœopathically administered, are all to be explained by the great law of sympathetic, or synchronous vibration.

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#### MEDICUS TO HIS SON.

*My Dear Boy:*

You are now engaged in the most exacting of the professions, as regards what is required in a man and what is expected of him. He must be the incarnation of the virtues, headed by prudence—and it speaks well for us, as a class, that the finger of scandal seldom points our way. Medicine ranges the whole gamut of humanity, and our best seems, at times, to be appallingly limited. We need, most of all, patience and perseverance, splendid application, and not great ability, not genius, but great capacity for work. Our motto might be: “Make haste slowly,” and we should take to heart what Browning says in “A Grammarian’s Funeral”:

“That before living he’d learn to live;

No end of learning;

Earn the means first—God surely will contrive

Use for our learning.

Others mistrust and say: But time escapes!  
 Live now or never!  
 He said: What's time? Leave now for  
     dogs and apes,  
 Man has forever."

"Line upon line, precept upon precept." Then the use follows on the knowledge, and here we correlate with our world, the world of the present day, and help to build for the future. The wide range of medicine reminds us of "Alice in Wonderland":

"Come, let us talk, the walrus said,  
 Of many different things,  
 Of ships, and shoes, and sealing wax,  
 Of cabbages and kings."

You must expect to be guide, philosopher and friend to your patients, but be most careful not to be too friendly nor too sympathetic. Show your sympathy by doing the best work of which you are capable. Your use as a general practitioner embraces more than medical therapeutics, and it is of one of the important divisions I wish to write you today, the minor surgical measures, so essential to the success of general practice, the attention to the small operations falling to us, and our duty to our patients in being able to do these well, and so to give pleasure as well as comfort.

I remember a case of puerpural eclampsia being deserted by the accoucheur, who seemed resigned to the patient's anticipated death, and whose hearty ill-will I incurred because I employed measures in his absence, and while awaiting his return, that were successful in controlling the convulsions, and the services rendered in this most anxious time gained me the confidence of the husband, whose scalp was decorated with some wens, one or two of which interfered with a comfortable fit of his headgear, and I promptly proceeded to remove them under local anesthesia, induced by cocaine solution. You remember the *modus operandi*, I presume—a free

incision to allow of grasping the sac and drawing it out unbroken, if possible, and then stitching carefully to obtain good apposition of the edges of the wound. I used boiled silk thread (but silkworm gut or chromic catgut are equally good), and when the oozing stopped I covered with collodion, or collodion flexile, to exclude the air.

A few weeks after, I was called on to remove some moles from the forehead of one of the handsomest young men of the family, and this was easily done by making the incision across the forehead and so along the lines, and not vertical or across them, so the scar was almost invisible after a short time. His appearance was much improved, and he was exceedingly gratified. I have cut out many moles since then, and only once obtained a result less esthetic than usual because I tried to save tissue; and I find it better to cut freely so the lines of the incision come gracefully together. In wounds of the scalp it is usually easy to get good co-aptation of the edges, and healing by first intention is the rule and not the exception. Here the collodion dressing is excellent, and as, elsewhere, it enables us to dispense with other cumbersome dressings. I have told you to advise people with meibomian cysts in the upper eyelid to forget them, as usually they are harmless, but some times they irritate the cornea or become objectionable on account of the appearance, and here I incise perpendicularly to the line of the edge of the lid and evacuate the contents by means of a small scoop or spoon, but I never use nitrate of silver, as is some times done. Polypi of the nose I have twisted out, but prefer to leave to the specialist. If they do not obstruct the breathing, I use nothing but the indicated remedy. At one time I met with, in fat babies, an epidemic of cold abscesses in the external throat—sometimes double, one on either side. They are slow in maturing, but contain a large quantity of pus. The introduction of a small rubber drainage tube after incision and retaining it until the discharge is complete is followed by a scarless recovery.

I hope you have not forgotten my instructions about training your fingers to see, as it were, as well as to feel. To

make their perception as acute as possible, for instance, in cases of dislocation or fracture, the sensitive touch is of great assistance.

Dislocation of the head of the humerus is sometimes difficult to diagnose in fleshly subjects, but gentle perseverance and comparison will soon result in certainty, and then either manipulation or the good old method—the heel in the axilla—gives the desired result.

Injuries of the elbow are usually troublesome—dislocations being generally complicated with fractures, and here there must be no undue hurry in getting everything in place and adjusting the splint.

But the after-treatment is most important, and I have seen some lamentable results because of failure here—none, I am happy to say, because of my neglect in my own practice. The stiffness, so often found after these injuries, may be prevented by the physician attending to the carrying out of passive motion himself, and not trusting to the patient or friends to attend to it. It should be done for probably two weeks, beginning in ten days after the injury, practicing it daily until all the normal movements of the joint are restored. There is more or less pain induced in obtaining the desired mobility, and the patient, his friends, or relatives, cannot be expected to do it properly.

See that you obtain a little more freedom each day—more of flexion and extension and rotation till everything is satisfactory.

In many cases of Colle's fracture of the lower end of the radius poor results obtain because of want of a few simple precautions. Reduction is usually easy if a good firm hand-clasp is obtained and followed by the necessary traction with the other hand grasping the wrist and firmly pressing the fractured ends into place, and once this is done there is very little danger of recurrence, and only for the feeling of firmness and support given by a splint would it be necessary to apply one.

A splint should not support the ball of the thumb, and the styloid process of the ulna will be retained in place if the fore-

arm is kept with the palmar surface downward and the deformity resulting from the lower end of the ulna dropping to the plane of the hypothenar eminence will be avoided. Have the forearm supported in the sling in this position also.

Begin passive motion in a week, gently at first, and so prevent fixation of the radio-ulnar articulation. I have seen good surgeons fail in reducing the dislocation of the first phalanx of the thumb because the head of the bone passed between the divisions of the tendon of the flexor muscle, thus making a button-hole engagement, which became tighter with stronger traction. You must remember to disengage the head by manipulation and then the dislocation reduces easily. You may meet troublesome dislocations of either end of the clavicle and a fracture of this bone is most trying, and the various treatments are anything but satisfactory, giving great discomfort to the patient and leaving a deformity at the site of the lesion.

In fractures of the ribs, a wide bandage put on like the old obstetrical binder limits respiratory movements and so conduces to comfort. If you wish to be ultra-fashionable in a corresponding neighborhood you may apply surgeons' adhesive plaster with no greater benefit, and probably less comfort.

In the lower abdominal regions the hernias may tax your skill to the utmost. Many times, I thought failure inevitable, but only once did I fail to get the tumor reduced, and then an operation was required.

Tact and patience are the great factors. Do not use great force, especially for any length of time.

In one interesting case of femoral hernia, in an elderly man, I felt the slip and heard the gurgle announcing success, but there was a small mass still unreduced, evidently omentum, which would not yield. I encouraged him to rise in twenty-four hours, and watched him carefully for some days, but found he had no indications of trouble, so concluded the omental plug had sealed up the opening and he would have no more intestinal protrusion in that region.

You may, or may not, meet a case of retention of urine in

the male, where it is impossible to pass a catheter— always carry a coudé with your other catheters, it may save the day. When reasonable efforts fail to relieve by means of the catheter, then with a small trocar and canula puncture the bladder boldly, entering above the centre of the pubes. A small blue hemorrhoid, excruciatingly painful and yielding very indifferently to treatment, if you incise and turn out the clot, immediate relief is given, much the same as on removing a cinder from the eye.

In fractures of the femur, including the neck, use extension, having the foot of the bed elevated, and long sand bags to steady the limb. With young children extension may be made by means of a pulley in the ceiling. This keeps the limb perpendicular and is a great aid in maintaining cleanliness. In this connection, do not forget the wide-mouthed pickle bottle for males and the oval pudding dish for females, when urinals are required.

Fractures of the leg—tibia especially—may be put up in plaster of paris in a few days, and the patient allowed to sit up, and soon a pair of crutches will enable quite extensive locomotion.

Pott's fracture is best in plaster of paris, though often an anesthetic is required when applying it.

Do you know of any treatment for hammer-toe, except amputation? Well, a country practitioner made a suggestion to an eminent orthopedic surgeon, who now excises the joint, but not the toe, which, after the operation, is straight. It is worth remembering.

Learn to use a limited number of instruments. It is not necessary to have a special one for each particular operation. A curved bistoury, with the blade next the handle covered with surgeon's plaster, makes a good tonsillitome. A smooth piece of wire, bent on itself makes a good female catheter in an emergency. A sharp penknife can be used to cut out the offending edges in case of ingrowing toenail, and so giving immediate relief. And here, according to the walrus, a discourse on shoes is in order, with perhaps a demonstration of a properly shaped boot. Once a pocket case and a bottle of

chloroform furnished everything necessary in trimming and amputating some crushed toes on a boy's foot, when the physician was five miles from assistance, and had to give the chloroform himself by the light of a kerosene lamp, with a very smoky chimney, as well as do the cutting. One learns self-reliance in country practice.

This is elementary class talk, but I hope you may never graduate from the primary grade no matter how much you advance, as then I should be afraid of your becoming fossilized and incapable of acquiring new ideas or else being intolerant of them.

Affectionately,

PATER.

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JUNE 23, 1915.

Meeting called to order by the President.

Dr. Taylor: Are there any committees to report? Dr. Patch, Dr. Boger and Dr. Becker are a committee to formulate plans for the distribution of the Transactions—is there anything else to come up?

Dr. Patch: I have here a formal invitation from the Chicago Chamber of Commerce to meet next year in that city. There is also a report of a committee on colleges, which was appointed last year.

Dr. Taylor: We will hear the report of the committee on colleges.

Dr. Patch: Last year a committee, consisting of Dr. John Hutchinson as chairman and Dr. Patch was appointed to communicate with the various homœopathic colleges in the country in an effort to do something further toward the teaching of pure Homœopathy. I have here a report prepared by Dr. Hutchinson:

*Mr. President and Fellow Members of the International Hahnemannian Association:*

Your committee, appointed at the 1914 meeting, to address

a letter to the colleges of the homœopathic school of medicine in respect to the need of genuine Homœopathy begs leave to submit its report.

It was deemed expedient to emphasize the occasion for sending a letter to the colleges from this Association, inasmuch as our members, and the members of all organizations called homœopathic, are recognized by the public as loyal to the same standards. That the anomalous should flourish within the ranks of practice is purely a responsibility to be met as best it may be by every member of the profession. The embarrassment of indifferent service is obvious in every profession, every calling, every walk of life. There is presumably active effort constantly being made to better all conditions. But current history shows the need of more diligent measures on the basis of conference, rather than on the force of the cumulative effects of misunderstandings that lead to unnecessary war. The following letter was written after much reflection on the part of your committee:

New York, June, 1914.

*To the Alumni, Dean, and Trustees of the \_\_\_\_\_  
Homœopathic Medical College.*

Dear Sirs: At the annual meeting of the International Hahnemannian Association, held at Atlantic City, New Jersey, in June, 1914, Franklin Powel, M. D., President; Frank W. Patch, M. D., Secretary; it was resolved that a letter from a committee, to be appointed by this Association, be sent to all homœopathic medical colleges in this country.

For a long time a want of adherence to the principles of Homœopathy has been observed in the work of many graduates of homœopathic medical schools.

Many show a deplorable lack of confidence in the advantages of homœopathic treatment; not infrequently men announce themselves to patients as practicing "both ways," while, as a matter of fact, the practice of some bears little relation to any grade of Homœopathy, while that of others shows but half-hearted interest, and many employ Homœ-

opathy on rare occasions only, if at all. Still another class is to be met—those graduates who seem to have imbibed the sophistry that only when everything else fails should they “try” Homœopathy, and in following such a course the character of their therapy bears little relation to the science founded and taught by Hahnemann.

It is unfortunate for the profession, as well as for the average graduate himself, that he should leave his alma mater with a misconception of his scientific obligations. If graduated as a homœopathic physician, the obvious inference is that he will practice Homœopathy. If our colleges wish to be known as homœopathic institutions it is not asking too much that they place such stress on the teaching of the great principles of Homœopathy that all students will be prepared to defend these principles by precept and example.

Where dominant emphasis is placed on the collateral branches of medicine, to the partial or complete exclusion of the law of similars, students fail to understand the preponderating importance of homœopathic philosophy and materia medica, as applied to the healing of the sick.

The only possible reason for the existence of a homœopathic medical college is for the purpose of educating students in the practice of Homœopathy. With our small numbers we cannot expect to compete, in their own field, with heavily endowed institutions of the opposite school; and while we would in no way attempt to belittle the importance of other branches of medicine in the education of physicians, we feel it is our especial province to place the greatest possible emphasis on subjects so peculiarly representative of our distinctive position.

The fact that our medical directories contain so few names of physicians, whose practice is known to be thoroughly homœopathic, is believed to be a positive detriment to the advancement of the highest interests of Homœopathy in the world today. In advising traveling patients, it is safe only through personal acquaintance, to refer to other homœopathic physicians, even in face of the fact that such men are graduates of homœopathic colleges, as their practice so seldom

bears any relation, whatever, to that expected of a genuinely homœopathic physician.

Competent men, who employ Homœopathy in its scientific exactness, are everywhere in demand. It is impossible to fill the positions constantly offering. There is conspicuous need of these high-class practitioners throughout the world today.

There has long been a growing demand for Homœopathy, skilfully applied. The time has never been so opportune as at present for the advancement of our art.

Therefore, the International Hahnemannian Association hereby makes a formal plea to the institutions, confessedly devoted to the medicine of Homœopathy, that they see to it that their graduates are prepared to apply Homœopathy in all its adaptability, on the tenable assertion that the merits of the homœopathic remedy, in the most serious pathological conditions, surpass those of any other means of care and cure yet known.

Respectfully submitted,

(Signed)

JOHN HUTCHINSON, M. D.,

FRANK W. PATCH, M. D.,

*Committee.*

This letter was addressed to the alumni, dean, and trustees, and a copy mailed to each of the colleges in the following list:

Homœopathic College of the Ohio State University (1914), Claude A. Burrett, M. D., Ohio State University, Columbus, O., administrative officer.

Hahnemann Medical College of Kansas City University (1884), Moses T. Runnels, M. D., Twelfth and McGee Streets, Kansas City, Mo., dean.

Hahnemann Medical College of the Pacific (1882), James W. Ward, M. D., 391 Sutter Street, San Francisco, dean.

College of Homœopathic Medicine, State University of Iowa (1887), George Royal, M. D., Des Moines, Iowa, dean.

Homœopathic Medical College, University of Michigan (1875), W. B. Hinsdale, M. D., Ann Arbor, Mich., dean.

Boston University School of Medicine (1873), John P. Sutherland, M. D., 295 Commonwealth Avenue, Boston, dean.

New York Medical College and Hospital for Women (1863), Cornelia C. Brant, M. D., 19 West 101st Street, New York, dean.

New York Homœopathic Medical College and Flower Hospital (1860), Royal S. Copeland, M. D., 58 Central Park West, New York, dean.

Hahnemann Medical College and Hospital of Chicago (1859), Joseph P. Cobb, M. D., 4649 Woodlawn Avenue, Chicago, dean.

Hahnemann Medical College and Hospital of Philadelphia (1848), William A. Pearson, Ph. D., Race and Broad Streets, Philadelphia, dean.

At the present writing, replies from only three out of the total of ten colleges have been received.

The colleges answering the letter are Hahnemann Medical College of the Pacific, San Francisco, Hahnemann Medical College, Chicago; College of Homœopathic Medicine, the Ohio State University, Columbus, Ohio.

These replies are, respectively, as follows:

"I am very strongly impressed in exactly the same way as you have very clearly written concerning the great importance of accentuating the value of homœopathic indication throughout the medical course, as distinctively applied to Homœopathy. The nearer we entertain Homœopathy as a specialty in therapeutics, the closer we define its domain, and the less it infringes upon any other form of treatment.

Thanking you for your letter, I am,

Sincerely yours,

JAMES W. WARD, DEAN."

"While we believe that every medical school ought to be devoted primarily to the teaching of medicine, we are thoroughly in accord with your idea that the homœopathic schools should give a good course in the specialty of internal medicine, which we call Homœopathy, and cover that in such a way that the student shall have the ability to apply it to all

forms of curable disease. We shall not only be glad to cooperate with you in your efforts, but to give careful consideration to any suggestions which you may have to offer.

Yours sincerely,

JOS. P. COBB, DEAN."

"I wonder if you will be interested to know our general plan of teaching materia medica. We begin with our freshman by giving them a course in the history of medicine; giving as a climax the history of Homœopathy, from Hahnemann up to the present. In the sophomore year we give the study of drugs by requiring the student to handle the drugs in the crude form, make the tinctures, the dilutions and the triturations. Our materia medica laboratory is equipped with the most modern appliances for the study and preparation of homœopathic remedies. With such a foundation, we are preparing to begin the study of materia medica in an intelligent and painstaking manner.

\* \* \* \* \*

"There is one matter which I wish to call to your attention in this connection, and that is that Dr. Hinsdale has the unanimous support and sympathy of the whole faculty in the work of teaching homœopathic therapeutics. Provings and testing of drugs is a constant part of our work at the university, both upon animals and upon humankind. We realize that there is only one excuse for the existence of a homœopathic college in the Ohio State University, and that is to teach and to prove the efficacy of our system of practice.

Cordially and fraternally yours,

CLAUDE A. BURRETT, ACTING DEAN."

These replies must be accepted as perhaps in general evidence of the sentiment of the colleges, and it is certainly gratifying to receive such words in the spirit of co-operation. There is no doubt whatever as to the optimistic attitude of our school, and this could hardly be otherwise, in view of the

fact that the public welcomes Homœopathy in direct ratio to its opportunity of learning what homœopathy is.

When our colleges arrive at the position of bestowing on its students knowledge of the vital and unique character of Homœopathy as advanced medicine, the profession and the public will gain inestimably. Homœopathy is a specialty and its knowledge post-graduate, as some of our best prescribers from the ranks of the other school show; but there would seem to be no very good reason why the proper phases of Homœopathy should not be insisted upon in all their force in those institutions that bear the name.

Respectfully submitted,

JOHN HUTCHINSON,  
*Chairman Committee.*

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Dr. Taylor: You have heard the report of this committee; what will you do with it?

Dr. Powel: I move that the report be printed in our Transactions.

Dr. Taylor: It is regularly moved and seconded that same be included in our Transactions. (If I were not in the chair I would have something to say about the idea that Homœopathy is simply a specialty in therapeutics).

Dr. Stearns takes the chair.

Dr. Taylor: That report is very good and shows a worthy effort on the part of the committee, and it is very unfortunate that there is such insincerity as there is, because I know whereof I speak.

In two of these replies, Homœopathy is characterized as simply a specialty in therapeutics. They have disregarded the statements of Dunham that Homœopathy is the science of therapeutics. It is not regarded so in the estimate of those men who are the representatives of the homœopathic colleges. It exists in their minds and in their institutions simply as a specialty in internal therapeutics, and it will only be a very short time before it will not exist at all. We know how they are teaching it in these institutions, and al-

though they say they will be very glad to have suggestions, and that they heartily approve of the communication, we know how much, or rather how little they teach it in some of these colleges; some of us present realize full well how they understand it. We should press this idea that Homœopathy is what Dunham says it is—the science of therapeutics—it is the basis of cures in internal medicine, not to be supplanted by any others. These men use *anti-toxins* for typhoid; they use *salvarsan* for the treatment of syphilis—they use everything, but Homœopathy, in a great many cases—in a great many diseases. The sooner we get rid of the delusion that the men who are managing the colleges care anything about Homœopathy, the sooner we part with that delusion, the better for the cause of Homœopathy, and the better for the cause of this organization. It was asked by one of the members, “Why Homœopathy cannot be taught?” The answer is very simple—“because they will not teach it—simply because they will not teach it.”

Dr. Loos: As these letters say that they would welcome suggestions, but do not tell what they are doing in the medical colleges, in our responses to the letters, perhaps it would be worth while to appoint a committee, representing this organization, who would personally investigate and report what instruction is given in each college. After the committee's report is received, the Association might be in a position to offer suggestions. Such report would give definite information of what they are teaching.

As a beginning, we might submit a suggestion that the *Organon* be one subject of instruction throughout the college course.

The colleges fear that students will not come to them if they fail to teach the value of a hypodermic of strychnia; they are failing to receive application from students for other reasons. Many people, doctors and laymen, do not send their students because they fail to give instruction and training in Homœopathy, a fact which the colleges might profitably know.

Dr. Boger: This question was talked over informally yes-

terday evening, and I believe the consensus of opinion was that it would be a wise thing for the President of the society to appoint a committee, composed of persons practicing in the neighborhood of the different colleges, to make a personal investigation of what is going on and to report at the next meeting and see what definite information we can get out of the colleges, and give them to understand that the results of this investigation will be published in our Transactions. A move in that direction would be the right thing, and after we have talked this over a little while longer, perhaps, some of the members will see fit to make a motion that such a committee be appointed.

Dr. Patch: I think the suggestion of continuing the committee for this purpose is wise. I happen to know that in some of the several homœopathic colleges there is a real effort to do better work. Of course we are criticised, and rightly so. I can speak for Boston University, authoritatively, and I know that there the time has come when the faculty, as a whole, no matter what they think or believe outside of the department of materia medica, have come to the conclusion that they must teach Homœopathy if they are going to exist as an homœopathic college. This has been discussed by the faculty over and over again, and an effort has been made on the part of the governing board to give opportunity for the teaching of pure Homœopathy. Of course that does not mean that every chair in the college has become imbued with the homœopathic spirit, by any means. We are suffering now perhaps, from the effects of mal-teaching of Homœopathy of many years ago, during the worst period Homœopathy has ever seen, but now I believe there has come a new vision of the fact that if these colleges are going to exist at all, they must teach Homœopathy.

If we go into this matter in a helpful spirit, we are going to be of great service. A committee of investigation will be of help if they go about it in the right way, but this must not be in a critical attitude. If this is the spirit shown, we will not get any results; while on the other hand, if we are tactful and helpful, we shall get results sooner or later.

Hahnemann, of Philadelphia, is, I think, having a change of heart, as they are announcing a very comprehensive course in homœopathic materia medica, as good as any I know of in the country; and so, in Boston, the faculty has given every opportunity, and are co-operating in every way, to increase the strength of that special feature in teaching; so that I really believe we may be of service.

Then there is another matter that is important here in considering the college situation as a whole. Aside from Homœopathy, you know that during the past ten years the number of our colleges has diminished in this country from twenty-two to ten, and this has come about through increase in standards of all medical colleges. The old school has suffered in a similar manner, although not quite so extensively. In other words, there has been an immense overturn in medical education throughout the country in the way of strengthening and helping the strong colleges and shutting out those that are unfit; increasing the requirements in all, and likewise strengthening medical education generally. The weak college cannot live any longer. There are at least nine states in the Union, I think, now requiring two years of college work preceding the medical course. Complaint is made, and justly, that our students are not taught Homœopathy; they are obliged, if they are attending a suitable homœopathic school, to get some of it, but the average student has very little time to absorb homœopathy in the way we would like to have him. His mind is filled, no matter what may be his desire, with many other subjects, and the result is often chaos. He cannot get the best Homœopathy unless he can get it from other sources. But if each one of our colleges can have a strong department of materia medica and homœopathic therapeutics, it will improve our standing materially.

Dr. Reel: At a meeting of the Philadelphia Woman's Club, last Friday night, called by the dean of Hahnemann, who represented the governing faculty, to ask the co-operation of the Women's Homœopathic Medical Club for the better teaching of Homœopathy—that Hahnemann College

wished to stand for pure Homœopathy, thoroughly taught in all its entirety. That was the statement of the dean, and I think he was honest. The main point at issue, however, in their request for a meeting with the Women's Club was to consider the question of co-education at Hahnemann.

I think the idea of appointing this committee is a very excellent one, and I also agree with Dr. Patch that we get the best results by going at the matter in a helpful way, and not in the spirit of criticism; and yet, I think there is no harm whatever in giving the colleges to understand that whatever reports we make will be published in our Transactions, and that we will report truthfully whatever these colleges are doing in the teaching of Homœopathy.

Dr. Stearns: I think this is the most practical work that we have ever done in this society—the most practical work that I have known. I have noticed a much more helpful spirit in New York of late years. It is improving all the time, and it seems to me that it is not only there, but all over the country that there is a desire in the colleges to teach better Homœopathy, and if the matter before the house is settled, I suggest that these committees be continued as they are, but with the power to call upon any member, in any locality, to help out. It could not be in any better hands than those of the committee in which it already is.

Dr. Loos: I propose an amendemnt to Dr. Powel's motion that the committee be continued with instructions to enlarge itself with representatives of this Association who live near the colleges to carry out this investigation.

Dr. Farrington: Do you want to fix the number on the committee?

Dr. Loos: No; except that the committee, as it stands, may increase its membership, selected from other members.

Dr. Taylor: You have heard the motion, that this committee, as it stands, has instructions to increase the membership sufficient to examine the colleges and give us a reliable report from all the colleges. Are there any remarks?

Motion carried.

Dr. Patch: At the meeting last year a change in Article VI of the By-Laws was suggested—notice was given in writing. The effect of which is to simply do away with the Bureau of Obstetrics and the Bureau of Surgery, and combine it all in Clinical Medicine, so that we will have but three bureaus instead of five, as we have now. There would be only Homœopathic Philosophy, Materia Medica and Clinical Medicine, and anything in the way of surgery and obstetrics would be thrown into these departments.

I think the President has something to say on this proposed change.

Dr. Williams: I move that it be accepted.

Dr. Taylor: The motion is regularly moved and seconded.

Dr. Stearns: I should like to hear from the chairman of these bureaus.

Dr. Baker: I had that job the year before last and I certainly had trouble enough. So many of our men write that they do not have the time. I believe I wrote one hundred and forty letters, and I got, I think, fifteen papers. I would suggest that, even if this motion does not carry, we at least do this: make the Bureau of Obstetrics include Pediatrics; then you will have a chance to get more papers. I never have had the Bureau of Surgery, but I think the men there have had trouble, too.

Dr. Patch: This came up last year, purely in the desire to simplify the work of the chairmen. There have been constant complaints on the part of those who happen to have had these bureaus, in the line that Dr. Baker has indicated. They have had to do a great deal of work to get the required number of papers, as Dr. Baker has already mentioned, perhaps because so few of our men do surgery and obstetrics to any extent. It does not absorb the vital interest of our physicians as work in materia medica and clinical medicine does, and consequently it becomes increasingly difficult, as the years go on, to get the desired papers. I think the suggestion is good. Of course it is not intended to shut out any contribution. They would all go into the Bureau of Clinical

Medicine because the homœopathic therapeutics of surgery and obstetrics is practically clinical medicine.

Dr. Williams: I think, Mr. President, that the papers I have heard in connection with the Bureau of Surgery have almost all of them resolved into the reporting of cases, presumably surgical, which were treated therapeutically. Now, to my mind, that belongs to the Bureau of Clinical Medicine, and not to the Bureau of Surgery. Very seldom do we have a paper on surgery in which the homœopathic remedy took no part. To my mind, that is not what I would look upon as a bureau of surgery, and I think that the majority of men and women members of this society rarely write such papers. The same thing holds true of the Bureau of Obstetrics. The purely obstetrical problems in which homœopathic therapeutics has not held a prominent part, have not been many. I have heard very many papers along that line, which have not been at all to the point, and it seems to me that if that is so, and it has been my experience since I have been a member of this society that it has been a difficult thing to get papers of any kind for these two bureaus—at least, papers to the point, and if that is the only kind we can get, it seems to me that it would be better to combine them with the Bureau of Clinical Medicine.

Dr. Hayes: I would suggest that, inasmuch as Homœopathy is useful in the treatment of these disorders, we confine our studies and efforts to that phase of it.

Dr. Boger: I recommend that we represent them as the Bureau of Obstetrics and Pediatrics, and the Bureau of Surgery to be Surgical Therapeutics.

Dr. Patch: Mr. President, I question if Dr. Boger's suggestion is in order. It is necessary, according to the by-laws, to introduce any change at the previous annual meeting. We are voting now on the change that was submitted in writing at the last annual meeting, and I think we will have to stick to that.

Dr. Stearns: This discussion shows that the subject has not been well thought out. Why could we not vote this down

and then appoint a committee to report at the next session, or tomorrow, taking into consideration all that has been said.

Dr. Farrington: It seems to me that is a good suggestion. I might say something about the trouble I have had with my Bureau of Obstetrics this year, but I think it should be considered a little more, as it is new to most of those who are here.

Dr. Stearns: A committee could be appointed to be composed of members who have had those particular bureaus to talk it over and present another amendment.

Dr. Taylor: You have heard the discussion; all those in favor?

Motion is carried.

Dr. Stearns: I move that a committee be appointed by the chair to consider this question and present it in writing.

Dr. Williams: Second it.

Dr. Taylor: I will appoint Drs. Stearns, Boger, Farrington, Powel, and Loos.

Dr. Patch: I have the resignation of Dr. Mary E. Hanks, of Chicago, an associate member.

Dr. Taylor: What will we do with it?

Regularly moved and seconded that the resignation of Dr. Mary E. Hanks be accepted. Any remarks?

Carried.

## Bureau of Materia Medica

GUY B. STEARNS, M. D., CHAIRMAN.

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Dr. Stearns: First, I want to thank the Association for the very generous support it has given me in this bureau. I have a good number of papers, and they are classics.

My connection with the Bureau of Materia Medica has crystallized many dormant ideas about materia medica needs. These were stimulated by the papers of Dr. Freeman in 1913, and Dr. Krichbaum last year.

The growth of Homœopathy depends upon materia medica. A perusal of the materia medica fills the novice with awe at its volume, but when he begins to understand it and stops trying to learn it, awe is replaced by a sense of its incompleteness. The whole universe furnishes our remedies, but note how many spots in the universe are barren of proven remedies. Note the many groups of remedies represented only by a few proven drugs, and the few complete provings that there are. Take, for instance, the snake venoms. How often we see in a case its resemblance to a snake poison, but once we have studied *Lachesis* and *Crotalis*, how few details have we of the other snake viruses. Spider poisons are even less well known; of other insects, not more than a dozen have been proven; of the fish family, we practically know nothing. Thus we can run through the entire animal kingdom and find the field hardly touched. The vegetable and mineral

kingdoms have been better studied, yet even there only a beginning has been made. Among the minerals the imperfect provings of the tissue salts are a notorious deficiency. All the elements should be proven where possible, and then all their salts should be taken up. Brilliant prescriptions are sometimes made by deduction; for example, a case is recognized as belonging to the Calcareas or Potassium group, and some of its modalities lead to the successful use of a sulphate or a phosphate, though the insufficient proving of the salt used does not show its similarity to the case.

Provings of the individual salts should be made and then each class of salts studied as a group.

The master mind of Farrington conceived such a group-study, which he carried through the animal, the vegetable and the mineral kingdoms.

Much can be learned by the group-study of botanically related plants—not by the limiting methods of United States Pharmacopeia, which classes *Nux vomica* and *Ignatia* as identical in action, but the sort of group-study that gives a general view of related substances. A patient of Cooper's could never eat onions, and this led Cooper to make a proving on him with one of the onion family; from that bit of inspired work was obtained all our knowledge of *Ornithogalum*.

All alkaloids should be isolated and proven. All food should be studied, especially those articles which are known to disagree with many people. Recall how many cannot take fish or strawberries or tomatoes or fat or milk or eggs. Rissing discovered a potent remedy in beef, but, as far as I know his observations were never published. As for the need of proving the different milks, it is sufficient to call attention to the lives saved by *Lac caninum*.

Years of work should be spent upon the nosodes. Many occupational diseases need to be investigated, and the results incorporated in our materia medica. There are the eruptive conditions of the carbide worker, the eczemas of coal miners and the anemias of the solderers in canning factories.

Benzoin is used in soldering, and many solderers acquire splenic leukemia. A Johns Hopkins' observer noted this, and

suggested Benzoin as a cure, and now and then cases of this so-called hopeless disease are cured by Benzoin.

The vast amount of medical research work, which has been carried on, should be reviewed and interpreted and provings carried on in ways suggested by the findings. Much has been lost by not recording the symptomatology of the various "poison squad" experiments.

The bacterial analysis work of Vaughan, while investigating the protein poison, opens a new field for proving bacteria. Cancer research work of the Boston University suggests the proving of various cancer products.

But why multiply the needs? As one thing comes to mind, it suggests many others. Besides, much of what we already have, we do not understand or use. This is because so much of it is buried in its own bulk and is unavailable. The repertory should be extended to include all that has ever been proven. This brings us to the practical question, "How can this be brought about?" If each of us did something every year toward this end, would we perfect our materia medica? The fact that each of us does not, is answer enough, but even if we would, it would not accomplish the purpose. The work should be done by us as an organization through the colleges. The I. H. A. and similar organizations are given the ark of the covenant of Homœopathy, and we are the ones who should take up the work. All provings made by those who but imperfectly understand Homœopathy are deficient.

First, a fund should be started and be intrusted to the I. H. A.; when large enough, it should be apportioned for use in all the homœopathic colleges, each to take up some branch of work, under the direction of the materia medica department. Students should be used as provers, and all work should be conducted by salaried investigators. Men should be trained through their student days for this sort of research work, and a central committee should review, collect and repertorize the work of all colleges. The fund should be large enough to enable those who engage in the work to devote their whole time to it. With a sufficient fund back of

them, the I. H. A. would always be represented in its proper place in the colleges and hospitals.

It is not my purpose to suggest details; they would develop naturally with the adoption of the plan.

Every patient who benefits by homœopathic treatment and who understands the need would be glad to contribute to such a fund.

With all the colleges whole-heartedly working along these lines, our materia medica would, in a century, approach perfection.

The first paper on the program is by Dr. Boger.

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#### WHAT DOES HOMŒOPATHY STAND FOR?

C. M. BOGER, M. D.

Putting aside for the moment the factors which led up to the discovery and evolution of Homœopathy as one of the first fruits of the spirit of modern investigation, we may well ask ourselves what it stands for today. While the teachings of Hahnemann were pretty fairly followed until the close of the last century, the same period also saw the rise of the cellular pathology of Virchow, which, ranking as a collateral science at first, was soon reinforced by bacteriology, whereupon it quickly became the cornerstone of regular medicine, which has since leaned more or less toward the rationalistic form of materialism. So strong an impress upon medicine in general did not fail to make itself felt in homœopathic circles also, where its influence, especially among those who held but loosely to the law of similars became preponderant, and a majority of its followers was easily swept from its moorings by a conception of sickness which embodied the idea of concrete disease as the result of material disease producing entities. In time, these protagonists came to be accepted as good, and at the same time liberal and modernized Homœopaths; but it proved a false step which inevitably led to a polluted and utterly unscientific form of practice, closely ap-

proaching the polypharmacy of the old school. These men overlooked the vital fact that Hahnemann was not ignorant of germ borne diseases, as such, and that dynamized remedies are all sufficient for their cure, thus showing beyond any reasonable doubt, that disease is indeed much more than the effect of germs, plus their dejecta, in a favorable breeding ground.

All human judgment acknowledges its fallability by bowing to eternal law, and because Homœopathy has misread the lessons of pathology and helped to seek for "the secret of the universal life in charnal houses—dismembering rottenness itself and prying open the jaws of death to view the awful emptiness therein. Learning only enough to appall you"; because she has done all this, can she not retrace her steps and shake off the malign part of this incubus? Can she not again sit at the feet of Hahnemann and learn the lessons anew which he so hardly wrested from nature's grip; learn that the law of similia is the masterkey of the universe, that it is related to and interwoven with every natural science, and that above all it is a constituent part of the still greater law of divine love.

Our present state remains one of "Wang, the Miller," who dreamed of a great treasure buried under one of the large foundation stones of his mill. To get these riches he dugged down to the stone, but as he started to raise it the whole mill tumbled about his ears, and buried him in the common ruin. The pathological short cut has only been a mirage, leaving most of its devotees in a barren desert of guesswork.

Similia similibus curantur is the crystallized expression of what we now all know to be a fact in the very nature of things, and if we wish to extend the working sphere of this natural law it is our moral duty as well as privilege to note all the apparently germane things that happen in our lives; for out of such fragmentary evidences come the highest values. What to us may seem merely trivial or incidental often holds within itself the solution of the most knotty problem; therefore what we are heedless of will often yield the greatest good if we will but observe, observe and observe again until we

come at last to understand. This is the true course for every man who wishes to learn how to cure, to heal and to increase happiness.

We must learn very thoroughly what Hahnemann taught, and the rest will come to us easily enough. We must also cease to run so hard after all the fads in medicine, and devote more time and energy to learning about the law and its workings. If all the energy that has been expended in research work in other fields had been given to materia medica analysis and synthesis we would seldom need to be, as we now often are, ashamed of the prescription work of our graduates. No one is so deluded as to believe that the well-oiled allopathic institutions of today are incapable in their own line, and need our puny assistance. Had we not better stick to our own work and develop it instead of leaving the heaviness of the burden to a few workers who hardly ever get even homœopathic recognition?

Has genuine Homœopathy, then, no questions purely its own that it must needs be so busy with other people's affairs? Is the potency enigma, aside from the field of pure mathematics, solved as yet? Has any one shown us the nature of the differential character of the reactions developed by potencies made by hand and raised by different ratios or denominators, not to speak of why such is the case? A patient who has improved while taking various potencies of the same drug made on the decimal or centesimal scale, begins to lag, and we change to another, a millennial scale or even a fluxion preparation, and the cure takes on a new impetus at once. Have our investigators (?) who are so fond of allopathic pastures solved this riddle? The efficiency of hand-made potencies, according to my own experiments, is distinctly increased by using the thumb in place of a cork and refilling the same vial each time the potency is raised instead of using a new one at each step. Magnetic influence is almost certainly a factor here.

We may speculate and perhaps reason out why such things ought to be so and so, but this does not advance us very fast, nor does it tend to open up those new vistas which are the

invariable accompaniment of pure investigation. Perhaps frequent homœopathic prescribing tends to make blind imitators of us; it sometimes looks like it. If this be true, it also deters original investigation because it in a manner appeals to our imagination, fascinates, satisfies and enslaves us, by its successes and constant picture building—pictures which portray for us the tragedies of life and death. But in extenuation we must remember that it also brings renewed hope, the thing that we so desperately need, in the hour of trial. If then the gladsome victory of making a cure is born in the vision of the prescriber, how well should he know his work, and how little will all else become in his sight. We can not help but think that the hope and cheer which go with real curing are just as strong as they ever were, and our young men are just as anxious to learn how to do these things as they were of old, but the teachers of the truth are few, while smatterers and imitators of allopathy fill the world with loud and discordant cries.

The seeker after homœopathic truths needs the guidance of some one who has himself been over this very difficult ground. Even the learned man will do well to begin by first reading Clark's "Homœopathy; All About It," along with Burnett's "Fifty Reasons for Being a Homœopath," as both of these books open up the subject in a very agreeable way; then should follow Hahnemann's "*Organon*," along with Kent's "Philosophy" as a commentary, but if the transition step seems too abrupt Nash's "Leaders" will entertain as well as instruct by the very helpful sidelights which they throw on the main thesis. Next comes Farrington's incomparable materia medica, which also by means of its many comparisons really introduces us to the study of the repertory. The next step is taken by learning the use of the synoptic key, wherein repertory analysis is combined with an illuminative synopsis of each remedy, whereby the prescriber may correct his bearings, either before or after consulting the detailed materia medica text in Hahnemann's "*Materia Medica Pura* or the *Chronic Diseases*." The aim of the above outline for study is to make the practical application of a working knowledge

of the materia medica keep pace with a proper understanding of the principles and philosophy of Homœopathy in general.

Hurry characterizes the modern world, hence the practice of pure Homœopathy which demands time, patience and careful consideration, is not an easy thing for the man who fails to get it thoroughly drilled into him through all the four years of his college life. As true as all this is, it is indeed strange that our colleges can't or won't see that our very existence depends upon real homœopathic work. All other methods are subterfuges and evasions that will in the end discredit their advocates and bedim the law. The doers of these things often talk loudly in praise of what Hahnemann did, but in private practice resort to the most absurd, not to say, unscrupulous things to obtain successes which are presumed to be homœopathic, but are in reality the very basest of quackeries. The end of such things is, however, not far off, and the public will learn to repudiate such men with all their debasing arts. Order will surely come out of this chaos and be visible to all eyes that can see, for the disorder characteristic of the prevailing modes of treatment is in itself their greatest condemnation, and convicts its advocates out of their own mouths. In the face of all this regular medicine is too prejudiced to look into the only science of therapeutics that exemplifies natural law, but prefers to pursue its own devious ways, stumbling over a curative fact here, or making a crude homœopathic application there, all to no conclusive purpose because it can not or will not see that stabilizing or curative action must always in its finality be similar action.

We are brothers in a great and true cause, the highest of earthly callings; nothing should divide us, but we can and must press forward with an increasing and holy zeal to cure, to heal, and to teach others how to do the same thing in order that man may be lifted up from the blighting power of ignorance, from pain and from shame.

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Dr. Stearns: There is a great deal that is suggestive in this paper and it should call forth good discussion.

Dr. MacLaren (D. C.): I might ask Dr. Boger to elaborate his remarks as to how the potency was made.

Dr. Case: Dr. Fincke believed that the character of the person making the potencies had much to do with their effectiveness. He never permitted any one to touch his potencies. He thought that they would do better work in the hands of some prescribers than in those of others. He believed thoroughly in the personal element, and when sending potencies frequently wrote: "May they do much good in your hands." I should mistrust potencies that came from the hands of a mongrel homœopathist, or from a person of immoral character.

Dr. Stearns: There are many reasons why one should be afraid of a potency handled by some people. I know of remedies that have been used on the wards of the hospital, and I have every reason to doubt them—not, however, for the reason that was given.

Dr. MacLaren (D. C.): Jenichen believed, at least, in the muscle part of it, if not in the percussion. It is recorded that he was a muscular man and made his potencies with a certain number of violent strokes, and the potencies are certainly very good nowadays; as good as ever.

Dr. Stearns: I understand that their efficiency was due to the number of percussions, rather than anything else.

Dr. MacLaren (D. C.): He believed in the powerful muscular stroke every time.

Dr. Quackenbush: Take what Dr. Boger said about using his thumb. It is just a matter of personal magnetism. You take two women making cake; two chefs for that matter, and you give them the same ingredients. Well, if one is a good feeder, plainly, one that likes good food, and puts some heart and interest into the making of it, I will guarantee, if the other one doesn't do it, which will be the better cake when it is cooked. I have made quite a study of personal magnetism. I think the more it is looked into the wiser we are—but to go back to the question of the cake. I have seen people not having much material who have put up a good meal, because they had it in them to do it.

Dr. Patch: I think it is a question of technique, rather than mixing.

Dr. Williams: I think that is the point; or how do you account for machine made bread. It is better—better made than you can get by hand. The point is, we are injecting a lot of mysticism into this thing all in a minute.

Dr. Stearns: The point in Dr. Boger's paper was that we should investigate it.

Dr. Boger: In Homœopathy we always seem on the border land of mystery. After using an ascending series of potencies of the same drug upon a patient, it often becomes desirable to use the same drug still. After some reflection I reached the conclusion that potency does not after all depend so much upon the quantity of the dilutant as upon the fact that it is progressively diluted. Hence it does not make so much difference whether we multiply at each stop by tens, hundreds or thousands.

Acting upon this idea, I frequently raise a low potency by means of a **one drachm vial**, using the thumb as a cork, and giving twelve or fifteen powerful strokes upon a hard substance for each potency. This procedure also brings up the subject of magnetism which, little as we know about it, may be collected on glass. Now, if it be granted or not, that the potency has magnetic force, the oscillation of the atoms of matter as the drug is potentized further and further certainly takes place upon the magnetic field. It has been my custom to run up a low triturate to the twelfth or the twenty-fifth, and then give the patient one or two doses. This preparation, if the remedy be still indicated, acts just as vigorously as the first one did. This is not strictly Hahnemann's method, for it brings into the question a new factor. All I have to say is, try it.

Dr. Stearns: Have you tried going down in the same way; that is, with the stock potency?

Dr. Boger: I often use a potency to start from, and go up, and even occasionally go down, but I have not had as good results.

Dr. Stearns: This brings up the point as to whether a potency loses efficiency as it grows older.

Dr. Boger: Yes, it is not new ground.

Dr. MacLaren (D. C.): May I ask Dr. Boger if he uses one vial or a series?

Dr. Boger: Just one.

Dr. Stearns: This is not uncommon. I run up potencies that way, but I use a cork instead of my thumb.

Dr. Boger: I think strokes are very important—not less than fifteen strokes.

Dr. Hayes: Dr. Boger says the efficiency of a potency depends upon personal magnetism. I want to ask him if he means to say that his 200th is a different remedy from the Boericke and Tafel 200th?

Dr. Boger: I do not say that the efficiency of a potency absolutely depends upon personal magnetism.

Dr. MacLaren: You introduce two factors; potency and magnetism—magnetism itself is a physical force. You are introducing two factors and entirely confusing them.

Dr. Boger: With pure magnetism in the abstract we have nothing to do in this case.

Dr. MacLaren: Oh, but I think you have. You cannot put an active force at work without producing pure magnetism separate from the potency.

Dr. Dienst: I would like to ask a question, please, and it is this: If Dr. Boger, in magnetizing a remedy, can get certain results from it, what results would a person of the opposite magnetism get in prescribing his magnetized remedy?

Dr. Baker: I think there is no doubt but that there must be a great deal in the personal magnetism part of it. I have a Sul. 6m, which I got from Dr. Kent in 1901, and I have used that ever since and that potency will work above Boericke and Tafel's 1m. Jenichen's is not diluted each time. In fact, nobody really knows how it is made. I have a number of others, but that one especially always works above the Boericke's and Tafel's 1m.

Dr. Quackenbush: I think Dr. Case will remember when it comes to a question of personal magnetism, a story in Dr.

Fincke's experience. He had one of the students in chemistry hold his fingers over a mortar, with sugar of milk in it, and think the worst possible things he could think of, and Dr. Fincke made a potency from it; and he gave a dose of it to a woman, telling her to report to him afterwards as to the result. She told him that she never wanted any more of his medicine if it acted like that. So there is an element of personal magnetism, whether anyone believes it or not.

Dr. Stearns: We will have Dr. Steven's paper next—another one of the old remedies, which we like to hear about.

Dr. Stearns: The title was happily chosen, and these papers are very instructive. They are what we need, and as good as a tonic, where the remedy is indicated.

Dr. Sloan: Dr. Stearns' last three or four words explain the whole thing. They are as good as a tonic where indicated. This is probably true of all the homœopathic remedies we have. I had a woman who had lost in weight, and with absolutely no appetite. I gave her three or four remedies that did no good; finally, I worked it out to Sepia, and it worked better than any tonic I had ever used in my life. She is better than she has been for some years.

Dr. Case: Patients often ask for a tonic to restore their strength. They are told that strength is obtained from only two sources, food and rest. The so-called tonic or stimulant is like a whip on a tired horse. It excites the nervous energy and exhausts the individual more quickly than is natural. The indicated homœopathic remedy is the best tonic. It permits the patient to take and digest sufficient food to restore the strength, and at the same time it quiets the nerves so that he can rest and enjoy refreshing sleep.

Dr. MacLaren: What do you use in a case like this? A case comes in and the symptoms point to Sulphur. You give the 200th; you get a very marked improvement in two weeks, then your improvement stops and the patient gets worse again, comes in with the same symptoms; you probably let it run a month and then repeat your prescription. In less than a week they come back and the symptoms are still as

they were at first. No other remedy seems to be more indicated; what do you do?

Dr. McFall: That happens often. Perhaps I have not been in practice long enough to know what to do, but there are older men here, and I should like to know.

Dr. Hayes: That is an important point and is one which I think anyone here appreciates, as I think each one of us has gone through that same sort of experience.

Dr. Farrington: It is possible that Sulphur was the wrong remedy, or the case may be an incurable one and no remedy will hold.

It does us good to have some of the old remedies brought up in this way and treated simply and clearly. As the doctor was reading her paper, I was thinking of a daughter of mine. She is now six and a half years old and, practically all her life, Sulphur was the remedy which was indicated in both acute and chronic ailments. We always think of the Sulphur child as thin and scrawny and averse to being bathed. Now, this little girl was fat and chubby when born, and although on one or two occasions she was reduced almost to skin and bones by severe illness, she regained her weight and until quite recently she was almost as tall as she was broad. Moreover, she had a perfect mania for water inside and out, and when a little tot at our cottage in Michigan, we had to watch her every minutes or she would go running into the lake with all her clothes on. We must never lose sight of the fact that a remedy, especially a polychrest like Sulphur has various phases, and we should study it from more than one viewpoint, and not dwell too much on the old key notes. Thus it is quite proper for the beginner to learn of the great storm of fever, anxiety and restlessness so typical of Aconite, the tearful, yielding disposition of Pulsatilla, the irritability of Nux, the dirty skin of Sulphur, etc., but it is a great mistake to so enlarge on these characteristics that he expects to find them fully developed in every case. Aconite may be indicated when there is not a particle of temperature; Pulsatilla may show considerable snappiness on occasion, while Nux may deceive us by remaining calm under irritating circumstances:

and, as in the above instance, aversion to being washed is not a *sine qua non* of Sulphur.

Dr. Stearns: Two points bear upon the question, asked by Dr. MacLaren; one is incurability and the other is the fact that it might not be the right remedy.

Dr. MacLaren: I would say that if the remedy appears to be indicated I do not see how you are going to get away from giving it. Another thing, if an ordinary case comes into your office without any gross pathological lesions, you have a right to expect that that case is curable. Generally, if you keep on, you will get a cure.

Dr. Case: Dr. Fincke used to say that there was a homœopathicity in the potency as well as the remedy, but the laws for selection of potency were not yet discovered. That should be the study of this century, but he doubted if they would ever be formulated.

In a case, such as Dr. MacLaren mentions, where Sulphur was indicated and would not work, I should give the patient another careful study to see if Sulphur is really indicated, and whether its action was hindered in some manner. If convinced that it was the remedy, and no miasm were present, I should give it in a divided dose of a medium potency or a single dose of a very high potency and watch the result.

Dr. Loos: A question has been asked, which every medical student should be able to answer before he leaves an homœopathic medical college. The patient has improved on the 200th potency of Sulphur, and continues to present a Sulphur-image. A repetition of that potency did good work during two weeks, which is not a very short time for the 200th to act. Who will say that was not a Sulphur patient? When the 200th ceases to act, and he continues to need Sulphur, our instructions are clear: the next potency in the series will do good work. This was brought out by one of the speakers before the question was asked here.

We need, frequently, a series of potencies, advancing from one to the next, allowing each potency time to accomplish the work that it can, carrying the patient farther and farther along. That brings me to a question I had for the speaker

who said he prepares his remedies in a different manner, when a patient has progressed through a series of the potencies of the same remedy and continues to need that remedy. I wished to ask whether he had returned to the lower step in the scale and failed with that, before resorting to a different preparation. Frequently, a series can be repeated, with benefit, after the entire series has been used, and the same remedy is needed after the highest potency has been exhausted, for the time.

Dr. Stearns: Go back to where you started?

Dr. Loos: Yes, back to the beginning.

Dr. Stearns: I have gone back to the twelfth.

Dr. MacLaren (D. C.): When a remedy does not work, if we just reverse our thought a little and say that the patient's vitality does not respond; that, after all, is the key to the whole business. It is just what we were talking about last night—what we have for a piano or what we have to play on; what we must produce music from, and there is something making it dumb and mute, when it does not respond, especially when it responds brightly a very short time and then fails. You have got to go behind the scenes; you have got to study your patient—have got to look into things more carefully—the only way to find out these things is by questioning. Stick right to your patient and worry him like a dog does a rat or a lawyer does the witness on the witness stand; keep right at it until you find out what the condition of that patient is. Because one vitality will not respond to one remedy is no indication of what response you will get from another patient, and this vitality may need waking up. If it is a psoric condition that is there, that is probably, in nine cases out of ten, what is the matter. Sometimes it is worth while studying for a long time; let it go two or three months—sometimes that vitality has been sorely depressed by allopathic drugs—sometimes by other conditions; emotions, worries, trouble, study this all out and get at the underlying condition. It may be that some other remedy is needed. If you find that Sulphur has done a certain amount of good, get at the history some years back. Perhaps the patient had a be-

reavement; if so, a dose of Ignatia may clear the way, and then the Sulphur comes into play afterwards. Go back some years, and there may be a history of an attack of diphtheria. You may look over the case again and may find indications of its requiring Lachesis—that may direct that you go to work again on the psoric basis. There may be some deep-seated trouble, and the patient will die. He may need a dose of Opium, then the psoric condition will respond rapidly. If it is a case of allopathic drugging, give a dose or two of Nux. This will clear up the atmosphere of patient's vitality so that there will eventually be a response.

All these little things a man learns to watch for by persistent endeavor—persistent studying of patient, giving plenty of time to patient, and if you are in earnest, if you are a thoughtful man and the patient will stand by you at all (of course they will disappoint you if you do not cure them right away), but a patient who has been up against it and has tried different treatments without results, and is hopeless of any cure except what you can give, if you have a certain amount of magnetism, impress them so that they will keep confidence in you for a few months there is hardly a case that is in the least curable but what you will cure.

Dr. Boger: Dr. MacLaren's remarks are exceptionally interesting. We should look around and see what our patients are using. Ladies have a habit of using deodorizing mixtures in the arm pits, others sprinkle camphor around. Men often use a dusting powder in the shoes to keep down odorous feet. You will find all such things keep the patient from being cured. I have learned, from long experience, to say nothing, because he will resent it, when a man with dyed hair comes into the office. The lead mixture which he uses on the scalp has such a paralyzing effect that you will get but little action from your remedies, so that he will probably never come back again.

Dr. Reel: I want to tell you about this case—just a case in which Sulphur failed in the first place and afterwards did the work. A most beautiful case of eczema all over the body, the second attack the woman had had. I did not attend her

at first, but when I did, I gave her Sulphur because it seemed to be the remedy. It did not work. I then gave her Psorinum; after that I put her on Sulphur and she has done most beautifully; it acted like a charm.

There have been several references to mysticism or the mystic phase of our profession; some one has suggested that all life is mystery, and how can we escape it in medicine, "when the remedy won't work, the doctor must."

Dr. Hayes: I would like to mention one thing: after prescribing for chronic patients for quite a number of months, then we may profitably wait a long time, many months, with wonderful, lasting improvement.

Dr. Becker: I was going to remark, Mr. Chairman, that if environment were so deleterious to our remedies we would not get the results we have been getting because the environment certainly has very seldom been satisfactory. We treat all sorts and conditions of men, but we have to treat them with the potentized remedy. Now, we have men who prohibit the use of tea, coffee and tobacco, and the patients persist in taking these things and still the results are good—I mean good results from the prescribing. I think we must grant that probably the higher potencies are more deep acting than the crude drugs and bad habits which so many of our patients indulge in.

Dr. Farrington: There are undoubtedly some to whom coffee is poison and yet they continue to drink it; there are men who smoke, and it is doing them great harm; but as Dr. Becker has suggested, these cruder drugs do not always interfere. I remember when several of us were at Dr. Kent's dispensary, some years ago, a man came in with chills and fever. The rather unusual symptoms called for Sulphur. He was given a single dose of a high potency, but as he opened his mouth to receive it, the powder fell right into the midst of a big quid of tobacco. We all felt that it could not possibly help him, but for some reason the dose was not repeated. He never had another chill.

Dr. Stearns: Not every time that a remedy seems indicated is it the one that is indicated. I had a very interesting

case in a very old lady, who had angina pectoris. One of her persistent symptoms was hot head and cold extremities; sometimes her feet would burn. *Sulphur* helped her some, but not very much, and after a good deal of hunting I found, under *Nux jugelens*, that symptom, and that remedy carried her on until she died. It relieved her angina pectoris—all her symptoms, in fact.

Dr. Stearns: If there are no more remarks I will ask Dr. Stevens to close the discussion.

Dr. Stevens: I am very grateful for the discussion of the paper, and I am greatly comforted to find that others, beside myself, have had the same experience in prescribing this remedy without results. I was interested in what Dr. Stearns said about giving the remedy at the psychological moment. I have also found that it seems to act better if given at bed time, rather than in the morning.

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### CARCINOMA: AN OBSERVATION.

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Among the multitude of articles pertaining to carcinoma, which have occupied our attention in recent years one brief line in an obscure periodical recently attracted my attention.

It stated, in effect, that after all had been said and done, cancer was purely an individual disease.

From the standpoint of Homœopathy, you can easily see the bearing which such a thought must have on one who is attempting to prescribe for this disease.

It has furnished the text for a case report, which will surely prove interesting if it offers no further suggestions for relief to other sufferers from this intractable disease.

That cancer is largely an individual disease I fully believe, and such a conclusion would seem to be warranted when one observes the multitude and varied forms in which

it occurs and the striking symptom pictures which are brought out in different individuals.

Unfortunately, it is rarely possible for us to get sufficient evidence after the disease is fully developed on which we can base curative prescriptions, though I have no doubt that the skilful prescriber often interrupts certain morbid processes that eventually would result in cancer if allowed to persist.

It is a disease which casts its shadows a long way ahead, and its culmination which often seems to be a rapidly developing specific disease is in truth but the final concentration of symptoms that have long been distressing the individual patient.

The case, under consideration, Miss E. H. first presented for treatment in 1902: a school teacher, thirty years of age, who had been vaccinated eight weeks previous, the scar being still unhealed.

She was excessively tired and was suffering from insomnia, especially during the first part of the night; frequent acute colds, headaches with bruised sensations over one temple; vertigo after going to bed at night or on rising from a sitting posture.

She was given Silica 1m, and no more was heard from her for about three years, when she again called with a history of frequent headaches and severe colds, followed by a hoarse, barking cough and rheumatic pains in the ankles. Sepia was given without relief, followed by Lyco, which brought a degree of comfort.

During the winter of 1905-6 there was a great deal of rheumatism, largely in the various joints of the lower extremities.

In August, 1906, the same trouble is again present, after the summer's rest. Pains in the ankle, the left foot, shoulders, back of hands.

Here the first mental symptoms began to appear. Irritability, desire to get away from people; to avoid all social intercourse. The symptoms were rather indefinite, but were relieved by Puls. 1m.

Again in the latter part of the winter of 1907 she reported further trouble from the rheumatism, and again it was relieved by Puls. April 28, 1907, after unusual work, she reported herself as much over-tired and suffering from a severe acute cold; not rested in the morning. Wakeful between 2 and 4 a. m.; tearful, appetite poor, chilly most of time with almost constant, hacking cough. Here Sulph. was prescribed. There was no improvement following, and in May of the same year she came to Woodside for a brief period and the following history and symptoms were obtained:

Mother living, and in good health; father died at age of twenty-six; mother was twenty years of age at birth of child, and there are two sisters, one of whom is in good health, the second a frequent sufferer from asthma.

The patient reported having had whooping cough and other children's diseases, but nothing severe. A discharge from one ear in childhood and malaria at six or seven years of age, when living in the South, with headaches for many years; rheumatism for past six or seven years. She is tall, weighs 144 pounds, with black hair.

The mental state was one of morbidness and irritability; half-sided headache, dull, heavy pain, aggravated when tired, coming at intervals of a few days; worse from any anxiety; better during the morning hours, so frequent that she hardly knows how it would seem to be without a headache; sleep normal.

Mouth—Amalgam fillings.

Alimentary—Appetite good; desire for sweets; dislikes fat; normal action of the bowels.

Menses—Menstruation regular, severe cramping pains in the lower part of back and lower part of abdomen during first day; relieved when lying down and when sleeping. Aggravated by noise, mental confusion and fatigue; desire to be alone.

General—Feels energetic in cold weather; frequent acute colds, which are persistent and disagreeable. Complexion muddy and dark; hands moist.

After a careful repertory study, *Caust. 1m* was prescribed. The result was not satisfactory.

After a month of constant rest her general condition became somewhat improved; headaches rather less frequent and the rheumatic pains better, but all these things were evidently due to rest, rather than to the remedy which had been administered, as the character of the symptoms really had changed but little.

She spent a summer in the country and in December, when back at work in the school room, reported many of the symptoms to be continuing with constipation; stools of hard, round balls, often painful. A renewal of unusual fatigue and mental confusion coming with her work.

*Graphites 1m* was administered with improvement. Nothing more was heard from her until March, 1908, when the *Graphites* was repeated in the 50m potency. This carried her along until May.

At the end of the school year with all the fatigue of a hard winter she again developed a severe cold, for which *Puls.* was prescribed intercurrently and with relief.

In July, she again complained of constipation, the menses painful, and *Graphites 1m* was administered with gradual relief of these symptoms.

In August she received the 50m of *Fincke*; marked improvements followed, and nothing more was heard from her for a year.

In July, 1909, after a hard year's work, which she had gone through with unusually well, she complained of mental confusion and severe menstrual pain. *Graphites* was repeated, and again on December 28 of the same year she received the 8m. This carried her along for another year.

December 9, 1910, she had become somewhat debilitated, after a severe cold, and was given *Graphites 1m*. This was the last that was heard from her for three years with the presumption that for the most part things had been going pretty well.

She had continued her work as a teacher in an institution

for the blind and had used her summer vacations for recreation in the country.

January 12, 1913, she again presented herself, and at this time with a more serious tale. She reported then that during the previous summer, that is during the summer of 1912, she had discovered trouble in the left breast. Being at that time in her home town, she consulted her local physician. He advised immediate removal of the breast, which was done and, under the microscope, the report that came back showed the tumor to have been malignant.

Within the past two weeks—this, remember, is in January, 1913, the right breast has begun to be involved in a similar manner, and on examination, an indurated tumor the size of an English walnut was found.

The cicatrix in the left side was bright red in color, normal in appearance. She is now much better in general health than for a long time, as far as the old symptoms are concerned, the headaches and menstruation less painful.

The trouble in the breast was first discovered during a menstrual period. At present, constipation is the only other symptom present. There is absolutely no desire for stool. Stools of hard round balls, dry and difficult.

Fortunately, I had an ample record of the previous history of this patient, and after what had been accomplished in the past I felt justified in advising caution as to further surgical interference.

The patient herself was most willing to adopt any suggestion, and consequently put herself under treatment.

The first remedy prescribed was Graphites in the 60x, six powders. January 19, very little change, except that the constipation had been slightly relieved. Graphites 1m.

January 27—The nodule in the breast seemingly softer and smaller. Bowels acting well.

February 9—The breast no better, exceedingly sensitive to pressure. Sensation of numbness in the right arm. Constipation present Graphites 60x.

February 16—Breast again had softened; severe bronchial cold, wheezing, expectoration, constipation.

February 23—Cough and cold continues; lump in breast less apparent; no pain in axilla; numbness in both hands on awakening in the morning.

March 8—The lower part of the breast normal; upper right segment occupied by a hardened tumor freely movable; constipation; cracks in the hands. Graphites 60x.

March 25—She reported, by mail, the tumor harder, though not larger than before; apthae in mouth, corners of constipation; cracks in the hands. Graphites 60x.

April 4—Not as well; she complains of increased pain, soreness in the breast, not sleeping well for mechanical reasons; she cannot lie on the right side in comfort. Sensations as though struck, in different parts of the body. Discouraged; badly constipated, stools hard and dry; frequent vertigo when walking or lying. Examination showed breast more sensitive to pressure. Sulphur 60x was given, and later the 200th with the same experience that obtained when Sulph. was administered several years previously, that is, no reaction.

After what Graphites had done for this patient in the past it was difficult to give it up and, consequently on May 1, it was again repeated in the 50m, and later in the c.m.

During the period between May 1 and January of the following year, 1914, the Graphites was repeated in the 50m and 1m several times with varying results. It became evident that there was an aggravation during the menstrual period, which accounted for seeming relief which came between the periods. This could not be attributed to any action of medicine.

Finally, in December, she again returned to Woodside. At this time, presenting the following symptoms:

Easily tired; constipation; waking at 3 a. m.; pain and lameness in the whole right side, arm, inter-costal muscles; vertigo at frequent odd times; tumor for the present freely movable; not growing rapidly, but not disappearing or changing materially; pain and stiffness in right arm growing worse; great soreness in the region of the breast which

is aggravated from motion of arm and at menstrual times; the whole breast badly swollen.

The patient, at this time, appeared actually ill; how much of this was due to fear and how much to the pathological condition it is difficult to say.

It became evident, however, in watching her from day to day, that Graphites was not going to cure the case. It relieved, to a certain extent, especially her general symptoms, but never seemed to go far enough to bring a persistent or progressive improvement.

Consequently, on January 6, 1914, after further study, it was decided to attempt another selection.

Carb. animalis was chosen, and she was given the 1m. For the first time real improvement in the patient's mental and physical condition soon became evident.

She went back to her school after a week, and on February 19 reported very little pain in the breast with less swelling and much less soreness and a seeming diminution in the size of the tumor. Greatly improved sleep.

No further medicine was given until February 27, when there was a slight aggravation of symptoms, especially the lameness and soreness of the breast and Carbo. animalis was repeated. Again improvement followed and went on until March 9, when it was necessary to again give further medicine, and at this time she received the 50m. By the end of March improvement had become well established, and she went on until May, when she contracted a severe acute cold, for which Bry. 60x was prescribed. This cold proved to be severe and troubled her through most of the month of May.

May 24, she reported feeling splendidly; no pain; some hardness in the breast, but tumor seems to be broken up; it is perfectly movable and not sensitive. She is now sleeping at night, but is somewhat constipated. Two powders of Carbo. an. were given to be taken in case of return of pain.

July 8, she again reported as going on well with only occasional discomfort in the breast. She was again given two powders of Carbo. an. 1m to be taken only if necessary.

They were taken during a menstrual period, and she reported July 22 as still improving.

On September 2, 1914, she reported recent occasional short attacks of pain in the upper abdomen after meals and at night. I was considerably distressed at this report, fearing an abdominal complication might be pending.

She was sent two powders of Carbo. an. c.m. and September 30 reported that the pain had been relieved after a few days; that occasionally since then she had had uncomfortable feelings in the abdomen, but nothing more. Lately has not been sleeping well in the early morning; not well rested; can use arm without difficulty; bowels in fair condition; seldom any severe headache; hardened tumor in breast has almost entirely disappeared, though occasionally seems to return for a short time.

These symptoms were evidently, in part, due to fatigue. She was given four powders Carb. an. to be used if necessary.

December 6, she reported, two nights before, cramps about the navel, lasting all day. She knew of no possible cause for it, but in the recent months had suffered from occasional fleeting pains in the abdomen; worse when on her feet; relieved when lying. Spent one day in bed and one sleepless night. Otherwise she had been very well recently. On examination, the abdomen seemed normal, temperature normal, although she was chilly at the beginning of this attack. This may have been the result of a sudden acute cold.

She was given one powder Carbo. an.

No further report until January 4, 1915, when there seemed to be slight pain in the breast. Again Carbo. an. 1m with entire relief.

A letter, received recently, reports that there has been no return of the trouble in the breast, which now seems perfectly normal, and that she has continued in good health and strength.

This observation covers a period of thirteen years in the life of my patient. Several matters stand out in relief which are most interesting to the materia medica student.

First, the course and development of symptoms, evidently

latent for a long time in the system, finally culminating in a local disturbance under the diagnosis of carcinoma, with relief from the preceding symptoms and improved general health. All of which substantiates Hahnemann's observations in regard to chronic disease.

Then, again, the remedies: Four medicines only brought noticeable reaction in this period of thirteen years.

The prescription of Silica for an acute condition in the early days of observation is not, of course, included; neither are the remedies which failed to bring about any change in the symptoms.

Lyc. and Puls. were both most serviceable in the earlier stages in relieving sub-acute conditions which were really of considerable moment at the time.

The Puls. brought about greatly increased comfort over a period of several years, relieving almost entirely a long series of rheumatic symptoms which had nearly incapacitated the patient from carrying on her occupation.

Graphites evidently went deeply into the economy and assisted in bringing about a state of comparative health, covering a period of several years. It was finally a surprise to me that Graph. was not able to cure the whole case but, as you have seen by this report, after the period of localization it entirely ceased to be of further service.

Then, the symptoms having become localized on the surface of the body, it became necessary to select a remedy especially adapted to that especial condition.

Carbo. an., as you all know, has these symptoms in its proving, and it did its work completely in this instance.

As far as can be discovered, there is no especial relationship between Puls. and Graph., the remedies which were used in sequence in the earlier part of the case. At least, no such observation has been noted in any of the books to which I have had access.

Graph. and Carbo. an., however, are comparable in their symptom pictures, though perhaps not actually complimentary in the usually accepted understanding of that term.

This experience shows our homoeopathic materia medica

at its best, relieving a long continued chronic disease which had become localized in the form of a desperately dangerous disease.

It may be a little early, even yet, to feel positive of the continued health of this individual, but having watched her as I have over this long period of time and seen the development of strength and health coming year by year, I feel a reasonable hope that she is out of danger. It may be suggested that this was not actually a case of malignant disease. The only evidence to be offered is the report after the operation on the original condition and the course of the disease, together with the symptoms. These should be interpreted fairly and given such weight as those best able to judge may deem best. This case is presented simply as an observation in materia medica study, as related to chronic disease, rather than as an affirmation in diagnosis.

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Dr. Stearns: This paper is a classic and should receive some discussion.

Dr. MacLaren (D. C.): With my usual modesty, I am pleased to call attention to the very important point in this paper, and that is that the first real break-up of that tumor coincided with that severe cold that she had through the month of May. I have noticed that myself in cases. One very serious case that I think Dr. Quackenbush saw with me, a woman, farmer's wife, who had fallen from a wagon and the wheels had passed over the lower part of the abdomen, developed ovarian tumors on both sides. The right-sided tumor yielded to Apis, but the left one, a very large, good-sized tumor (no question about it), was stubborn and resisted treatment for several months; finally, under the action of a dose of Lachesis, which was given plenty of time to act, she developed a very severe cold in the chest and head, with profuse discharge of mucus, and in the course of about three weeks, while the cold was in process, the tumor all melted away and there has been no return. Dr. H. C. Allen used to say that a good hard cold in the treatment of any chronic disease was essentially a curative result of the remedy.

Dr. Stearns: From my observation, it is not uncommon to have something of that sort come up; some acute condition in the course of a chronic disease, which has been well prescribed for, and have everything clear up.

Dr. Loos: Always external?

Dr. Stearns: Yes.

Dr. Hayes: This is a paper that you would expect must produce a tremendous effect upon the medical profession, but why doesn't it? unless it didn't get to them.

Dr. Taylor: I did not expect to say anything, but that remark calls for it. I think the reason no more has been said is because there is nothing left to be said. Dr. Patch has covered his case so well, so thoroughly, that there is nothing to be said, except in the way of commendation. It is one of the best papers I have ever heard, and I am sure we are all agreed. We all appreciate it—the results, and the excellent management of all the details in the case.

Dr. Farrington: This is the kind of work that we are proud of. The case is all the more remarkable because of the fact that the results of the disease in the tissues were removed by the knife. It may be because of lack of experience on my part, but I have had very little success in those cases, where an operation has been performed and the tumor removed; they go from bad to worse. I have cured a good many lumps in the breast, and some of them without doubt were malignant, but none had been touched by the surgeon.

Sometimes it takes a period of years to cure these tumors, especially if they be of the scirrhus type. I remember one old lady of eighty with an ugly growth in the left breast, about two and a half inches in diameter. It was as hard as a stone, and on its indented apex there was a large, black scab. It took four years to reduce it to the size of a button an inch in diameter. Then she said she was too old to bother with it any longer. Since that time she has remained well, with perhaps the exception of this little lump. The remedy was Swan's nosode *Scirrhus mammae*. In four weeks from the time of the first dose the tumor began to decrease. At each

successive dose, it would swell, redden and throb—then shrink a little smaller.

Dr. Stearns: Another point has been brought to my mind by this paper. Very often you see a case—one that gets what we call "mixed." Now there were remedies prescribed in this case that did not work, and yet the case shows no evidence of being mixed. Now what is the difference? None of us prescribe absolutely accurately every time. We look back over the records, we see the cases we have prescribed for and which are not right; we look them over carefully, and some of them seem mixed and some of them do not.

Dr. Patch: In looking over a case of this kind, of course, it is always easy to say that we might have done better work if there had been more pre-vision in the beginning. In this instance I am sure that it would have been better had the different potencies been given in a little more systematic manner. They were given systematically in some instances, but not every time. The effect of remedies in confusing cases is rather difficult to understand. I think, in a good many of these instances, we simply fail in our prescriptions and fail in getting the correct remedy, and consequently we may spoil the case. The fact is that we have not got to the bottom of the problem, and have not selected the correct and curative remedy. In intermittent fevers it is easy to mix the case up so that it is almost impossible to cure. We also know that certain remedies, Arsenicum, for instance, when not indicated, is a most unfortunate choice, and there are several other remedies to which that would apply. Then, too, we may get a partial proving of our remedies that we have given mistakenly as we go along, and at the end of a period of time, when we have selected half a dozen or more we have a very confused mass of symptoms, and I think it would be impossible for anyone to get us out of chaos until sufficient time has elapsed to let Nature get back to herself again.

In regard to results in cases that have been operated upon. There are several matters which come in here for consideration. Cases of cancer, for instance, which have been operated upon, are not necessarily incurable on account of the opera-

tion, but the majority of them are, in fact, much more serious. If the patient has sufficient vitality to again throw the disease out to the surface of the body, as in this instance, we are again in a position to make curative effort. You have practically the same condition that you had in the beginning. I do not think that the operation had seriously interfered with the course of the disease when the thing came back again in three or four months to the surface of the body. If, however, that had penetrated to internal organs, we would have had a very different problem. So, in many instances of abdominal tumors, ovarian troubles and conditions of that nature, after operation they are certainly very much more difficult to deal with than in the beginning, and, in the majority of instances, are incurable. But the simple fact of the operation itself need not, necessarily, be a bar, unless there are other features to be considered.

Dr. Baker: How would you consider it if that cancer, instead of returning in the right breast, had returned in the scar of the old?

Dr. Patch: I had one instance where the case had begun to return in the scar of the breast, which had been removed. That was a case which, I think, has already been reported, and the patient made a perfectly good recovery.

Dr. Taylor: It is now time to adjourn, if someone will make a motion.

Meeting adjourned.

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### WEDNESDAY AFTERNOON.

2.25 O'CLOCK.

(BUREAU OF MATERIA MEDICA—*Continued*).

President: Dr. Patch has an announcement which he wants to make.

Dr. Patch: I simply want to call the attention of the members of the society to the new materia medica, which Dr. Boger has just published. He has been working on it for

several years, and it embodies rather a new principle in arrangement; a study that is a concentration of materia medica into a book that will be useful for outside work. He is too modest to say anything about it himself, but to my mind it is really an epoch-making book. I know nothing that compares with it for quick, ready reference. There are quite a number of volumes in the box, which is on the way, so that if any of the members desire to purchase them, there will be an opportunity to do so.

President: We will proceed with the Bureau of Materia Medica.

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### VERIFICATIONS.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

*Alumina*, 200 B. & T.:

Retention of urine twenty-four hours, frequent urging with passage of a few drops.

Pressing pain in lumbar region relieved by external pressure.

Hands and feet covered with cold sweat.

Legs weak, tremble when walking.

Bowels move with difficulty, although the stool is soft. It clings like putty.

Machinist, aged sixty years.

The urine passed soon and freely.

*Argentum nitricum*, 1m B. & T., 9m F. Six weeks later.

Jaundiced, emaciated, subject to gall stone colic.

Soreness in the liver.

Vertigo, worse from stooping or looking upward.

Roaring in ears, synchronous with pulse.

Sounds seem distant.

Dark haired boilermaker, aged forty-nine years.

The improvement in this patient was miraculous.

*Brachyglottis repens*, 400 F.:

Painful soreness and stiffness in right side of neck in the trapezius muscle.

Pain extends upward from spine and scapula to occiput.

Aggravation by day and from motion. Sleeps well at night.

Frontal headaches, preceded by difficult articulation.

Enuresis at night, also by day, from coughing or exertion.

Widow, aged seventy years.

This remedy seems to have an affinity for the trapezius.

*Cuprum aceticum*, 200 B. & T., 45m F. (Ten days later):

Boring, piercing neuralgic pain back of right ear, extending to the vertex and occiput.

Worse from pressure. Sore to touch during pain.

Aggravation 4 a. m. and 4 p. m. No trouble in the night.

Suffocative pain in the chest from exertion.

Energetic woman, aged seventy-three years.

*Cuprum arsenicum*, 50m F.:

Head feels heavy, with dull confused mind.

Head feels sore to pressure of pillow.

Vertigo when walking.

Sleep broken, unrefreshing after midnight.

Bowels free, full of offensive flatus.

Retired baker, aged sixty-four years.

Two days of diarrhoea followed, leaving him well.

*Daphne odora*, 1m Sk.:

Urine greenish yellow, thick, odor of sulphureted hydrogen.

Fleshy, paralyzed woman, aged sixty-nine years.

Urinary condition corrected, patient not cured.

*Elaps corallinus*, 1m Sk.:

Palpitation of heart, rapid and violent, from even slight exertion, or mental disturbance.

Roaring in ears from exertion.  
Trembling in extremities after eating.  
Palpitation after eating, relieved by empty eructations.  
Slender, nervous spinster, aged 58 years.

*Hydrophobinum (Lyssin)*, 1m Tyr.:

Burning pain in prostate.  
Ranula, bluish, with prickling sensation.  
Soreness in muscles of left side of chest.  
Painful soreness of right shoulder and upper arm.  
Soreness in left sciatic nerve.  
Physician, aged sixty-five years, with enlarged prostate.

*Ignatia*, cm F., 50m F. (Two days later):

Hiccough six days with only short intervals of freedom, either waking or sleeping. After three failures in prescribing a clue to the remedy was found. Each attack is preceded by a sensation as if there was a plug in the throat.

Business man, aged fifty-three years.

The cm gave relief for two days, then the 5cm cured.

*Iodium*, 1m B. & T.:

Hungry all the time, eats inordinately, but loses flesh.

Full of gas after eating.

Great thirst and drinks large amount of water.

Urine profuse, specific gravity low, contains no sugar.

Leucorrhoea corrosive.

Sensation of trembling in abdomen.

Woman, aged seventy years.

The lower extremities of this patient had been paralyzed several years before, and she had recovered under the care of our esteemed Dr. Baylies. A few hours after the remedy was given, the legs were again paralyzed, but this passed away in two days, and her health improved rapidly.

*Iris versicolor*, 1m B. & T.:

Tongue feels as if it had been burnt.

Smarting sensation in the throat.

Chokes when swallowing food.  
Cough from tickling in the throat, no expectoration.  
Hoarseness, aggravated by speaking.  
Full of flatus, loud borborygmus.  
Well preserved widow, aged eighty years.

*Jacaranda caroba*, cm F.:

Itching, moist eruption on glands and inner prepuce.  
Itching pimples on hands, worse from warmth.  
Business man, aged forty years.  
I have verified this symptom several times.

*Lactuca virosa*, 1m F.:

Violent, spasmodic cough from tickling in upper pharynx,  
with tight sensation in the chest.  
Cough causes a bursting sensation in the chest.  
Nasal discharge yellow, acrid.  
Tall, black-haired banker, aged twenty-six years.

*Mercurius sulphuricus*, 20m F.:

Sneezing with fluent acrid coryza when in sunshine only,  
dry obstructed nose in the shade.  
Yellow coating on tongue.  
Saliva too free.  
Physician, aged sixty-six.  
Conditions which usually develop into influenza in this  
patient were cured immediately.

*Niccolum*, 1600 F., 45m F. (A month later):

Thick, greenish yellow, bloody mucus from throat in morn-  
ing.  
Heavy dull pain in frontal sinuses in morning before rising.  
Vertigo and general trembling when rising in morning.  
Breath very offensive.  
Throat feels sore externally.  
Bookkeeper, aged seventeen years.

*Physostigma*, 40m F.:

Vertigo when standing still, aggravated by turning the

head or when walking. She would fall unless holding on to something.

Heat and pressure throughout the head, worse from using the eyes closely.

Palpitation of heart when walking.

Legs tremble when standing, too weak to support her.

Shopwoman, dark, fleshy, aged sixty-four years.

*Sanicula*, 1m F.:

Dull frontal headache in morning, relieved by moving about.

Borborygmi in central abdomen before eating (empty stomach).

Diarrhoea; stools fluid, yellow, hurried, painless, no exciting cause observed.

Twitching of right eyelids.

Foot sweat cold, inoffensive.

Itching pimples on lower arms and hands.

Man, aged thirty years.

*Sanicula*, 10m F.:

Swelling and itching of labia and perineum, worse from bathing.

Leucorrhoea like thick glue, tenacious, odor of fish brine.

Itching pimples on lower arm and hands.

Perspiration all over the head from slight exertion.

Easily tired, then feels hot, suffocated.

Woman, aged thirty-eight, one child.

*Solanum tuberosum aegrans*, 1m F.:

Menses came on too early, have continued three weeks, slight flow most of the time, odor of decayed fish.

No other important symptom. She is usually regular in time and quality of flow.

Brown haired woman, aged 40 years, mother of two children.

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Dr. Stearns: One expects surprises in Dr. Case's papers. Remedies that are rather unusual but are proven. Has anyone anything to say?

It is interesting to note in regard to Elaps that the American Institute (I think it was two years ago) were considering revising the materia medica and dropping out useless drugs, and that was one of the drugs they considered poor. I do not think that anything was really done, but there was a discussion.

Dr. Loos: You might ask them to make a list of the drugs they considered dropping out and then turn them over to Dr. Case.

Dr. Stearns: I think perhaps Elaps is indicated more often than we realize. Last Fall (I do not recall the special points) I had a case that looked something like Lachesis, only it wasn't. Elaps very promptly cleared it up. The case occurred at the menopause and had been going on for sometime.

If no one has any discussion to offer we will go on to the next paper, written by Dr. Leggett.

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## MATERIA MEDICA DEMONSTRATIONS.

BY S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

Asked to write practical and not theoretical materia medica, which is taken to mean my personal experience with drugs as a factor in the sickness or health of the human body, some of the results may be of interest.

First, it would seem that we should recognize the fact that the living human organism is subject to the control of the vital force; that all substances introduced into the human organism are subject to the same control up to its limit, and when that is reached no other thing has effect, because the human organism, or animal organism, is dead. Therefore, we have slipped into a false premise when we announce the "effect" of externals upon the organism, and should substitute a term whose meaning shall be what can the vital force do with this or that substance. No substances, infections, absorptions have effect upon the dead. After death there can

be no symptoms or signs produced upon the conscious man, only chemical changes.

So then, materia medica covers only such effects as the man is subjected to through the control of the vital force. The question then is, what will the vital force do with this or that substance? What signs of its presence give out? What indications for its use, or its abuse? What does the vital force with mercury, in bulk or infinitesimal dose? What with Lachesis which, in the crude, quickly overcomes and kills, or in the infinitesimal returns the organism from rapid progression toward death to vigorous life?

Hahnemann discovered how the vitality could make use of substances which, pushed to the extreme, would overwhelm the organism, and provings showed the indications by which we could recognize their harmful, or healing powers.

This, opens to our inner vision, at times, hidden causes of disturbance. In cases of obscure origin, apparently healthful environment, habits, and wholesome lives. By careful search, along these lines, we may find a cause of disturbance in the presence of amalgam, whose poison is continuous, and whose substance the vital force cannot throw from the system. We may find an indulgence of the special sense of taste, and coffee or sugar, or acids over-balancing the vital strength. Again, we may find an indulgence of the nerve sense, with tobacco, with narcotics, etc. In such cases, we have difficulty in cures or relief, because of habits acquired and, behind all, we find that base which lies in the infections caused by what Hahnemann has named the chronic miasm.

Considering the universal base of susceptibility is a chronic miasm, on looking closely, we may see indications, for its use in restoration of harmonious action the various elements in the disturbance.

Case I. A young man of twenty-six years; college graduate; mechanical engineer; fair circumstances; wholesome environment, complained of pain in heart, presumed to have begun after athletics, running in college sports, and indigestion with considerable pain. The history of the family told little. The father had died in the boy's youth, and his

mother was, perhaps, complaining without especial organic affection. No record of cause of father's death.

After brief relief with Bry., I refused to prescribe again without further examination into the case. The conditions reported were too serious. He needed something, but what?

Here was a case in which the vital force was throwing out abundant indications of disturbance. He had lost ten pounds since winter—it was his third attack of abdominal pain; referred to epigastric region. He was weak, irritable, had profuse oily sweat; hands so wet they blistered easily; all cold foods and acids < pains in stomach; mouth filled with amalgam; warts come and go in hands; < in summer, boils, neck and shoulders; bad vaccination scar; aphthae; lienteria, etc.

Deciding that the abundant oily sweat argued pancreatic disturbance, functional at least, and the entire cycle of symptoms were probably due to it, and perhaps to mercurialization. I used that indication as leading, and found it covered by nine remedies.

The < from cold foods, acids, vinegar, reduced these to two medicines, Nux. and Thuj.

The acid eructations, warts, boils, cut out Nux. in one, and the aphthae and lienteria pointed to Thuj.

Reference to materia medica completed my conviction that the vital force would be able to make good use of Thuj. Gave Thuj. 1m B. & T. August 18, 1914.

September 26—Patient reported more help from this medicine than ever before in his life. Perspiration > at first, had again returned, but not so profuse; no new warts, pains much less, but do come on occasionally; pains continue, more or less, left chest.

He smoked strong cigars almost constantly; he read the indication of Tabac. poison in Hering, decided many of them of them were his own, stopped smoking entirely, with the result of intense, constant hunger. Thuj. 75m F.

October 2, 1914—Reported the first epigastric pain, which followed over-eating on the 30th; better sleep; grouchy, which usually smoke had relieved; no smoke.

October 11—Still pain chest, nags, does not prevent sleep; hands dry, very little persp.; knows is gaining; sleepy.

November 7—Amalgams all gone; teeth much improved; dentist reported mouth in bad shape; appetite good; persp. hands and feet better; no more boils; grouchy mornings; tired all time; sleepy as soon as sits down; frequent yawning; feels all ambition futile; headache twice this week; sour eructations two days; heaviness abdomen; pains abdomen, before stool.

These two latter indications with sleepiness sitting, were covered by four medicines, of which Sep. was strongest. Irritability, yawning, loss of ambition; < acids; abuse of Merc. were covered by *Sep.* so were the rest of the symptoms, besides which fact, this is of marked assistance in conditions brought on by the over-use of tobacco. He received one dose of Sep. mm. F. and continued to improve, found life worth living until January 24, 1915. When a slight increase of pain; right chest; and of sweat on hands, with dull headache, led to a prescription of Sep. 2cm F.

Since which time constant improvement now, February 25th, and a "wonder" as to why he had doctored all his life without results worth mentioning until now. I neglected to state that auscultation, region of the heart, for indication of disease, was negative; the reason for the pains seeming to lie in the intercostals, or other nerves, frequently shifting in character.

So, had the vital force tried to indicate its needs; so had it been able to make use of the forces introduced.

Case II. Woman, aged fifty-nine, had many years of suffering from repeated doses of Sil. cm, resulting in rectal fistula, final healing. Various disturbances indicating the presence of a psoric miasm, which the vital force was unable to subdue entirely. Some marvelous recoveries and a final experience, which means the last as yet that seems worth the telling.

Last winter, 1914, spent in Rome, Italy, with diverse trips to Sicily, Naples, etc. On February 20th, 1914, she was at Solfatara, or Little Vesuvius, where she breathed the fumes

emitted from the various fissures and holes round-about, and called "odors of sulphur." Said a lighted torch held over one fissure was at once "extinguished by the carbonic acid gas." On February 26th, after a luncheon, at which she had drunk chocolate, she had nausea and faintness. March 2nd, left the room at luncheon, same symptoms. March 3rd, faint at stool. March 8th, was taken to the Nurses' Home, Rome; with a temperature of 104, and on April 20th the temperature was still 99.

A Rom. physician was called, a diet of milk every two hours established, and the struggle began. Her report is, frequent stools, stained with blood and pus, not an ache or pain, nor delirium, so far as she knows, though she recalls some confusion of dates of occurrences.

Consultation, medical experts, various diagnoses, nothing decisive; slow improvement until April 12th, she was given the first solid food. The nurse afterwards reported to her relatives that she had every symptom of typhoid but petechia.

She arrived in Brooklyn in charge of a nurse on May 26th, having recovered an unusual amount of strength, but had lost all her hair of which had had a large quantity. She spent several hours of each day, before the return of the nurse, in Rome sight-seeing. She still had some difficulty with stairs, which she said, began in Italy before she was in the hospital, but could walk well on the level. Stools continued soft, ragged and frequent, with sudden expulsion, and she insisted that the entire condition was sulphur poison, not typhoid. She had gained eleven pounds.

June 2—She reported a slip and fall, while going up the companionway on board ship, return voyage, striking left elbow, hip to knee. Swelling of elbow, strain of some muscles of shoulder and clavicle, and echymoses of leg; quite extensive. Quite suddenly after, there was a development of small bunch in left breast, between bath days, which occurred every three days.

June 11—Describes tumor, left breast, as hard, increasing in size, red spot, dull ache, etc. Sent Con. 70m.

June 30—Painless diarrhoea; at times left leg will not

obey will, but gaining; stools at first formed, then two or three loose.

July 7—Lump described as hard as a bone, three inches "up and down," and one and one-half inch "across," several red spots; much < pressure, or touch of clothes; not movable; < damp, cold weather; appetite good; stool unaffected by any kind of food; pains under arm, axilla; no lump in axilla.

Further thought led me to the study of Heckla. I found: "Exostoses large." "> of pain by"; "myalgia of intercostals"; had arrested development of several cases of osteo-sarcoma"; was "< by touch"; "< by pressure"; had > "injuries to bone"; and said to be, by analysis, a combination of the elements of Sil., Alum., Lime., Magn., with some oxide of iron. Sent Hek-lav. 10m.

July 21—Report that the stool had continued loose until 16th, but was formed since. Patient walked from one-half to two miles per day; appetite normal; arm and shoulder much >; left breast had taken to itching and burning; had been quite red for day or two; was enlarged, sensitive with needle pains through breast and tumor; > in warm weather.

A quite *normal* characteristic had been worry, without special cause, which patient described as a "touch to her pocket nerve," and which she had not suffered since March 2nd.

August 12—Stools again loose; breast more sensitive to touch and position. Hek-lav. 50m.

August 13—"Startling the way the discomforts vanished."

August 20—Stools again formed; skin over tumor desquamating; a pin point of exudation of light, straw-colored pus, stains linen a pale brown.

August 23—Tumor much smaller; skin dark.

September 6—Saw patient first time since return from Rome; examination showed decrease in dimension from first report; small, narrow opening; scant exudation; odorless; painless; sensitive; generally < from cold, wind, pressure, position; but health has continued to improve, has gained in flesh; can do more walking and exercise than in years.

October 3—Another dose of Hekla 50m.

The following morning the opening in tumor that had been closed, scabbed, opened again, and by October 12th patient quite "stirred up," pus spot on linen; entire breast sensitive.

October 17—Again >; back >; tumor, slight exudation every twenty-four hours, or so; herpes labialis (O. S.)

December—Again in Syracuse. Swelling and hardness of tumor, almost gone; no exudation in some weeks; herpes-labialis about each month; breast and axillary space sensitive after gentle manipulation; gland not affected; the scab, which had formed conically, had dropped in the clothing, before exam., but I found it; the scar seemed closely attached to the rib.

January 11—Headache for some days, in bones of, about ear, jaws; every. tooth in head aches (teeth artificial)  
Hekla 50m.

February 2—No oozing; crust had fallen again 23rd; entire breast more solid, round and normal in size; increased general size; flesh <, must have new clothes.

February 11—Again headache, daily; lame shoulder; herpes on face beside nose, more than usually sensitive; depressed.

Study composition of Hekla for complement. First, "anxiety over money matters"; "pocket-nerve" again.

Of the remedies reported as composing Hek. Calc. came nearest to symptoms; and Calc. fluoricum has "anxiety concerning money"; headache > evening; *cold sores*, a prominent rival of Nat-mur; and many symptoms resembling Nat. mur.  
Calc-fl. 1m. (F. C.)

To learn what the vital force is doing in an effort to eliminate an overwhelming cause of disturbance, whether from the fumes of a crater, or from an injury, whichever one decides; to find what the vital force had been able to use in a healthy body, that had produced similar conditions and symptoms, is indeed most interesting.

Case III. Shows perverted action of the vital force from entirely different cause.

A maiden lady of Scotch descent, under the strain of an arbitrary aunt, who lived to great age, and a father, whose stubborn will broke under his own infliction of blindness, and "went all to pieces," she had worked very hard. After the death of the two, she found herself at forty-nine years, at the menopause, with nerves shattered.

January 13—Went to hospital and received hot baths, diet, etc., for two months, after which she had gained quite a bit. Needing some dental work, the effort had broken her down again.

On November 4th, 1913, when she came to me, she had the following indications for adjustment:

She had been sleepless for months. She feared insanity. Chloral hyd. only affected her for few minutes, and she was wide awake again.

Visions on closing eyes.

Visions at first were not unpleasant, might be some familiar object; a village shop, a woman coming from the door, a piece of furniture, etc.

Visions, at present, are people, hags; at times herself, sitting melancholy. Had also felt abnormally, i. e., a dead hand, as plainly as mine; i. e., a dog come and jump in her lap.

Menses, irregular, not marked.

Leucorrhoea many years.

Leucorrhoea acrid, coag., at times, bloody.

Leucorrhoea local treatment and pesary had driven her frantic, and caused her to be worse in every way.

Fear of something to happen (O. S.)

Nothing looks right, even the woods appear unusual.

Nausea, loathing of food.

Soreness in hypochondrium, first right then left.

Weakness, aching, quivering in abdomen.

Catarrh; offensive odor to breath; plugs high in nasal passages; whitish coating to tongue.

Aching between shoulders. Frequent dosing with calomel.

The constant strain of nursing a very disagreeable old

woman, the care of her father under the changed condition, seemed to point in one direction.

However, visions, sensitiveness to noise; nasal plugs; acrid leucorrhoea were covered by:

Calc., Con., Lyc., Nat-mur., Nit-ac., Sep., Sil.

Turning to Hering were found:

"Starts as if in fright on falling asleep"—nit-ac.

"In bed all sorts of images appear"—nit-ac.

"Visions instead of sleep"—nit-ac.

"Lost in thought of long past and anxious events"—nit-ac

"Lost in thought, could not free herself"—nit-ac.

"Lost in thought, always same train of"—nit-ac.

"Anxious about illness"—nit-ac.

"After over-exerting body and mind, morning sickness"—nit-ac.

"Easily startled and frightened"—nit-ac.

She received Nit-ac. 5m. (F.)

November 17, 1913—Sister reported a hard time until the 14th, in bed most of the time, weak and nervous. Since 15th, two good nights, was much like herself, and enthusiastic to write, when two weeks had ended (the time prescription would last). But as lately as 11th, had wondered if there was a doctor in the world who would understand and do something for her. S. l.

November 20th, sisters' report:

Restful sleep for a week.

Some very hard days.

Improved appetite. S. l.

December 10—Sleep good; fewer visions; gained three pounds; good appetite; less nausea; numbness and puffiness upper extremities; considerably stronger; came on the train from Canandaigua, alone; exam. urine, clinical analysis, normal. Nit-ac. 5m. (F.)

January 4, 1914—Improvement continued.

April 25—Sister reported another "set back" for last month, but she said she had gained twenty pounds. Nit-ac. 5m. F.

May 27, 1914—Nit-ac. 5m (two powders night and morning).

June 13, 1914—Vertigo < before menses.

Sleeps all night without waking.

Acrid leucorrhoea.

Offensive stool and urine. Nit-ac. 45m. (F.)

July 1, 1914—Vertigo improved "other ways same."  
Psor. 42m. (F.)

August 27, 1914—Myself visiting in Canandaigua, she called; the previous weeks had over-done by climbing 250 steps at bridge in Portage—vertigo ever since.

Visions very occasional.

Sleeps well.

Pretty well if she does not work too hard.

Stomach and bowels normal.

Much less weakness in abdomen. Psor. cm. (F.)

Have not seen her since, but hear good accounts.

Now, here was a case in which the call of the vital force for the necessary substance was plainly indicated, if one cared to make the effort, and these obscure cases do need concentration and effort.

Twenty pounds gained in a little forlorn woman, who looked as if a wind would blow her away. No change of diet, no anodynes, no sleeping potions; just that extra substance, which the vital force could use, meant life, health and sanity. She might have bathed, massaged, dieted and Christian Scienced, and paid out hundreds of dollars for X-ray, microscopical exams. of every tissue in her body or had chemical analysis of the same, none of which could have done for her one tithe of what the *potentized* and *indicated* substance, *that fitted the expression of her own vital force*, did.

I would add of Case II: That improvement has been continuous of the tumor and accompanying symptoms, although there has been, since writing, a light attack of grippe, which has been recurrent many seasons.

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Dr. Stearns: This is an excellent paper. The trouble with

the papers of Dr. Leggett and Dr. Case is that they are so complete that there is not very much for us to say; they arouse our admiration.

It doesn't leave us anything to do. If no one has any remarks, we will go on to the next paper.

Dr. Becker: I can testify as to the aggravation of the remedy. I had a young fellow with syphilis, and it was in the tertiary stage he had eruption on his legs, etc., and under Nitric acid 45m he certainly did get great aggravation. He stayed away for a time when he should have come to my office. I asked him why he remained away; he said, "Because the eruption got worse again." I said, "Very shortly?" he said, "Yes; almost immediately." After the aggravation subsided, everything began to improve, and he felt so much better.

Dr. Stearns: Are there any further remarks? If not, I will ask Dr. Leggett to close the discussion.

Dr. Leggett: There is nothing more to say, except in the case of sour eructations you may remember that the other symptoms eliminated Nux and indicated for me Thuja.

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### A CASE OF CONSTIPATION CURED BY GRAPHITES.

BY THOMAS G. SLOAN, M. D., SOUTH MANCHESTER, CONN.

A woman of twenty has been very constipated since the birth of her child, five months ago. She has not had a natural stool in this time. The movements are large, dry, hard, and painful, often causing bleeding. She must strain very hard, and is so exhausted that she must lie down and rest after every movement, and this after a cathartic or enema. She has cramps in the abdomen after stool.

She also has had for years excoriating foot sweat; her hair is dry and splits; her finger nails crumble and split; she has a thick yellow nasal discharge, worse nights, and eats much salt.

One dose of Graphites, 23m, cured the constipation.

Dr. Stearns: *Graphites* is not an easy remedy for most of us, perhaps, because we do not often have a case for it. I remember the first time I knew anything about *Graphites*—I gave it when I was a student—a case I worked out from Cowperthwaite. I read every drug, first eliminating down to 40, and then throwing them out, one by one, until finally, I told my preceptor, Dr. Edmund Carleton, I couldn't see anything but *Graphites*. He said, "Then give it." That patient became constipated and remained so for weeks, but all her other symptoms improved.

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#### ORNITHOGALUM UMBELLATUM.

HARRY B. BAKER, M. D., RICHMOND, VA.

We owe this remedy to the late Dr. R. T. Cooper, of England, who obtained some remarkable results with it in cases of ulceration and cancer of the stomach. As far as I know, it has had no regular proving, the symptoms are nearly all clinical. Both Dr. R. T. Cooper and his son, Dr. Le Hunte Cooper, who has continued his father's work with this remedy, report cures of cases of cancer in which the patient had been operated on previously, and the diagnosis confirmed microscopically, so that there would be no possibility of a mistake.

Dr. Clarke has collected the symptoms of *Ornithogalum* in schema form in the very interesting article on this remedy in his "Dictionary of Materia Medica." He also reports a very interesting case of his own, verifying some of these symptoms.

*Ornithogalum* seems to have a special affinity for the region of the pylorus, and presents some very marked symptoms, such as: "Distension of stomach and abdomen with frequent belching of mouthfuls of offensive flatus, obliging her to loosen her clothes, and accompanied with hateful depression and tendency to suicide:

Complete prostration and painful sinking across pit of chest."

Writhing in agony, unable to keep anything long on the stomach; better from warm food, worse from cold drinks."

"Pains worse at night, begin in stomach and spread to heart and shoulders, as if an iron brick were being forced through stomach and chest."

"Feels as if a bag of water turns when she turns over in bed."

Mental depression is especially noted in this remedy.

Dr. Cooper always gave *Ornithogalum* in single doses of one drop of the tincture and waited for all action to cease before repeating. In all of the cases that I have seen reported this method of administration was followed.

I have used *Ornithogalum* in several cases with varying results, the one given below was the most satisfactory.

Mr. H. fifty-two years ago, manager of a manufacturing plant.

History: Sick and carried on a pillow for first four years of life; mother died of acute tuberculosis when eleven months old; had all sorts of diseases when a boy, including smallpox. Since sixteen years old has been very well, with the exception of one attack of liver trouble (probably acute congestion), ten years ago, and one attack of malarial fever, and a case of gonorrhoea when a young man.

Present trouble dates two months back. Has a pain in region of liver, extending across from right to left, sensitive to pressure in region of gall bladder, and in a space two inches below the right hypochondrium. Pain nausea and soreness in stomach, about an hour after eating; pain extends up into left chest.

Irritable, nervous, obstinately constipated.

Vertigo worse an hour after eating; worse moving about.

General aggravation in morning and from noise.

May 17, 1914, *Nux vomica* 3, repeated doses.

Felt better for a couple of days, but now is as bad as before, very constipated.

May 22, 1914, Chelidonium tincture, ten drops in one-half glass of water, two teaspoonfuls every two hours.

Feeling better; less trouble with bowels.

May 30, 1914, repeat Chelidonium.

Has been under a heavy strain, owing to death of his father, and does not feel any better generally, but has had natural actions.

June 4, 1914, repeat Chelidonium.

Had a bad day yesterday, difficult stool (receding), followed by pain in region of liver extending across to left side. Had a stool this morning with very little trouble.

June 10, 1914, Cardus mariana tincture, ten drops in one-half glass of water, two teaspoonfuls every two hours.

Less nausea and pain, but a great deal of difficulty in having stool. Stool hard and recedes.

June 15, 1914, Sil. 12x, repeated doses.

No change in stool, feeling of pain and heaviness in region of liver, a good deal of vertigo; can't think well, especially in morning, brighter in evening.

June 23, 1914, Medorrhinum cm, one dose dry on tongue.

Has been to Virginia Beach and had an attack of diarrhoea while there. Today no bowel movements but constant nausea. Feels fairly strong.

July 11, 1914, Ipecacuanha 1m, three doses dry.

Feeling badly for past week, pain in abdomen, no energy, very weak.

July 20, 1914, Ornithogalum tincture, one drop, one dose.

Has been away and feeling very well, up to recently. Now bowels feel quite sore and is very much constipated again.

August 19, 1914, Ornithogalum tincture, one drop, one dose.

I did not see this patient again professionally, but learned from his wife that he had gained fifteen or twenty pounds and gone back to work and, as far as she could tell, was perfectly well.

I met him on the street a few days ago and he told me that he had been perfectly well since the fall. He weighed one hundred and thirty pounds when he first came to see me, and

now weighs one hundred and sixty-five pounds and looks in excellent condition.

When I first saw this patient I feared that he had malignant trouble, and though I did not find it out until afterwards, that was the diagnosis of his previous physicians, who told his wife that there was no chance for him. They considered it an inoperable case. I do not know what he had, but he has been well of whatever it was for six months. Whether he is permanently cured I am not prepared to say, especially as I am rather inclined to think that he had inherited specific trouble.

Ornithogalum gives promise of being a very valuable remedy and deserves a thorough proving.

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Dr. Wiggin: I listened with much interest to this paper. It recalls to my mind when I first left Hering College I read of the work of Cowperthwaite along that line, and I sent for his pharmacopoeia. I used all the remedies which he used for carcinoma and relieving conditions of the stomach, chief of which is this *Ornithogalum umbelatum*. The doctor says you have only one remedy that has been given by single drop doses; at least, his pharmacopoeia said that these tinctures were prepared by a process of what he called fresh plant tinctures. There were two varieties he used—*Sabina*, one of the crocuses, or both of them, and he used a single dose of sugar. He was accustomed to sending them a distance and he got some very marvelous results. Several cases he cites, at great length, which proved to be inoperable and were cured, very frequently, as the result of a single drop dose. In many cases, as I remember, this dose was when the patient was prostrated with vomiting attacks, diarrhoeal attacks, and some marked aggravation of the case, almost to the point of death, but he left them strictly alone in nearly every case, and without any other remedy, cures were made. I mention this because many of you have not seen this pharmacopoeia, and though I have not read it for almost fifteen years, they lie in my memory very clearly, for the reason that they were such remarkable cures. Dr. C——,

who had his personal instructions, and tried them on one or two cases of mine, and I must say the results were gratifying.

I can verify what this last gentleman has said. I have the same set of monographs. I think he followed in Burnett's footsteps, and I do not know of anyone who has ever duplicated Burnett's cures. He seemed to have a hodge-podge way of getting at the remedy, without any rhyme or reason, and I have never been able to find anyone who could reason it out; but I know that Cooper did give doses of the tincture, and Heath prepared most of his remedies. I know I wrote to Heath for Burnett's Bacillinum, and I did not feel that it did any better work than others I had had of the same variety, but it is always a source of amazement to me as to how the man ever got the results he did. Read any of Burnett's books, and if he didn't deliberately lie, he certainly did accomplish many unusual things, but I do not think that anyone else could duplicate them.

Dr. Boger: One of Burnett's favorite methods he called "organ testing"; for example, if a patient's liver was affected he gave *Carduus marianus* or some other liver remedy until he struck one that would call for a response, although always applying his remedy according to his knowledge of the case.

Speaking of constipation, here is a hint worthy of note, as some people will have something for constipation, give them a teaspoonful of common table salt in a pint of cold water twice a week before breakfast. It agrees with many, and is often efficacious, nor will it interfere with any remedy. It cannot be said to be much of a medicine, but it is pretty useful at times.

Dr. Hayes: I have relieved three doses of ulcer of the stomach with *Ornithogalum umbelatum*—a single drop dose, the relief was satisfactory for about two weeks after one dose, but it did not cure.

Dr. Hatfield: I am very much surprised at Dr. Boger. I thought he was an Homœopath.

Dr. Quackenbush: Most of us, when we grow old, go back on it.

I would like to ask Dr. Baker if he did not find that a great many cases of constipation were due to amalgam in the mouth?

Dr. Baker: I suppose you are referring to C.'s symptoms. I never have been able to get hold of it. This case I copied directly from my case book. But that man was a mighty sick man when he came to me. His whole appearance was that of a man with malignant trouble—he certainly did look that way, and until I got hold of the *Ornithogalum umbelatum* I never seemed to get results. *Chelidonium* did relieve the constipation somewhat.

In regard to Burnett, I think the trouble with Burnett is that he was a genius. He just saw things and could not tell you how he saw them. I have read everything he ever wrote, and it is impossible to understand how he did the things he did. I don't believe Burnett himself knew why he gave some of those remedies.

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## SOME CLINICAL ASPECTS OF FERRUM PHOSPHORICUM.

BY HARVEY FARRINGTON, M. D., CHICAGO.

In spite of the bigness of our materia medica and the many well-proven remedies it contains, it is by no means perfect. There are too many in the non-polychrest class, which, though they may give promise of great usefulness, are limited in their application by our lack of knowledge concerning them.

*Ferrum phos.* is one of these. From the combined virtues of two polychrest, like Iron and Phosphorus, we would naturally expect a deep-acting antipsoric, capable of reaching and curing diseases of long standing. But the literature contains little in confirmation of this view. Rather, we are led to suppose that its action is confined to the earlier and more active stages of acute disease with high fever. I believe that this may be accounted for by the fact that the

phosphate of iron is one of Schuessler's twelve "tissue salts," and our chief knowledge of its field of action has been gained from the clinical experience of those who prescribed according to Schuessler's theories. True, J. C. Morgan tested the drug upon himself and others as early as 1876, and a proving was made by Moffatt some years later. But a study of their findings is disappointing, because of the paucity of distinctive and characteristic symptoms. I regret that I can add no new data, and I must, therefore, content myself with presenting a few clinical hints, which may be the means of bringing out the experience of the members of the I. H. A. here present.

Schuessler's general indications for the use of Ferrum phos. are:

1. In the first stages of inflammations.
2. For pains that are worse from motion and better from cold.
3. Hemorrhages due to hyperemia, and
4. Fresh wounds caused by mechanical injuries, contusions or sprains. He would thus limit its sphere to the stage of congestion before exudation has taken place, whether the cause be mechanical or dynamic. This cannot be made a hard and fast rule, as experience shows that sometimes the symptoms call for Ferrum phos., even after pus has begun to form. As for instance, in certain cases of otitis media when the *pain continues, even after the bloody purulent discharge has found exit.*

But there is no doubt that it is an indispensable remedy in the early stages of febrile conditions. Here it stands midway between the sthenic activity of Aconite and Belladonna and the asthenic sluggishness and torpidity of Gelsemium. This is readily accounted for when we remember that the typical Ferrum phos. subject is not full blooded and robust, but nervous, sensitive and anemic, with the false plethora and easy flushing of the parent iron.

Prostration may be marked and at times is sudden in onset, but the pace is more active than that of Gelsemium, and no matter how severe the congestion, superficial red-

ness never assumes the dusky hue, so often a characteristic of the former. So the pulse-rapid and bounding in Aconite, full and throbbing in Belladonna, is softer and more flowing in Ferrum phos., yet lacking the weakened impulse of the Gelsemium.

Mental activity with loquacity is a frequent concomitant of Ferrum phos. complaints, but it never reaches the wild delirium of Belladonna, and is entirely devoid of the anxious restlessness and fear of Aconite.

In general, the pains are worse from motion, but here again we must qualify Schuessler's dictum, for some of them, especially of a rheumatic character are relieved by slow, continued motion. Like Ferrum met., the derived remedy has a strong affinity for the shoulder, particularly the right, and the patient finds relief in gently swinging the arm, indeed in severe cases, seems unable to keep it still. The relief from cold should prove a useful characteristic by reason of its peculiarity. Although the provers failed to determine the extent of its applicability as a modality, clinical experience has shown that certain forms of prosopalgia, toothache, and a few other superficial pains are relieved by cold applications, while those due to deep inflammations are better from heat.

The tendency to hemorrhage is perhaps more marked in Ferrum phos. than either Belladonna or Aconite, but like these it is the result of congestion, and is therefore bright red, and it usually gives relief. Thus we find frontal headache better after the nose begins to bleed; colic *before* the menses, etc. Clinically, it has been frequently demonstrated that children who have nose bleed as a concomitant of other complaints, often need Ferrum phos.

The redness of the skin, mentioned above, is not always localized in the face or some inflamed or injured part. Suffused redness, aggravated by exercise and in a warm room, is a symptom that I have more than once verified. Several years ago while camping on the shores of Lake Michigan, a little girl of the party came down with a peculiar fever. I had no thermometer, but judge that the temperature reached

about 102. The skin everywhere rapidly became red, so that at first one might take it for a case of scarlatina. There was little or no weakness, the pulse was full and rapid, yet easily compressible, and though rather talkative, she was content to lie quietly in a hammock and be waited on. Here was the red skin, mild cerebral congestion without restlessness or anxiety, and sudden onset of the remedy we are now considering. The cause was presumably bathing in the hot sun and getting chilled by cool lake winds. A 200th (B. & T.) subdued the whole condition in a few hours. Next day another of the children manifested the same symptoms and was relieved with equal promptness by a dose of the same potency.

The same redness and congestion is noted in mucous membranes, attended by great dryness and sensitiveness to contact and suggesting several interesting clinical groups:

Sore throat with dryness, full feeling, stiffness, worse in the morning; sensation of a lump, usually on the right side, making the act of swallowing very painful.

Eyes intensely inflamed, red and burning, with sensation as though sand were under the lids—as an accompaniment of measles or other acute disease or from injury. You will be strongly tempted to give Aconite, but close observation will reveal the discrepancies, one of which is the “sand sensation,” usually considered as more characteristic of Causticum, Arsenic or China.

Vaginitis with great dryness, and severe pain from coitus or digital examination; vaginismus.

Study your cases well and perhaps you will not prescribe Aconite so frequently in these conditions. Take, for instance, the Ferrum phos. Coryza: dryness and smarting of the nasal passages on inspiration, especially the right (here again showing the right-sided tendency), red face, frontal headache and chilliness about 1 p. m. The features noted in our comparison of the two remedies above must decide the choice.

The ever-present hyperemia is a marked characteristic of ear troubles when Ferrum phos. is the remedy. The pains

radiate and every heart beat is felt in the ear. The external ear becomes fiery red. The discharge, if any, is muco-purulent or bloody, and may not relieve. In one case where paracentesis was performed it was practically pure blood. I had not recognized the remedy early enough to stop the congestion, and consequent extravasation and the suffering for twenty-four hours was extreme. In spite of this, recovery was rapid and complete. The discharge gradually lost its red color and then ceased without the slightest sign of pus, although no antiseptics were used locally.

It would be quite natural to expect a strong susceptibility to chest troubles in this patient. Bronchitis of young children, phthisis floriday, pneumonia, capilliary bronchitis, all furnish clinical pictures, had we the time to consider them. The cough is short, spasmodic, painful, worse in the open air, on touching the larynx, and at night frequently causing spurting of urine. Haemoptysis after severe injury to the chest or a fall. Loose cough, painless indoors, but painful in the open air. Cough during pregnancy. When in a case of pneumonia with but one lung affected the temperature takes a jump and the opposite side is involved. *Ferrum phos.* may check it if given early enough.

*Ferrum phos.* is reputed an excellent remedy in diurnal enuresis, but I have never had the opportunity to confirm this. It will relieve frequent desire—must attend to the call immediately, with pain in the bladder and glans penis better after urinating, whether it be in children or adults. Excessive secretion of urine without assignable cause is a hint worth remembering; it may lead you to this remedy.

In the female genital sphere, *Ferrum phos.* does excellent work when there is evident pelvic congestion. Bearing down sensation with constant dull pain in the region of one or other ovary. Menses excessive, too early and attended with pressive vertex headache, backache and vomiting of sour liquid. Here is a hint that may help you in some trying case of vomiting in pregnancy: while eating she suddenly leaves the table, with one effort vomits all she has taken, returns and finishes her meal.

A great deal more might be said concerning this interesting remedy, but time forbids. Careful proving in the higher potencies is the only way in which its complete sphere of action can be determined. Until then it will not be given the place in our materia medica which it really deserves.

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Dr. Stearns: *Ferrum phos.* is one of the most important of all the tissue remedies. I do not know very much about any of them.

Dr. Patch: Mr. Chairman, I waited a good many years to see a case of typical *Ferrum phos.* pneumonia, but it came at last and the characteristic of the case was the sputum which was very much like blood washings. It was diluted bloody water and quite profuse. The case was in a very large man, a laborer, and it was a serious case. *Ferrum phos.* cleared up the acute symptoms, but did not cure the man, because other complications came along afterward, which kept him sick for sometime. I do not remember them now in detail, but *Ferrum phos.* took care of the condition of the lungs wonderfully.

Dr. Stearns: Anyone any further remarks?

Dr. Wiggin: I remember an entirely similar case in a young man—I cannot say that he had pneumonia, but he had a temperature of 104°, dullness on percussion, etc., and the next morning his temperature was normal, after a single dose of *Ferrum phos.* He had bloody sputum—I looked upon it as something very brilliant, but it may have been only symptoms, preliminary to pneumonia.

Dr. Sloan: I had two cases in children—there was very decided congestion, high temperature, dullness on percussion. Both cases well in twenty-four hours. I do not remember about the sputum.

Dr. Wiggin: Can you have blood sputum with pneumonia?

Dr. Hatfield: You are not likely to get bloody sputum from a child.

Dr. Stearns: I have heard of blood sputum of that type in pneumonia.

Dr. Hussey: I had an experience a few years ago. A well-known business man of Buffalo was taken suddenly ill with pneumonia in New York City. He was stopping at a hotel there and became ill, and there wasn't much time to exercise a choice as to physicians and he left it to the proprietor to call his own physician (who, by the way, was considered one of the best of the old-school physicians). His wife and daughter went down to remain with him as soon as they learned of his illness. They had seen so much of homœopathic treatment that they were quite uneasy, not having it for him, and finally in the course of the disease, the physician prescribed morphine, when the cough became very severe, which of course induced constipation, for which a cathartic was given, cough got severe again—more morphine, then some more cathartic. Finally, when it came near the time of the crisis, about that time his forces were so thoroughly depressed that he felt he should have a little *strychnia* to brace him up. These were the only three medicines he had during his illness, and the wife was so much concerned that she said to the physician, "Why do you give him those things?" and he said, "We have no remedies that cure pneumonia." She corresponded with me every day during his illness, and I asked her to secure, if possible, the nurse's chart of the case. I have it now to look at, and it gives me much satisfaction.

Dr. Boger: I have not heard any reference to the great power of Ferrum phos. in the acute exacerbation of tuberculosis here. There is hardly any remedy to take its place. It is a pure palliative, but the power of Ferrum phos. is wonderful in those cases.

Dr. Case: A specialist friend of mine says that in acute inflammation of the middle ear no remedy compares with Ferrum phosphoricum in effectiveness. It relieves the pain very quickly.

Dr. Stearns: Hough used to say that Ferrum phos. meets it more than any other remedy. Every case with acute ear symptoms that came in used to get Ferrum phos., regardless of symptoms.

Dr. Hussey: I have used Ferrum phos., more or less, and I fully agree with Dr. Boger.

Dr. MacLaren (K. A.): In college, we used to eat the triturates when we got hungry, and we were never influenced by any of the things we consumed, until one day my roommate filled his pockets with tablets of Ferrum phos., and returning in the afternoon put his hand in his pocket and ate several tablets. That night he was taken very sick—face extremely flushed, violent palpitation of the heart, which lasted about an hour and a half; very flushed face and frightful headache. That is the only effect I ever remember having seen.

Dr. Taylor: I would like to ask the doctor, was he quiet or did he talk much?

Dr. MacLaren: He was silly; frightened, talked about himself some, but was not delirious at all.

Dr. Hayes: I attended a little girl last winter who had congestion of the lungs with symptoms that indicated Ferrum phos. Her temperature was  $105^{\circ}$ , with inclination to talk all the time, and to move about to find a cool place in the bed; the skin of the entire body was flushed and red.

Dr. Stearns: Restlessness was present?

Dr. Hayes: Physical restlessness; no fear or anxiety. She was well in twenty-four hours.

Dr. Stearns: Restlessness is not unusual is it?

Dr. Taylor: Restlessness, but no anxiety—that was what I was trying to get at. Restlessness, but no anxiety.

Dr. Stearns: If there are no other remarks, I will ask Dr. Farrington to close the discussion.

Dr. Farrington: I had hoped that some of our older men would bring out more of the chronic side. As I said in my paper I could not see how the offspring of two such polychrests could be of such comparatively limited service in the onset of diseases or the period of congestion in the beginning of fevers. There are a good many different points that I might have mentioned and I am glad that Dr. Boger spoke of that special one. The remedy has been used in phthisis or quick consumption and has produced benefit, but this is

one special sphere where it is useful—in the exacerbation during a case of tuberculosis, and I think that you will find that either Phosphorus or Ferrum phos. would be the remedy in that case. If there is restlessness, it may be, as one speaker has just hinted, the patient is trying to find a cool place in the bed; patient feels hot and it is aggravated by heat or being in a warm place.

Dr. Stearns: We will now listen to Dr. MacAdam.

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[Dr. MacAdam gave a demonstration of the action of the valves of the heart by means of an interesting combination of electric lighting and the heart of an ox.]

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Dr. Farrington: Just a word in regard to alleged cures of organic heart disease. A cure may be possible where the valves have been affected by some inflammatory process in growing children and young people. But I think that we should be very careful in claiming too much, especially in older persons. I have a case under my care now—a young woman of about thirty, who was treated two or three years ago by one of our most noted Homœopaths for what he said was an organic heart affection, and which he claimed to have absolutely cured. The most careful physical examination failed to reveal the least sign of anything organic, yet the symptoms were the same as in the previous attack, and possibly more severe. They were plainly neurasthenic; coldness about the region of the heart, palpitation worse lying on the left side and from emotional excitement of any kind throbbing headache, anxiety about her condition, insomnia, throbbing of the blood vessels, etc. A few doses of Natrum mur, have removed almost the last vestige of them.

Dr. Stearns: We will go on to the next paper—a talk on *Cina*, by Dr. Julia Loos.

## CINA.

BY JULIA C. LOOS, M. D., PITTSBURG, PA.

A professor in college was at one time being bantered by one of the students about taking three days to talk about *Calcarea carbonica*, and the response was that if you can talk for three hours on *Calcarea Carbonica*, you may have your degree without any examination whatever. Now, I am not going to talk for three hours on *Cina*, but what there is to be said about *Cina* would take a great deal longer than is allowed, and I recommend that the Chairman watch the time, because my paper is not written, and there is no limit to it.

It was said at the New York meeting, at the memorial for Elbert Hubbard, that he had discovered more people of use to the world than any other one man in this country. His inclination was, not to create, not to develop people, but to discover them, and give young and old, men and women, an opportunity to perform their mission in the world, the mission for which they were adequately prepared.

It has appeared to me that *Cina* is one of the remedies that needs to be better discovered. It has capacities for doing a great deal more than it has been credited with throughout the medical world. It has possibilities which have been rather neglected. Very often *Cina* is connected, in the thought of the physician, with worms, but *Cina* has a great deal more that may or may not be associated with worms, and it is not my intention to go into the details or symptomatology at all, but simply to sketch *Cina* as the ordinary every day physician would see a *Cina* patient.

Get the characteristics; *Cina* is contrary; contrary in many ways, *Cina* that begs for sympathy, consolation, relief, and the first step you make toward her, brings forth a greater greater wail, a wail of irritability. If you look at her, reach out to touch her, she is wailing, very irritable, very touchy, cannot bear to be looked at, cannot bear to be touched, restless and uneasy, and wants to be taken up; as soon as you take her up she wants to be carried, but if you take her up to carry her around, she is in tears again. It has many symp-

toms of the stomach, and yet it is not the stomach; it is the brain. Has symptoms of the rectum, of the intestines, and yet it is not the intestines at all. Often something else is the predominating feature. Hydrocephalus, where there is no enlargement of the head at all, and yet hydrocephalus symptoms. Hunger—wants to eat, and the more she eats, the more she wants to eat—another contrary feature. Eating and never satisfied. Eating, and having difficulty in swallowing, and if she has nothing to swallow, is very obviously swallowing. Watch her when she is sleeping, and there are many symptoms that you can get, which you won't get unless you see the patient, because there are symptoms that the mother, or the attendant, or the nurse, do not think of as at all connected with the sickness—just queer things about the woman or queer things about the child. Lying on the abdomen to sleep. Turn the child over and back again it is on the abdomen; lies down to rest, rolls, and there is twitching, spasmodic motions of the limbs, of the head or of single groups of muscles. Lying in bed to sleep, swallowing going on, talking in sleep—everything but rest, and when you think that patient is quietly asleep and perfectly happy, the first thing you hear is a scream and a frightened noise, and the child or grown person is sitting up in bed, looking around wildly, frightened, but does not know why. Frightened in sleep; wakes up from sleep, startled, and stares around to see what is the matter.

Another contrary feature is in the color of the face. Rosy cheeks, rosy face, except around the mouth and nose there is a white streak, sometimes yellowish, or purplish, but if there are rosy cheeks, there is a very clear demarkation—the red does not go beyond a certain point, just as if there was a fence there. The patient is, if it should be a grown person, timid, bashful, does not want to go among people—did not want anything to do with people; avoids anything that brings them in public—a part of the touchiness, wants to be in the background all the time.

The basis of *Cina*—I have not seen very much of in reports in writing, or in the discussion of *Cina* that has

brought out these things, though I have noticed particularly that *Cina* symptoms or *Cina* conditions are built up on *Medorrhinum*, just as *Bell.* is built up on *Cal.* or *Ignatia* is built up on *Natrum mur.* This is so strong that almost invariably when you see a case that needs *Cina*, if you will watch the patient long enough you will find a *Medorrhinum* basis. If you know a patient that needs *Medorrhinum*, you will find when the acute stage comes, when the fever comes, it is *Cina* that is needed, and almost as often as you find *Bell.* symptoms with *Cal.* you will find *Cina* comes in *Med.* cases. You will find that men have done wonderful things with *Cina*. Nash and Grimmer report typhoid fever where *Cina* checked and stopped the fever. Enlarged glands, in a community where it was almost an epidemic, children with enlarged glands of the neck, and surgeons were rushed for time, for they must be cut, *Cina* has cleared them up, swelling has disappeared and hardness has disappeared, without any trouble whatever.

Toothache makes a child almost frantic; look at the child. You would think that something terrible had happened, but you have the *Cina* characteristics—*Cina* will stop that toothache.

In constipation or diarrhoea in anaemic children, almost invariably stubborn, with loss of appetite, with general indifference to food—just certain food that it will eat or they won't, *Cina* changes the picture entirely. I have had children come to my office, perhaps, the second or third time, sometimes the first time after receiving a dose of *Cina* that you could detect the change at once—nothing that you could put your finger on but the mother reports, "Oh she's just splendid." Or, "He is doing finely now—just like other fellows; no trouble at all with his bowels," and so on.

In a post-graduate school the favorite question of almost every clinic was what would you prescribe for such and such a disorder, or for such and such an acute disease, or for such and such a chronic ailment, and it was very easy to see the indicated remedy, and so with *Cina*, as with a good many other remedies, you can turn that around and see what

*Cina* will do. Then you get these characteristics of *Cina* when the child is not apparently ill, when the parents hardly realize that *Cina* is needed. You will find *Cina* or *Med.* symptoms or occasionally an acute spell comes on—the conditions seems one of almost violence, but you will find that these symptoms will be entirely cleared up by *Cina*. Many of the troubles are periodical. You can stop a condition, which would otherwise run on for three or four days, you can stop in three or four hours. Child taken sick at night, mother does not know what to do, night after night, until the child gets a dose of *Cina*, when she will quiet down. Every time you get these recurrences of *Cina* you can stop the recurrence, if you wish, with *Med.* After a dose or two of *Med.* use *Cina*. A little child that was anaemic and pindling and pale will be robust and hearty after *Cina*, and the picture they present afterwards is that of a robust healthy condition.

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Dr. Stearns: Strange how these papers bring out so much that we have not known about or have forgotten. Any-one any remarks?

Dr. Loos: There must be some verifications.

Dr. MacLaren (D. C.): From my own experience, I have found *Cina* a very profound remedy.

Dr. Hatfield: I may mention a case of gall stones I had about a year ago. A lady of fifty-five or sixty, had a good deal of trouble in the region of the stomach. The pains would begin very suddenly, and there were all the symptoms of gall stones. I did not see the actual stones, because I did not operate. But I remember the last spell she had. When I went in, she was lying on her stomach, and everything seemed to point to *Cina*, and I gave her that remedy in a high potency and I have never had to prescribe for her since then. I do not remember how long ago it was, whether it was before last year's meeting or not, but I have never prescribed for her for that same condition since. I did not know whether *Cina* had ever been given for gall stones or not, but

the symptoms were so marked that I gave her the remedy, which relieved her within a very short time.

Dr. Farrington: Dr. Loos's talk on *Cina* should be commended. She has covered the essential features of this remedy; the little details we may look up at our leisure, if we desire. There are four remedies that are closely related symptomatically, Chamomilla, Magnesium carb., Arum triphyllum and *Cina*. They all have that unreasonable irritability; they are all frequently indicated in children who want to be carried or are better in motion. The latter two have picking at the nose; Arum, the lips also until they bleed, and boring with the finger in some cases, even along the line of the ductus lachrymalis and in the corner of the eye, on account of the pungent tingling there. They all of them may have diarrhoea. Acrid in Chamomilla and Arum, and sour smelling in Magnesium carb. and Chamomilla, though the latter has perhaps more often the odor of rotten eggs; in *Cina*. white watery, at times green, slimy; in Magnesium carb. brown, papescant, but more often like the scum on stagnant water. I once witnessed a remarkable cure of a baby girl of nine months. She was thin and puny, and yelled twenty out of the twenty-four hours of the day. The only way she could be pacified was by keeping her go-cart going back and forth at a rapid rate. The stools she passed were at first brown, like thin mustard, and putrid-sour, and so forcible that they would shoot to the distance of four feet, if nothing intervened. Later, they became green and slimy, with a watery admixture that sunk into the diaper. Of course, I gave Chamomilla, but it did not even palliate. The baby's life was saved by Magnesium carb.

Dr. Patch: The most interesting part of this paper to me has been the illustration Dr. Loos has given us of making the remedy stand out as an independent force.

One of the most difficult things that I find in teaching materia medica is to make students understand what we mean by the individuality of a remedy. That is what she has brought out so well. Here is a remedy which she knows in the same way that she knows John Jones or Charles

Smith, as an individual. Every characteristic of that individual is brought out so clearly that almost anybody can see it. Of course, it is not possible for every remedy to make so vivid a picture, but with remedies that have strong individualities it is possible to so picture them that others may recognize.

Dr. Hayes: I am surprised that someone did not mention the Lycopodium relations to *Cina*. Lycopodium is often the basic remedy to follow *Cina*. It seems to have all the *Cina* possibilities. I know that I have given *Cina* many times following it with Lycopodium; one dose of *Cina* followed by a dose of Lycopodium finishing the whole trouble.

Dr. Powel: I should like to ask the doctor if the children were dirt eaters? I had a peculiar experience within the last few weeks. A little child, the daughter of a Mr. P. developed that habit. They have, in their home, a beautiful conservatory, and in the halls, usually potted plants. This little youngster, just able to totter around, got to digging into the pots and eating dirt. Well, they spoke to me about it, and I said, "Has it made her sick?" They said, "No." I said, "Just watch her for a little while." About three or four weeks ago that child developed fever, and it looked very much as though she was coming down with typhoid. One of the prominent symptoms was irritability; yet, when the nurse would go to take her out of the cradle she would cry—did not want to be touched. The nurse said to me, "She is sore." Well, I could not see the remedy, and it is folly to prescribe for a member of this family unless you get the right remedy; you had better give them nothing. I went there for four or five days, charged for every visit, but gave no medicine, and at last I sat one night and watched that child in sleep; just the symptoms the doctor has stated, and I noticed it would awake startled, rubbing the nose, sour, did not want to be touched. I gave it *Cina* the 500th; didn't do any good apparently—temperature had gotten up to 107° and I repeated the 500th—no good. Still *Cina* was the remedy. I gave it the thousandth and I repeated the thousandth, and after the second dose of the thousandth of

*Cina* that little youngster had a diarrhoea and that continued for three days. The fever disappeared and the child was soon running around; no more medicine.

Dr. Loos: I do not recall, offhand, whether the patients I have watched have been dirt-eaters; but those conditions which are associated with dirt-eating are in the remedy.

Dr. Becker: We see and read of so many prescriptions that we get a confused picture, but I think in a case of this kind we will carry away a better picture, because of the spoken picture, and after all the spoken picture is superior to the one we read. I was very much pleased with the dissertation of Dr. Loos this afternoon.

Talking about worms this is one of the things a doctor should avoid diagnosing until he sees the worms. If a woman, seeking my opinion about a sick child, asks whether he has worms or not, I never say he has until I see them. The worms, in themselves, do not cause the symptoms; these are from an irritation in the bowels. It is not safe to diagnose worms that do not materialize.

Dr. Patch: I wonder what is considered a diagnosis of tapeworm. I recently had an interesting experience where the laboratory diagnosis came back positive, the ova of the tapeworm being reported present. The patient was given a single dose of male fern and a cathartic and no tapeworm came, even after the ova had been discovered under the microscope.

Dr. Becker: Probably mistaken diagnosis again; there is another thing, you want to see the tapeworm before you diagnose. I always wait until the patient says he has seen a segment. One of the most simple and best of remedies is the good old pumpkin seed; grind the whole seed with the coffee grinder (or get the druggist to do it for you) and get the patient to take as much of it as you can. This should be preceded by a few days' fasting—a little bit of tea or milk diet, etc., and then, with a pretty active cathartic, I like Senna for that sort of thing (an enema is the only thing I will allow my patients to take for constipation), but a good dose of Senna and a little epsom salts, if you want to

get rid of an unwelcome guest is about the best; and the pumpkin seeds are good. One wants to be careful to use a warm receptacle; they seem to become narcotized under the influence of the pumpkin seeds, male fern or whatever one wants to use, but if they touch something cold, they may be roused up and broken and the head may be left behind.

Dr. Stearns: Any more remarks about this paper?

Dr. Jarvis: Dr. Becker has expressed something very practicable; that is, the contact with something cold, causing the head to remain.

Dr. Becker: There is one thing that I think you cannot carry a patient along with, and that is tapeworm. The idea of not expelling it seem to be so absurd. It is usually gotten rid of quite easily, and if the person does not get rid of it under our care and help he will wander away and get someone else to treat him with worse results, perhaps.

Dr. MacLaren: Is it wise to get rid of the tapeworm? What is the tapeworm doing there? The tapeworm is popularly supposed to be feeding on the patient, but in reality the tapeworm is feeding on the debris that is, of necessity, thrown off because of deep-seated psoric conditions, without which the tapeworm could not exist, and the diseased condition that allows the tapeworm to be there is what you have to get after. Now let me tell you a couple of instances I know of.

One case, a man, professor in a college, man of very good habits, had a tapeworm and got rid of it the usual way. Within a year he had a stroke of paralysis and was under the sod.

Another case—French Canadian (I had this man under treatment for some other trouble, I forget what)—and he ran into my office in great excitement one day, saying, “Now, I know what is the matter with me; you never told me.” Well, my remedies had simply started things up inside of him and brought the intruder out. I warned him—said, “Now, don’t you try and get rid of that right off—take my treatment and be patient.” But no, he would not hear of it—disappeared from my sight and immediately went to

some other doctor to give him active treatment for tapeworm. Nine months afterwards I was called to see that man; went into his room, where I found him utterly done for, dying of consumption. I cheered him up and consoled him all I could, but that was all I could do. Two fatalities—the results of getting rid of tapeworm. I do not dare do it. Another patient with tapeworm is in perfect health, but his psora will show itself once in awhile when there is not enough exit from the system. He will have to go on a long spree and get rid of his psora in that way. But he is a man of sixty years, a hard-working man, and I would not venture to remove the worm. I believe it would take that man's life if he got a good cleaning out and got rid of that tapeworm. Of course I do not mean for you to understand that I have not cured tapeworm by antipsoric remedies. Give it a few months time, and a fairly good constitution, with an active vitality and it will always respond to treatment, and the tapeworm will disappear. When you do not see any sign of tapeworm for six months you may be quite sure it is cured.

Dr. Boger: I agree with the doctor that it can be done—Cina may be the remedy. A boy under Sulphur has ceased to pass sections of the worm. I know of one case I did absolutely cure. The doctor's explanation is a good one, and if the tapeworm cannot live in a perfectly healthy person I think it is at least worth while to take into account the fact that the tapeworm lives on debris, due to psoric or some other diseased condition and, supposing the man does die afterwards, it may not necessarily be from those results. You may never know whether that man is cured or not. Worms will only grow in an unhealthy soil or in dirt.

Dr. Patch: I take exception to Dr. MacLaren's statement that six months without evidence of the tapeworm, is evidence of its cure. I have one patient who has had a tapeworm several years, and there have been periods of nearly a year at a time when he has not seen evidence of it but, from last account, it was still coming in sections.

Dr. Stearns: Any more remarks? Why not get rid of the worm and treat the patient afterwards? If they go to someone

else we lose them altogether; if there are going to be bad results from losing the worm, you cannot help them when they are not coming to you, and if they are fully determined to get rid of it, why not do it, and treat them afterwards?

I have one case of worm that I have tried to expel—made five attempts and got a piece each time; have tried every remedy that has been heard of for worm, but this worm is still there, and it is in a child about five years old; perfectly well and healthy—the worm is doing absolutely no harm apparently.

Dr. Becker: I would like to know if anybody in his treatment of tapeworm, by violent measures, did really see bad results that could be certainly traced to the treatment? Ever since I was in practice I have had to expel tapeworms, and I cannot see that in all my experience I have seen any bad results. I have had cases under my care for years afterwards. One has to be careful about giving the male fern, for it does affect the action of the heart and the sensorial system. This is something which I found out from experience when I gave it years ago in old-school practice. But if anyone can find a patient patient enough to go on under treatment, I would say by all means continue it for years, because the tapeworm seems to have a bad effect only upon the mental condition of the patient. A woman has been under my care with one for a number of years, and when I talk with her about it, she becomes hysterical; is absolutely sick, thinking of that tapeworm, day and night.

Dr. Loos: Then you will get mental symptoms?

Dr. Stearns: I know a case of a man, who very soon after being relieved of tapeworm, developed typhoid fever. They used him pretty vigorously and got rid of his tapeworm; this followed. Perhaps, it was, as Dr. MacLaren says, a case of suppression.

Dr. Becker: We must be careful about making claims that we cannot substantiate. If we treat a case of tapeworm and sickness follows a year or so afterwards, and death results, it may be in the natural course of events.

Dr. Stearns: Dr. Loos spoke of enlarged glands. I do not think they were included in the provings?

Dr. Loos: I do not know that it has been included in the provings. Whatever the conditions present, when the symptoms of the patient say *Cina*, I should encourage, especially those who have not tried it, to trust *Cina* to eradicate it. The patient is first; if he needs *Cina*, the secondary condition depending on the patient's disorder, will disappear in its care.

Dr. Stearns: I have seen it; cases with enlarged glands which cleared up very quickly. \* \* \*

Dr. Loos: The work that *Cina* can do, the peculiar field for that remedy, affords a good opportunity for the doctor to answer questions. Every time patients or attendants come to you with a question, you have a good opportunity to teach the fundamentals of Homœopathy. Because they will hear more of what you say when the question has arisen in their thoughts, you can do ten times as much teaching then as you can by saying the same things when they have no question. When they have nothing to ask, you can talk without avail. When they want to know why you cannot remove the tapeworm first, or give something to Johnnie to clear out the worms, they will hear your explanation, and better grasp the idea of your plan of working in dealing with their sicknesses.

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## SCOPOLAMINE HYDROBROMIDE; PROVINGS AND VERIFICATIONS.

BY ROYAL E. S. HAYES, M. D.

The first proving of scopolamine was made by Dr. H. A. Cameron, and contributed to the Conn. Homœop. Med. Soc. Trans. of 1904. Having transmuted some of the peculiar effects into cures, I was moved to further experimentation with the drug. Eight provings were produced with five people with the first, second and thirtieth centesimal dilutions. Effects of dosage, with the third dilution, became evident

within twenty-four hours, and continued about four days. Two provers responded to the thirtieth within an hour or two. Another prover was obliged to continue two-hour dosage of the 30th eleven days before much effect was noticed, then suddenly became comatose, as often occurs with uremia. The most serious effects of the entire experiment were exhibited with this proving, whereas only slight effects were obtained by giving another prover, a robust girl of ten, a drop of the 1st dilution, approximately 1/100 grain.

Two of the female provers had, at subsequent menstrual periods, what appeared to be relapses of scopolamine symptoms, but being scrupulous about the possibility of including anything foreign, I did not record them.

The first test was to give a young woman of twenty-seven a drop of the first dilution just before bed time. No effect was noticed while she continued at her work, but when she ceased, fifteen minutes later, there was a decided sensation of intoxication; felt as if her eyes were bulging out and the pupils large; was compelled to stare and grope with the hands to aid the sense of location. She staggered across the room without dizzy feeling, ascended the stairs with the assistance of the banister, grasped support with one hand, while undressing with the other; fell into bed; felt pulled into bed—when these symptoms immediately disappeared and she slept all night, whereas it was her habit to thrash about a half hour before getting asleep. Unfortunately, I was not present to observe other details, which may have resulted. Next morning the weakness had disappeared but the drug continued to manifest its effects until several days afterward. Two other tests with the 1st dilution were made but this one represents the blunt, devitalizing effect of a heavy dose.

Other results are presented with the usual arrangement; the symptoms of the proving by Dr. Cameron being lifted from the Connecticut Transactions with their original phrasing and marked "C," where there is repetition under the same section it is the symptoms of different provers.

*Mind.*

Lost sense of propriety; kicked up his heels and laughed loudly on the street. Walked into patients' houses going through the rooms without removing his hat; went into toilet, spread feet apart and urinated noisily without closing the door. C.

Laughed at people on the street; loud laughing was quite a feature. C.

When meeting a person on the street he would stop, and turning, follow them with his vision a long distance up the street, C, (verified with two cases of nervous exhaustion).

In his writings, he afterwards found a jumble of unintentional statements, interspersed with partly correct statements. The events of the day or whatever happened to pass through his mind ran off at the end of his pen instead of what he had intended to write. C.

The mental state was one of dreaming while yet awake. C.

Could not hold his thoughts to the subject in hand; during conversation would branch off to other topics having no connection with the matter under discussion. C.

When answering a question the first part of the answer would be correct, but before ending would ramble out ideas quite foreign to the first statement. C.

At times suddenly realized that he had been talking nonsense, and ask what he had just said. The same feature was noticed in writing, the early part of a sentence being correct, the end dealing with something else. C.

His entire hearing was that of one intoxicated with alcohol; people were irreparably convinced that he was drunk. C.

Loud laughing was quite a feature, especially when mistakes were pointed out. C.

Unconsciousness; swooning, especially when rising, after having lain in bed a few hours (1st, 3rd and 30th).

When consciousness first returned she could not tell where she was; did not remember when or how she got to the

bed. Another time she found herself lying on a rug beside the bed, after rising sometime during the night (30th).

Cheerfulness; unusually cheerful and animated; mind unusually clear and active, as if stimulated with wine and company, expressions lively; lively speech, wanted company so she could talk and be sociable.

Sober spirits; at first cheerful, later became dull and sober, expressions careworn and sad, averse to company.

Desire to be alone, dull, silent, with expressions of silent mental suffering.

Restlessness; wants to be moving and occupied.

Uneasiness.

Sadness; forsaken attitude, as if everybody was against her; could cry at any time.

Tearful resentment at supposed slights.

Felt "mean" toward people; felt destructive, like smashing things, without provocation. Irritated at trifling mishaps.

Irritable, tearful; felt "mean" toward people; thought others felt the same toward her.

Hallucinations; sees faces and people; men and boys, when closing eyes.

#### *Sensorium and Nerves.*

Intoxicated sensation, as with alcoholic spirits. Mind clear, but unsteady legs; staggering without dizzy feeling; sense of location so uncertain that she had to grasp support to hold herself still, and stare so she might gauge location and distance of things; the classic "lampost" condition. When attempting to get into bed fell in helplessly; mind clear, but as if pulled forcibly into bed; the pupils were dilated.

Intoxication; became unconscious after staggering about the room a few steps after rising.

Intoxicated sensation on street, as if not walking straight; as if would pitch toward companion beside her; controlled with effort of the will.

Intoxicated sensation that was not definitely nausea or

dizziness or faintness, but as if a blend of all three, centering in the "solar plexus" and extending upward and backward through spine to head, especially the occiput, as if the spinal cord and solar plexus was sick and faint and the lower brain was dizzy; tends to go to left.

Unsteadiness; tends to walk to left.

While going down the street on her roller skates lost her sense of balance and was compelled to grasp fence for support; with dizzy sensation; quickly recovered and went on.

Closed her eyes and swooned; complexion rosy and normal as usual.

On the eleventh day of two-hour dosage with the 30th a slight tipsy sensation was noticed occasionally. That night the woman arose for some slight duty when she fell to the floor with an intoxicated sensation, and though the floor was hard and the room cold, "it felt good to lie there," which she did, and slept until morning. The dosage was then stopped, but symptoms continued two weeks afterward.

Staggering, as if intoxicated; staggard to the bed and quickly fell asleep.

Unsteadiness, without dizziness, when arising in the morning, disappearing after a few minutes.

Dizziness, mostly in occiput.

Dizziness when rising from sitting.

Dizzy little spells while sitting; staggering when rising.

Vertigo with sick faint sensation, continuing two weeks (30th).

Vertigo, nausea and faintness when rising, dizziness felt in stomach (as if dizziness, not nausea in stomach). Head feeling like a dead weight.

Faintness with nausea when rising.

Waves of sick dizziness, with mind clear, > effort of the will.

Faintness; pulse becomes slower and pupils dilate as faintness grows worse.

Faint waves; a passing senseless condition, as if "gone"; mind clear but body faint.

Faintness while sitting > moving about.  
 Faintness with nausea when rising.  
 Faint nauseated sensation > lying on abdomen.  
 Feels "bum" all through.  
 Tired all over.

### *Head.*

Headache; first, a stitching pain over the right eye; then dull, sore pain in forehead and fore part of vertex, > lying, disappeared as often as she went outdoors, and reappeared as soon as she came in. Subsequent days headache reappeared at 11 a. m., and continued until she went out at noon.

Headache; entire head; a sharp, yet heavy sensation, as if head was a dead weight; as if it was a big heavy ball, flopping and rolling on its cervical attachment, overcome with effort of the will.

Headache disappears when lying.

Dull pain in forehead and eyes.

Dull sensation of vertex, as if not clear.

Headache in temples while reclining, changing to root of nose when upright, cutting when bending forward, > cold air or cold washing.

Headache relieved by gushing menorrhagia.

Sharp pain over left eye.

Squeezing sensation in forehead and temples, as if being squeezed with a hand; with inclination of head to fall forward.

Sticky perspiration of forehead after drinking warm tea.

Sticky perspiration of forehead only when lying during menstruation.

### *Eyes.*

Pupils dilated (all provings).

Pupils dilate and pulse becomes slow when faintness appears.

Pupils dilate whenever unsteadiness appears (all provers).

Pupils dilated mornings, disappearing gradually after a few hours.

Pupils widely dilated and pulse slowed to 58, without other symptoms.

Sticky sensation eyelids, as if sticky in spots (same in throat with another prover).

Sticky sensation upper lids.

Eyeballs sting as if dry.

Dull ache in eyes.

Conjunctiva congested; pupils dilated; color brilliant; flushed face, giddy feeling.

Bulging sensation; objects blurred; compelled to stare to see.

Sensation as if a veil interfering with left eye; later changed to right; > rubbing.

Vision blurred.

While writing with black ink the words appeared red, as if the ink used were red ink. C.

When reading, even two-inch letters, the letters appear to dance, and vision becomes blurred.

Objects appear too far away.

Golden specks (with staggering), then vision darkened and she swooned.

Golden specks floating.

Golden specks seen as if over right eye, when rising from bed.

When lying in a dark room, with lids closed, saw flashes of bluish white light, the rays of light going from a center like the spokes of a wheel, or like the sparks seen after explosion of certain kinds of rockets; pupils dilated. C.

Single objects appear to move, always from right to left, > when looking directly at them.

Photophobia; cloudy outdoor light seemed sharp and harsh.

#### *Ears.*

No symptoms.

*Nose.*

Dryness of the membrane. C.

Sneezing; with dry cough.

“Stuffy” left nostril with watery discharge.

“Stuffed” left nostril; watery discharge from right.

Obstruction of right nostril with watery discharge; left affected later.

When lying, the right nostril is open; the left closed, and having a watery discharge.

Odor of food causes nasuea.

Pain at root of nose, when upright; in the temples, when lying.

Ulceration of left nostril, sensitive and sore; hard crusts detached.

*Face.*

Flushed.

Pale countenance with lines of care and age; puffed, tired expression, as if had just waked from sleeping off effects of a spree.

Cheeks warm subjectively, cold hands to cheek feels agreeable.

Lips dry and burning, as if had been riding against cold winds.

Sleepy expression.

*Mouth.*

Offensive taste.

Bitter taste, as from an iron solution, i. e., astringent.

Bitter taste in mouth and throat.

Bad taste when eating.

Food tastes “no good.”

Food tastes dry.

Mouth fills with saliva.

Soreness under tongue.

Tip of tongue sore.

*Throat.*

Dryness of throat and nose when eating or drinking without thirst; a cold dryness. C.

Throat feels dry, as if there were sticks in it, or as if small surfaces were sticking together (See eyelids).

Dryness of back of throat.

Dryness of back of throat after vomiting.

Dry throat from time of waking in morning till midday, returning at 5 p. m.

Dryness of posterior pharyngeal wall with an oblong area of redness an inch long by one-half inch wide; soreness and dull scraping sensation when swallowing cold water, but rather relieved by swallowing ice cream, relieved by swallowing any warm drinks, but prickling afterward.

Throat feels dry and swollen; stings and burns, red on sides, < right.

Cutting in throat when swallowing warm drinks; cold felt good to throat.

"Light" sensation in throat; could not describe it differently.

Nausea felt in throat.

*Stomach.*

Appetite impaired.

Aversion to food.

No appetite; comes to dining room, looks at food and walks away with loathing. Ate and drank nothing during four days, without undue weakness; later ate sour food only, as grapefruit, tomatoes, cranberries, etc.

Empty sensation one hour after eating.

Nausea when rising from bed.

Constant nausea.

Intermittent nausea.

Nausea caused by odor of food.

Nausea sensed in stomach, chest and throat.

Thirst wanting; quantity of urine increased.

Faint nausea from stomach up through body to back of head.

Copious tasteless gas eructated.

Vomiting food, preceded by waves of faintness or momentary sensations, as if "gone," followed with nausea, then forcible, projectile vomiting, recurrent attacks, with chilliness.

Sensation when vomiting of balls of slime coming up from the upper abdomen.

Vomiting ameliorated, but as soon as she became warm in bed the nausea reappeared; absent while remaining uncovered and chilly.

### *Abdomen.*

Sensation of ball of slime in upper abdomen coming up when vomiting.

Sensation of an empty ball, the size of her fist, several days; intense bloating; takes off corset, > after expelling excessive quantities of flatus.

Distention worse toward evening.

Awake at midnight with tympanitic abdomen; small gripings, followed by vomiting.

Trembling in abdomen, between vomiting spells.

Soreness of abdomen.

Pain along ascending colon after vomiting attacks.

**Aching in umbilical region, relieved while out doors.**

Aching pain preceding diarrhetic stool.

Intestinal sickness > lying on abdomen.

Constant intestinal and rectal urging to stool.

### *Rectum.*

Diarrhoea; thin fecal light brown stools.

Diarrhoea; watery forcibly squirting stools of sour odor, preceded by nausea and griping; had to lie on abdomen; burning heat when covered, but chilly with least exposure.

Loose stools mornings.

Diarrhoea at night, preceded by ache in abdomen, watery with offensive flatus.

Evacuated a lump of yellowish brown frothy mucous, about

4x2x2½ inches, preceded by flatulence and aching in abdomen, which extended down front of thighs.

Large, smooth stool, slips rapidly out of rectum, which felt like a hard, smooth bullet.

Copious, odorless flatus.

Cannot retain flatus when stooping.

Urging without result.

Constant rectal and intestinal urging.

Much flatulence, especially with formed stools.

#### *Urinary Tract.*

Urine increased in quantity (no thirst or drinking), burning urethra when voiding. C.

Copious urine; later, scanty.

Urination seldom, scanty and burning.

No urine evacuated during thirty-six hours; apparently suppressed, the bladder being typhantic.

Could not retain urine when coughing, sneezing or laughing; not > by sitting or crossing thighs tightly.

#### *Female Genitals.*

Sexual desire increased; later diminished, aversion to approach.

Menorrhagia; gushes > headache.

Menstrual blood black, thick and slimy.

Menstruation appeared eleven days early; painless (always had "cramps" with regular periods).

Menstruation scanty, black, clotted, offensive, later became copious and bright.

#### *Larynx and Trachea.*

Hoarseness; caused by parched condition of membranes with dryness of nose and throat < eating and drinking and without thirst. C.

*Cough and Expectoration.*

Dry cough after waking in morning.

Dry cough mornings in bed.

Breathing suspended; distressing, compelled him to jump up and force it voluntarily.

*Heart and Pulse.*

Pulse, 58-60.

Intermittent pulse.

Pulse, 92-98, irregular.

Pulse irregular in rhythm and volume.

Pulse, 68, **irregular, soft, but full** when lying; quickened small and soft after rising (two weeks after ceasing 30th).

Pulse slow and soft during faintness; as faintness increases pulse becomes slower and pupils more dilated.

*Back.*

Neck, shoulders and arms tired and heavy.

Back of neck hurts when rising or moving it forward > bending it backward, a sprained, tight, drawing sensation.

Chilliness; slowly creeping waves in lumbar region, extending to middle of thigh posteriorly.

*Extremities.*

Dull ache in left shoulder, extending to neck and down arm.

Pain in left arm.

Aching, extending down front of thighs from abdomen, before stool.

Arms, neck and shoulders tired and heavy.

Weakness of knees, as if behind knees.

**Arms weak.**

**Knees weak, as if would give way;** leery or slightly unsteady.

Staggering gait; groping with hands and staring.

Contraction of flexors of forearm with vertigo. C.

Incoordination of muscles; ataxic gait, the flexors of the lower extremities, especially affected. When walking, the foot came down with a hard thump on the floor; when attempting to sit down, he came down with an unexpected jerk. When walking, he lifted the foot very high, as if intending to step over something. C.

Restlessness of lower extremities.

Trembling of hands.

Wooden sensation of fingers when scratching scalp; both felt wooden.

Palms sweaty and hot.

Heels cold; soles hot and perspiring, and perspiration of palms and between fingers and on fingertips.

Skin of hands cold and dry.

Offensive foot sweat.

Hands and skin cold.

### *Sleep.*

Sleepiness; after lying down to sleep started up and stared about.

Amelioration of mental symptoms after sleep. C.

Desire to lie down and sleep.

Sleepiness while sitting, wide awake while lying, though preferred to close eyes.

Yawning without satisfaction, mouth fills with saliva while yawning, and eyelids with tears, opens mouth and stretches widely, but "cannot get to bottom of it."

Dreams when first getting asleep of coming to watering trough and dipping her baby in the cold water; as he caught his breath she did the same, awakening her suddenly.

### *Cold and Heat.*

Hands and skin cold.

Skin cold at times; chilly, cold hands; desires unusual covering.

Cold (not chilly) wherever cool air touches skin.

Skin cold, < moving about.

Cold skin.

Chilliness when vomiting; internal, < least uncovering; even a single part.

Chilliness < when moving.

Skin cold in the morning in bed; feels relaxed and tired.

Aversion to cool draft.

Burning heat when covered in bed, but chilly with least exposure.

#### *General.*

Toxemia affects nerve centers primarily; remarkable similarity to familiar symptoms of alcoholic intoxication.

Tipsy condition.

Comatose sleep, or coma appearing like ordinary sleep; like some conditions of uremia.

Unusual control of symptoms with exertions of the will.

< rising after lying a long time.

> after sleep.

Desire to lie down and sleep.

Languor; fidgetiness; desire to lie down.

Relaxed and tired.

Desire to move; fidgety when attempting to remain quiet.

Small cutting pains all over.

Emaciation; lost fifteen pounds weight during two weeks (30th).

Aggravation indoors.

#### *Verifications.*

Woman, aged eighty-seven: Hallucinations; saw people coming in room and peeping at her; saw faces; became frightened, hid her face in the pillow, thought she would be killed; shook with fright; < nights, > after sleep. Scopol. hydrobromide 4th every three hours. C.

Man: Exhausted with business; became faint, dizzy,

weak spells, weak slow pulse. As the faintness increased the pulse became slower and the pupils more dilated; unsteady gait. Compelled to lie down. Symptoms considerably modified by will power. Felt as if drunk with liquor. Scopol. hyd. 5th 1. Relief in a few minutes and next day went on working better than he had during the previous two weeks. C.

Constantly overworking, the same man, collapsed three weeks later. Return of symptoms with nausea and dizziness, < rising or with quick change of position. Dizzy sensation in occiput, extending down the spine. Confusion of perception of objects and of location > while moving more slowly; the earth seemed to shift here and there; perception confused, but reason intact. Scopol hyd., 5th 1. Same magical effect as before.

A dressmaker, who had sustained a long period of trying work, complained of

Back of head aching, day and night; dull gnawing, > outdoors.

Aching all over, especially upper extremities.

Sleeping two hours, then waking as if entirely rested and desiring to rise. Sleepiness evening, but wide awake until midnight. Waking with a start.

Tired mornings, > outdoors.

Depressed, as if something dreadful would happen.

When walking, and anyone is approaching she turned in the direction which they went.

Compelled to grasp support when turning into an entrance.

Unsteadiness without dizzy sensation when walking about the room.

Schopol. hyd., 5th 1. Reported that these symptoms passed quickly away and that she felt better all over.

Young married woman; neurasthenic.

Pitching forward when walking.

Stomach tired; dizziness arising from stomach.

Dizziness when seeing objects move; compelled to look

elsewhere to prevent herself from turning in the same direction.

Sick, nauseated sensation from stomach up through to occiput.

Cold water in the mouth relieves the sick and dizzy feeling.

Craves cold in stomach.

Throat dry.

Aching over left eye.

Pressive pain in head.

Numbness of feet.

Skin cold; gooseflesh.

Hands move involuntarily.

Sleepless till 4 a. m.

Scopol. hyd. 30th, 1, cured.

Woman of sixty-five with urine always 1010 or lower, with a trace of albumin; urine became scanty, then had toxic symptoms.

Stove looked crooked that morning; could not make it appear otherwise.

Staggered backward when attempting to sweep the room and finally felt:

Sensation of excitement and hurry.

Dreads to have anyone come toward her, fearing collision; gait seems to her so unsteady.

Fear of crossing the street.

Confused sensation in head.

Sits and weeps sometimes.

Nausea extending up through to head, a dizzy sickness.

Scopol. hyd. 200 Er. 1 built up the health like an anti-psoric.

Woman exhausted by protracted nursing; walks from side to side on the street. After first rising mornings and attempting to walk compelled to put each foot down carefully and bear weight on slowly before she can take another step. Hallucinations of ribbons hanging in front of her, pushes them away with her hand.

Watchmaker, with nervous exhaustion; swaying; knees and hands shake, as from alcoholism; could not do fine work.

Scopol. hyd. 7th. C.

Man struck his head on an iron bar; dazed, dizzy, coughing up blood; 7th. C.

Recent and remote effects of alcoholism; many cases. C.

Man making provings of commercial forms of alcohol for his own satisfaction came in office, struck attitudes, gyrating gestures, slumped into chair sidewise, told his story about desiring to quit sprees, etc. Scopol. hyd. 5th. People, who saw him, remarked how much better he appeared when he went out a few minutes later than when he came in.

The symptoms "white flashes" verified many times. C.

Locomotor ataxia; a case materially benefitted or cured; could not recall which, as the name of the man was forgotten. C.

A better description of Scopolamine hydrobromide in the rôle of a remedy can be made after it has been more extensively used, but it is already certain that it is effective within a narrow range. The similarity to the effects of alcohol, both recent and remote, is remarkable. It corresponds closely to the effects of strong poisons, introduced into or generated within the physical body, to manifestations of uremia, and acute nervous exhaustion.

The central effect is shock. To fix this in mind, it may be coarsely compared with other shock remedies; e. g., the shock effect of Arnica is like a blow; of Strontium, like crushing; of Lecithin, like shattered emotions, etc. The shock effect of Scopolamine hydrobromide is preëminently like poisonous drugging and dissipation of voluntary nerve energy.

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Dr. Stearns: I think that the prover is to be congratulated upon his work. That is a paper that was worth the trip.

Dr. Farrington: The members of this society should "get busy" and do more work like that. Provings are usually dry and uninteresting, but this is full of characteristic symptoms which will help us cure our cases.

Dr. MacLaren: Anyone come across any results from the allopathic use of the remedy? I have heard some comments where it was used. I remember there was headache; as I recall it, corresponded very closely to the facts that were given here.

Dr. Reel: Mr. Chairman, I read, within the last week or ten days, an article condemning the use of Scopolamine in obstetrical cases, as it, in their judgment, produced violent hysteria, almost to a point of mania in the mother, and a tremendous number of still births; or, if the child lived through the birth, there were evidences of profound drugging manifested.

Dr. Becker: You mean blueness of the skin?

Dr. Reeves: Yes; and there were other evidences of drugging.

Dr. Hatfield: I was reading somewhere, I cannot tell just where, of a physician who had quite an experience with it; of the several cases he had experimented with—three of them had become insane.

Dr. MacLaren: Three women?

Dr. Hatfield: Yes, three women.

Dr. MacAdam: The statistics, given forth by representatives here, have been very discouraging. I have forgotten the gentleman's name, but some physician went to one of the Jewish hospitals in New York and proceeded to demonstrate the value of "twilight sleep." Dr. Jarrett attended this demonstration, and when the physician came to the County Society to describe the benefits to be derived from this method of treatment Dr. Jarrett told of one case that she had seen treated, and which he had accounted as a successful case. She said that if the woman, being entirely conscious of all that is going on and able to state exactly everything that had happened two days afterwards, constituted a successful case, the one that she saw certainly was. She yelled and yelled and knew all about the pains, and described them all afterwards very accurately. After giving her injections, I have forgotten how many, inertia came on. For these they gave injections of pituitrin, and finally they put on the forceps

and got a blue baby. I think she said there were eighteen or twenty injection in the course of this treatment, and the woman remembered the whole thing. This man reported the case as one of a series of entirely successful cases. We had quite a séance at the County Society meeting, and there was a general experience meeting afterwards. Dr. Storer told of his experiences with a similar product—that is, H. M. C. He tried this at the Metropolitan Hospital on the obstetrical service, and he got a dead baby. He thought that was not very successful and he tried it again, and again there was a dead baby; and the third time he got still another dead baby, and he said he would retire.

Dr. Hatfield: About a month ago there was a meeting of old-school physicians in Cincinnati, and I note, from a report in the morning paper, that one physician, who had had an extensive experience in the use of Scopolamine, was very much opposed to it; they had lost so many babies, and the results were so very unsatisfactory that he recommended the non-use of it. That was at an old school convention.

Dr. Williams: I do not rise to commend the use of twilight sleep, but just to be fair. I believe in fairness. I saw the records—this is not hearsay evidence, but I saw the records of one hundred and twenty-six consecutive cases carried on in the Massachusetts Homœopathic Hospital by Dr. Smith, in which there was no loss of any kind, either as far as the baby was concerned or the mother, nor were there any pronounced bad effects. Now that is another viewpoint entirely. I am not rising to defend this thing, but just to be fair. That is one series by one man and somebody may take it up in another series and lose a great many babies, but his series covered a number of months, and he did not lose a single child.

Dr. Becker: Do you know Dr. Smith?

Dr. Williams: Very well.

Dr. Becker: A very careful man?

Dr. Williams: Yes; he would not give any more than was necessary. I mean by that that the carrying on of these cases is purely a matter of individual judgment, and I think

that some people are very apt to give a good deal more than is necessary, and undoubtedly bad results follow. I know that in this particular series of cases he had quite remarkable results and the number of doses given was not numerous per patient.

Dr. Stearns: What was his personal opinion?

Dr. Williams: He believed that in cases where there was no dystocia it was the thing to do. He did not believe that every woman should have twilight sleep, but as there was a popular demand for it, and as a doctor connected with the Massachusetts Homœopathic Hospital in Boston, he proposed to try out a number of cases to find out its effects. It was about three months ago that I saw him, and at that time he had had no deaths at all.

Dr. Loos: What had he done toward homœopathic prescribing?

Dr. Williams: I think we ought to be fair. It is so simple to condemn a thing because some fool has gone to work and used this thing and loses a series of cases. Immediately somebody arises and condemns the thing as no good—this man lost three babies. If a man comes along and uses it, with a certain amount of brains back of it, and gets a series of cases, and has one hundred and twenty-six babies, and apparently no bad results, I think he should have credit for it. Personally, I know nothing about it.

Dr. MacLaren: We don't need to bother ourselves to condemn it. I think the old school will take care of it before very long.

Dr. Taylor: Quite true; we don't have to bother ourselves to condemn it. It has been tried out in Chicago. The Chicago Medical Society has universally condemned it. Even Dr. Evans, who writes for the Tribune, and who was disposed to favor it in the beginning, has had to back up, and says it is an open question whether it is advisable or not.

Dr. Stearns: Are there any other remarks? If not, I will ask Dr. Hayes to close.

Dr. Hayes: I do not think there is anything more to be said.

Dr. Taylor: Will you have a session tonight?

Regularly moved and seconded to adjourn until tomorrow morning at 10 o'clock.

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JUNE 14, 1915.

Dr. Taylor: The meeting will now come to order, and we will proceed with the Bureau of Materia Medica, of which Dr. Stearns has charge.

Dr. Stearns: The first paper will be that of Dr. Mac-Adam.

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## THE PHYSIOLOGICAL BASIS OF SYMPTOMS.

BY E. WALLACE MAC ADAM, M. D., NEW YORK.

Each one of us studies the materia medica by a somewhat different method. For many, the fact that symptoms appear in the proving is sufficient—these are remembered as far as possible, and it is astonishing how much can be retained in this brute fashion. Some of us, on the other hand, find it easier if we have some skeleton to drape, some framework upon which to hang our various symptoms so that these may be related to each other, and when grouped together, the whole takes on a distinctive character.

No such frame work is more valuable for this purpose than the physiological action of a drug. We remember accurately the things that interest us. If we see the physiological reason for a particular symptom, our attention is caught, our interest engaged, and that phase of a drug is never forgotten.

It is impossible, from our imperfect understanding of the physiological action of drugs to understand anything but the merest outline of the remedy. The finer shades of the symptoms are elusive, mysterious, impossible as yet to explain.

Yet the physiological thread, as far as it can be traced, is none the less worthy of study. Not only may we get a clearer vision of the drug picture, but we may the more readily impart our knowledge to students.

*Belladonna* acts as a powerful excitant of the brain; large doses cause at first paralysis of the spinal cord, later, because of the motor and sensory pathway from paralysis before the inhibitory centers recover, convulsions come on. Peripheral irritation causes violent explosions of motor power. On the circulation this poison acts powerfully. It stimulates the sympathetic fibres to the heart, thus increasing the heart's action. It dilates the vessels of the skin, at the same time causing decrease of secretion all over the body by paralyzing the peripheral sympathetic fibres supplying the gland cells. Nearly always it produces a rise of temperature, probably by reason of its direct stimulation of the heart centers in the brain.

With this sketch of the drug before us, we can understand much of its symptomatology. It acts powerfully upon the brain, and there is a wild, talkative, active delirium, illusions, and even rage.

The absence of inhibition explains the violent convulsions and points to its use in epilepsy. Its circulatory action makes clear the throbbing, the flushed skin, the local heat, the rapid pulse.

It is interesting to compare this drug with its botanic and homœopathic relative, *Hyosyamus*. *Belladonna* depends for its action chiefly upon one alkaloid, *Atropine*. *Hyoscyamus* contains two alkaloids—*Hyoscyamine*, which has the same physiological action as *Atropine*, and *Hyocine*, which has a depressing action upon the nervous system.

Therefore, instead of the wildness of delirium of *Belladonna* we have, in *Hyoscyamus*, more of the low, muttering stupor.

*Nux vomica* exalts all the functions of the spinal cord, but has no effect directly upon the muscles, nerve endings or the cerebral convolutions. Its chief action is to increase the reflex excitability of the cord. In large doses it causes con-

vulsions, tetanic in character, coming in paroxysms, lasting a minute or two and brought on by the slightest stimulation, a breath of wind, a touch, a jar, even a slight noise will serve to renew the spasm, but during it all, the sufferer does not lose consciousness.

Reflex excitability, then, would seem to be the physiological key-note of this drug. Or, to put it more simply, irritability. Let us see how this is borne out by the symptoms. Mentally, there is marked irritability, irascibility, quarrelsomeness, sullenness, but never illusion or mental aberration; anger, but never rage. These are reflex qualities, and due to abnormal sensitiveness, not true organic change. Here is marked contrast with Belladonna which, because of the action of the poison directly upon the brain convolutions, has, in its symptomatology, wildness, illusions and actual rage. *Nux* may also be contrasted with *Sepia* which, in keeping with its general relaxation, has apathy, indifference and mental depression.

The sensitiveness of *Nux* to light, sound, touch, are all in keeping with this general action. In the stomach the pains are brought on by eating, and there is nausea with ineffectual desire to vomit; evidence of reflex excitability and inco-ordinated muscular activity. The intestines, too, present similar symptoms, due to the same physiological cause, "frequent ineffectual urging to stool," meaning an increased irritability of the bowel, with spasmodic and inharmonious increase of peristalsis.

*Sepia*. Dr. Veith Meyer (Hughes says) assumes that the essential action of *Sepia* is *venous congestion*, first in the portal system, then throughout the body. Yet this seems to me not far reaching enough for this remarkable drug. It neither explains all the phenomena nor helps very much in the understanding of the remedy. It was Allen, followed more elaborately by Farrington, who pointed out what seems to be the basis of this drug—*relaxation*—relaxation of smooth muscle, relaxation even of connective tissue, the whole probably due to loss of tone in the central nervous system. The vasomotor centers affected, there is relaxation of

the blood vessels, with various local congestions, as in the liver and the uterus. Following this there is relaxation of fibrous connective tissue, the joints feel as if they were sprained, the ligaments of the uterus lose their tone and, helped by the additional weight of the engorged uterus, this organ retroverts and becomes prolapsed.

Our gynecologists, it would seem, place undue stress upon the \* \* \* like action of the \* \* \*. But we who know the action of *Sepia* understand that the normal broad and round ligaments are capable of holding the uterus in place, even if the perineum is badly torn.

This winter a woman suffering from procedentia was found also to be complaining of an uncertainty of the left knee joint; going up or down stairs she felt pain and a sensation as if something slipped out of place. *Sepia* prescribed on other symptoms, failed to help the uterus, but curiously enough cleaned up the knee trouble very promptly.

My associates, Dr. Spencer Carleton and Guy B. Stearns cared for a case of dislocation of the semilunar cartilage of the right knee. For something like a year and a half the woman had to wear an elastic bandage on her knee. *Rhus tox* helped, up to a certain point, and then did no more. Other remedies were of no avail. Reasoning that here was a case of relaxation of connective tissue, Dr. Carleton was led to give *Sepia* with success. The patient now skates, dances, and has entire use of the joint.

The radiologists are teaching us that many stomachs which used to be classed as ptosis are now found not to be misplaced at all but from lack of muscular tone the lower border sags down with the production of various unpleasant symptoms. Here we begin to understand the physiological basis for that characteristic symptom of *Sepia* "weak, all gone sensation in the stomach." The tonus of the involuntary muscles is under control of the sympathetic centers, which depressed, cause loss of tone in the muscle fibres. Even when the stomach is demonstrably enlarged, *Sepia* can, and has so restored the tone as to bring it to its normal size and position.

Dr. Sloan: Anything that is seen by the eyes is certainly an advantage. Now the study of remedies in this way certainly gives one additional reasons why certain symptoms are present in the remedy. It seems to me it fixes it more firmly in one's mind if it can be done in this way. I got two or three ideas that I never had before which makes it more easy to remember things.

Dr. Farrington: The study of pathology and the *modus operandi* of drugs is good and useful in its place. I agree with Dr. Krichbaum that if one has time to study them he may do so. But to assert that a materia medica may be taught on this basis I think is fallacious. In the first place it is bound to be very meagre. Such remedies as Belladonna, Hyocyamus or Aconite—those with which we are familiar, and whose pathological action is comparatively clear, can be treated in this way, but there are a great many things, even in these remedies, that we are absolutely unable to explain. For instance, it will not tell why an Aconite patient believes that he thinks from his stomach. It will not explain the action of any of these remedies before the pathological action has begun, except in a very general way. It will not explain the symptoms which we ought to prescribe upon before the patient reaches the place where the old school man is able to *diagnose* the disease. It may be safe for the post-graduate, but I fear that starting a student in this way you will frame his ideas too much along the pathological line. He will have to have pathology enough all through his course, and unless you keep hammering at him to offset this, he will be apt to lose sight of the dynamic idea. In our present meagre knowledge, some of which is, after all, a good deal supposition, it is rather a risky ground to start students on.

Dr. Stearns: It is always easier to remember the picture if it is brought out distinctly, and it seems to me that Dr. MacAdam has given us some very distinct leading suggestions in this demonstration.

Dr. Williams: Dr. MacAdam says that he used this as a framework upon which to hang other things. Now, Dr.

Farrington's idea is a very good one, but the difficulty in giving that to students is that they do not take it in. You talk dynamic pictures to the average student and all you are apt to get is sneers, rather than hard work. First of all, this is the situation: He is being taught physiology and anatomy, and anatomical facts make more impression upon his mind than other things do. I do not believe that Dr. Mac-Adam meant this as the whole story, but he thinks it is a good thing to start them with, and I do not believe that you can take every drug and explain it in this manner, but there are a good number that can be explained in this way and gives something for the student to start with. You can build up your framework—make it as beautiful as you please afterwards, but if you attempt to give him the whole thing at once, it goes over his head, in ninety-nine cases out of a hundred.

Dr. Farrington: I used to teach materia medica in this way. I lectured for twelve or fourteen years on materia medica, and I can state without hesitation that it is not necessary to adopt this method in order to hold the interest of that class or to give them a good working knowledge of our remedies.

Dr. Boger: I do not like to have the other fellow build a ladder upon which I am compelled to go to him. Every man makes his own ladder. Every man learns materia medica in his own way, but there is one thing to beware of in teaching it; that is putting your own interpretation upon the other fellow's symptoms; beware of that, because every man is his own interpreter for his own symptoms, whether that interpretation is spoken by word of mouth, or whether he acts it. Until you learn that way of teaching materia medica you have a little more to learn, as most of us do have. The first thing I have tried to teach is to be natural—be yourself—do not be some other fellow. In expressing a symptom, and in talking about it, make it clear that the same symptom may belong to different drugs, but that it may be modified and expressed in different ways by the individual's mentality. Teach the individuality of the

patient and the impression that he makes; teach the individuality of the remedy and the impression it makes. Everything is subservient in the mental state. You don't get much mental state in a tadpole or newly-born babe. Learning materia medica is to know not the interpretation that we want to put on a thing, but to learn and see the actual expression of disease; the actual expression of the disturbed vital forces, as expressed by the individual; see how he acts, speaks, walks, thinks, etc.

Dr. Dienst: There are two thoughts which arise in the study of the materia medica from this standpoint which I desire to say I have enjoyed very much indeed, and I am inclined to be philosophical enough to desire to expend a great deal of time in this method of studying the materia medica; provided, and here is one proposition: If all students were alike—if they all had the same broad foundation, we might take this scheme and accomplish something with it, but they are not all alike. One will be impressed one way and he will run off on that tangent and another will be impressed another way, and he will run off on that, and it is a very hard matter to keep them balanced. For instance, I remember once lecturing upon *Antimonium crudum* and I thought that I had delivered a very good lecture, but a jovial strain came over me while talking on *Antimonium crudum*, and I incidentally remarked that one of the peculiar features of *Antimonium crudum*, as referring to ladies, is this, that young ladies often get a spooney streak in the full of the moon. When examination time came and I asked for some of the symptoms of *Antimonium crudum*, one of the students could remember only one thing, "Young ladies get spooney during the full of the moon." They do so run off on these tangents.

Then, again, we are apt to explain that that is the physiological basis, so we want to explain all things from a physiological standpoint, and we cannot do that. It is a matter of too great importance.

The second point is that we will be inclined, or students will be inclined to explain all these things to patients, be-

cause patients are wonderfully inquisitive—they want to know why? why? why? It is a good thing to know why, but you have not the time for explanation, and it is not necessary, neither will they understand it. Names have a remarkable effect upon the human mind—upon a patient, particularly, and if you were trying to explain the action of Belladonna to a patient, and use some word, some big name, they would remember that, but not in relation to it. Again, I remember on a bright Sunday afternoon, when my thoughts should have been directed on the right way, but were not, a man brought his wife into my office for consultation. That woman started out with a voice that you could have heard from Water Street to Broadway, telling me the different diseases she had had. You could not stop her. Some doctor had told her this and that—all these things she had stored in her mind, and she was full of it. Finally my patience ceased. I said, “Madam, you have nothing of the kind—nothing at all. You do not know what you are talking about,” and I tried to get her calmed down a little. All this time the husband said very little—slapped his hand on his knee every little while, and after I had her quieted down a trifle, enough to say a thing or two, I told him what I thought. When he went out he said, “Doctor, I never paid a fee more happily in my life,” and why? Because his wife had gone off on this tangent of book names you use, and needed someone to tell her the truth.

I once cured a barber by a similar process. He was just across the street from my office, and knew enough to shave a man, but that was about all. He kept annoying me for something more than a year about his stomach. “Well,” I said, “Al, you are simply suffering from indigestion,” telling him to eat so and so as simply as I possibly could. Well, Al came in one afternoon when I was at my desk writing, and wanting to finish the chapter I had begun. I continued my task. He had a peculiar way of waltzing into my office and whistling—would come into the room, sit down with one foot over the other knee, and begin to talk. I wondered what in the world I would do with him, and after he had

gone through this preliminary performance, I said to myself, "I'll fix him." I began to explain, from a physiological standpoint, what the trouble was. I used every big word that I could possibly think of, and he began to straighten up, pull down his coat, and well—I have not prescribed for Al since, and that was fourteen years ago; cured him quicker than a whistle. These things, I say, are good. Also, another matter. It is very hard to take the means between the extremes of symptoms and the personality of drugs in our practice, as Dr. Boger has stated. Every individual is peculiar to himself and herself, and there are so many things which come up that cannot be explained upon these grounds, that we must be very careful, and nothing helps us out more than to understand the interpretation of the symptoms of these remedies as they have been brought out in their provings.

Dr. Stearns: Everyone who teaches materia medica ought to have something to say upon this subject, or every one who writes about materia medica.

Dr. MacLaren: Talking about interpretation of symptoms—I think it was Dr. Taylor, our President, who related a case of distended stomach, which was caused by a drink of cold water. Now, it strikes me that it would be cured by Sulphur. It seems to me that it would be a fair interpretation of that symptom to regard it as a part of the well-known symptomatology of Sulphur. Water fills the patient up, which comes prominently under Sulphur—almost part and parcel of it. Of course that would be an individual case.

I have always felt, and I think I still feel that it is impossible for any of us to know too much about any study that we may take up, and I have always told the students that I felt they ought to know materia medica from all points of view, and when they studied a drug they should know the physiological construction and quantities of that drug as well as the homœopathic side of it, and I believe that is right. I do not believe that any of us ought to shy at knowledge. If all round knowledge of a drug is going to make poor prescribers of us it is not intended that we should

make good prescribers anyway. I think the difficulty has been touched upon by previous speakers, particularly Dr. Dienst, that students would run off on tangents with a little knowledge and not enough knowledge to enable him to use it intelligently.

As a matter of fact, the greatest difficulty we have had in homœopathic schools has come from teaching materia medica from a physiological standpoint only, begun, of course, by Dr. Hughes, in his attempt to cover a drug, which seemed to him an intelligent point of view (chiefly old-school point of view), and he did more injury to our school than any other man who has attempted to teach materia medica, and that form of teaching, which has been predominant for over a quarter of a century, has resulted in turning out any quantity of students who do not know materia medica from the homœopathic point of view; they only know the physiological side of it. Now, if it were possible for students to get all sides of these drugs we should not have that difference. They would start in and learn the physiological elements of drugs thoroughly and go on and build up, as Dr. MacAdam has built his homœopathic aspect of the drug from physiological foundation. But they have not the time, and only a few of them have the peculiar mentality that makes it possible to grasp the whole drug in its entirety and build it up with the underlying physiological basis which, is really the true way of getting at our work. So I believe that the only way we can do as practical teachers is to keep the physiological teaching and the homœopathic teaching separate. In their student days they get certain things from one preceptor and certain things from other preceptors, and they seem to take those things as \* \* \* and that is all they have at that time. Let that be kept separate from the pure materia medica, as we call it, and then I don't believe we shall have very much trouble, because if the teacher of pure materia medica is a master of his art he will be able to interest the student, and he will, in a crude way, perhaps see the physiological basis that is the underlying feature of the drug and get certain samples of superstructure upon that, but if we

attempt to combine the physiological, as Dr. Farrington has said, and attempt to make that our basis of prescribing, with students, I think we will be pretty sure to fail.

Dr. Stearns: In the examination papers passed in, I frequently find answers very much aside from the question. They are along physiological lines. On the other hand, I find this is a most enlightening method myself to study materia medica. I believe we should not use this term "physiological effect" so much; every symptom has a physiological effect when we interpret it right, and every one of us can go back in our minds to the causes—that is, through Homœopathy, you can all probably go back as far as I can, to the cause of symptoms; not invariably, but to a great extent. The proof of it was in that Sepia case, which is an illustration. This is only one point of view—one phase, so to speak, and then you are stuck sometimes. Knowledge of the remedy led Dr. Carleton to prescribe Sepia.

If there are no further remarks, I will ask Dr. MacAdam to close the discussion.

Dr. MacAdam: I have been interested and pleased and flattered at the reception accorded me, and I can agree with almost all of you. I want to call your attention to the fact that in about fifteen minutes I considered all that is essentially known of three of our polychrests. I did not intend to imply that I have, in that very brief resume, included anything like symptomatology. That there is a physiological and pathological basis for every symptom I think we will all agree, yet the symptoms are so mysterious that it is impossible to explain them in any such crude way as this, but I do not feel that so many men, so many minds—what will appeal to one man, will not appeal to another. The thing which interests a man he remembers, so we may get one fellow interested in this brief outline, and we may get another on more mature symptomatology.

I also want to call your attention to the best and most helpful lectures on materia medica, and those are Farrington's. They always begin with the basis of physiological ac-

tion, provided that can be found. There are many remedies that cannot be explained in this way. The characteristics of Hepar sulphur are impossible to explain—there are some few which can only, and whether it can do as a basis in explaining typhoid symptoms, I do not know, but it is useful. As the irritability in *Nux vomica*, which stands out “like a good deed in a naughty world,” all through the drug and you have the foundation for that—you can build the symptoms around that. It is a characteristic throughout the drug, and the suddenness and the wildness in *Belladonna* is characteristic, and the relaxness of *Sepia* is characteristic. That would be a form to drape our clothes on; thus we can recognize our *materia medica* lady when we see her.

Dr. Stearns: This completes the bureau. You have had some of the Bureau of Clinical Medicine, as well, and some of these papers will go over to the other bureau in compensation. I want to express my great pleasure and thanks for the co-operation of the different members of this bureau.

Dr. Taylor: The meeting will please come to order, as Dr. Patch has something to say.

Dr. Patch: I want to speak about the publication of the Transactions of this society. You know several years ago when the *Medical Advance* was something of an adjunct to this society, and when the editor was secretary of the Association, practically all of the papers were published in the *Advance* before they went into the Transactions. Now, since Dr. King has not been connected with the Association, few of our papers have appeared except in the individual volumes of the Transactions. This is unfortunate. They should have a larger circulation. We have many valuable papers, and I think some means should be taken to circulate them in the homœopathic world. We do not circulate them beyond our own immediate circle when we allow them to be buried in the Transactions and go to the shelves of a few libraries, colleges, etc. I do not know what the members of the society would consider the best means; whether they would care to

make arrangements with some special periodical for publishing the papers before they go into the Transactions, or not, but I think that I should favor a plan that would put it into the jurisdiction of the Board of Publication or the Secretary to publish such papers as they might see fit—say in various homœopathic magazines that have the largest circulation. That would distribute them more generally than would be the case in any publication that would be circulated simply among our own members and would be, in a way, missionary work. I have no motion to make or any special suggestion, however, other than to ask for discussion on the matter.

Dr. Krichbaum: There should be no question about that, because in the by-laws any paper can be published after ninety days in any periodical. After ninety days have elapsed from the time of the meeting. We got up that resolution for the reason that the Medical Advance was publishing the Transactions, and the Transactions were held until the Medical Advance had all in the Transactions, then we would get the Transactions. It is not much better now; we do not get them until January, February or March, from the meeting held in May or June. But that is why the resolution prohibiting the publications of any paper until ninety days came about. After that they could send them to anyone. I would suggest that we communicate with Boericke & Tafel. We know they publish some good Homœopathy, and there is some that is bad, sometimes it is very bad, but it has the largest circulation.

Dr. Patch: I am aware of this ninety-day by-law. The fact, however, is that no systemized plan for publication has been carried out for the past year or two. It is not that it has not been possible to have the papers published, but nothing has been done. If it is for the Secretary to do it, he will do it.

Dr. Krichbaum: I move that the publication committee, after the ninety days are up, communicate with the various journals or magazines, which they may choose, and ask them to publish these papers. This is a delicate question for the

individual to take up, but a committee can do so. I would not ask anyone to publish my papers.

Dr. Taylor: You have heard Dr. Krichbaum's motion. Farrington seconded the motion, and I would like to say that as a matter of fact the standing of this Association merits official recognition. We ought to have a publication of our own, but if this is not feasible the suggestion is a good one.

Dr. Patch: With all due respect to Dr. Krichbaum, that resolution is not necessary, because most of the journals and magazines are ready to publish anything that we may send them. We do not need to make any motion. I know the North American Journal of Homœopathy and the New England Gazette are ready to publish our papers any time they can get them.

Dr. Boger: I think if the Publication Committee will use these papers for the propagation, not only of Homœopathy, but of the interest of this society, that it can do a great deal of good, and be of great advantage to us, and I rather think Dr. Krichbaum will not object to putting such an idea in the resolution he has proposed.

Dr. Krichbaum: My point is this, that after ninety days are up we have generally forgotten that we have ever written a paper, and the journals have ceased to ask for them then. It is right away after the meeting that they want them. I have had two applications for mine already, and I did not answer because they cannot get it until the end of ninety days, and that is why it seems best to turn them over to the Publication Committee.

Dr. Loos: I wish to say something about journals. Four years ago, a desire, on the part of many physicians, for something better than then existed in the journal-field was noted. The Homœopathian attempted to fill some of the needs. The effort has been made to confine the journal to publication of only that which serves and fosters pure Homœopathy, in form which the subject warrants. Our efforts to extend that publication to those who are interested in pure homœopathy, so far as we have been able to reach them, has been appreciated.

We employ careful editing and arrangement of subject-matter, in form convenient for reference. Much thought and care have been expended on this phase of the publication. Many of the papers which have been presented here would be very beneficial to readers who are earnest in their desire to know the best methods.

As a medium of distribution for those papers, I offer *The Homœopathian*, not as the official organ of the Association, but for the consideration of its author-members, who desire their subjects presented in good form and in good company. I wish to enlist the support of the members of the Association, as it represents that for which this organization stands: Pure Homœopathy. We have attempted a work different from that of many other publications.

Dr. Krichbaum: This is getting on very delicate ground, and we must proceed carefully. In so much as the *Homœopathian* is an official organ of our rival society, I cannot see how we can consistently recognize it as our official organ. If they will bring over their society with their journal, then I am ready and willing that it should be known as an official organ of this society, and they may have our transactions as far as I am concerned.

Dr. Stearns: Why not now—who knows but what this is the psychological moment? I like the *Homœopathian*—have taken it from the first. I have lost one number, and want to make it up, as it has a lot of good stuff in it, and if we cannot take it as an official organ I do think that a lot of our papers could be placed with them as well as with any other magazine.

Dr. MacLaren: Will the other magazines accept them after they have appeared in the *Transactions*?

Dr. Stearns: No; only in exceptional cases. But perhaps this organ would not insist on priority.

Dr. Boger: One point gained—but while I want it understood that I am very fond of that journal, I do not admit the

right of anybody to alter a single word in my articles, because it is not known to them what I mean.

Dr. Farrington: Are the articles published in this way without consulting the writer as to whether he (or she) agrees to your interpretation of it?

Dr. Loos: We have done considerable editing, to maintain the standard of the journal. Good Homœopathy in good form, and have not submitted the question to the authors, to learn what they want done in this line. Many contributors have directed us to exercise freedom in this line.

Dr. Dienst: As president of the Society of Homœopaths, I want to correct one statement, and it is this: The Society of Homœopaths was not organized as a rival society to the International Hahnemannian Society, because a good many of the members of the Society of Homœopaths are members of the International Hahnemannian Society, and feel grateful to it. This Society of Homœopaths was organized chiefly in deference to him, who has done so much for pure Homœopathy, and not to antagonize the International Hahnemannian Society in anyway whatever. I simply want to make this explanation; and as to the journal, you will not find a better journal in the United States, Europe, Asia or Africa; one that has better material or is better edited than the Homœopathian.

Dr. Stearns: I am very glad to hear Dr. Dienst say that, because we should not in anyway let any feeling come in that would reflect upon our cordial relations with the other society. They are proud of us and we are proud of them.

I want to say this about the Homœopathian—they use the best material, the best paper, the printing is the best, everything is the very best in that magazine from the point of view of a magazine, of any magazine that I know of.

I move that the whole matter be placed in the hands of the Committee on Publication, with power to act as they see fit.

Dr. Krichbaum: I second the motion.

Dr. Taylor: You have heard the motion that this matter of the publication of papers be left in the hands of the Com-

mittee on Publication, with full power to act, and the motion is regularly seconded. If there are no objections, it is a vote.

Dr. MacLaren: That settles it; if the Gazette, or any of those papers with a circulation of 2,500 can take care of them, let them.

Dr. Dienst: The sixth annual meeting of the Society of Homeopaths begins tomorrow in this city at the Hotel Imperial, and you are all cordially invited to attend the sessions of this meeting. We will be delighted to see you there.

Dr. Loos: Unanimously so.

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### SOME UNUSUAL PHASES OF WELL-KNOWN REMEDIES.

BY JULIA MINERVA GREEN, M. D., WASHINGTON, D. C.

Who of us has not frequently had the experience of meeting an unfamiliar group of symptoms in a given case, only to find on close, and sometimes prolonged study, that these symptoms conform wholly to one of the polycrests in daily use?

For instance, there is the excited, restless individual, who is not sick in any way but one. He has a fear always present in his mind, consciously or subconsciously. He will walk around the block to avoid passing a certain gate; he will go downstairs one step at a time to avoid a fall; he will not ride far from home, for fear of an accident to the automobile. On questioning, these fears, and many like them, originate from some unhappy experience, causing great fright. A dose of Aconite in potency will cure such a state, if it is an Aconite kind of patient, and this without one of the acute conditions present, which we usually associate with Aconite.

Again, we may see a patient mentally excited, easily delirious, full of fears, sleepless or sleep-disturbed by visions, emaciated muscles, full of congestions. We think of Acon., Bell., Ferr., Coff., Ars., Verat. vir., and perhaps he is given

one of these remedies, but he does not recover. If he is watched further, we see him exhausted from his emotions and exertions, mentally and physically weak; we notice that the glandular system is prominent, enlarged lymphatics; that he has dyspnoea on exertion; that his excited mental state comes from a constant worry lest he become insane, and he cannot stop thinking about the little petty things which seem to him evidences of this.

Now the case looks much deeper. The fact that perspiration is profuse on several parts, especially the head, dawns upon us, and suddenly we see that he is a *Calc. c.* patient. But he has not the "fair, fat and flabby" appearance at all, deformities of bones and nails are absent; he does not seem lazy or apathetic; he will not tell you he likes eggs or is worse from getting wet or working in water; takes cold easily, has violent pulsating headaches, palpitation. In fact, he seems too much wasted; too excitable and nervous for the slow phlegmatic *Calc.* patient, but the general characteristics of that remedy are present, so far as the picture is painted.

Another patient may have low vitality and anemia after loss of fluids; her stomach is distended, sensitive, feels as if it would burst; she is averse to exercise, looks ill, is sensitive to drafts and takes cold easily. We think of China and feel quite sure of ourselves until the patient says she has stitching colicky pains an hour or two before stool, that stools are large and difficult; that she has difficulty in swallowing, and food gets into the trachea; that she is subject to attacks of asthma, better sitting forward, that she cannot bear to be alone. Finally we learn that she has hard backache in lumbar region, worse walking out of doors, and we recognize a *Kali. carb.* case. But she did not remember that the asthma was worse from 3 to 5 a. m. Nothing brought out the fact that she could not bear to be touched or tickled. She did not happen to be having a catarrh then and had forgotten that it alternated with headache. Her face looked puffy, but the swellings of upper eyelids appeared only on rising in the morning, and she had not noticed them. She has had the sticking pain in throat, as if a fish-bone were there, but that

was not reported. She does not realize that she is chilly, compared with most people, and there is no relative in the office with her, of whom to inquire as to some of these things.

Another patient may come for help, who is constantly thinking of past troubles, or about his disease, with a morbid fear of disease. He reports prolonged insomnia after long-lasting anxiety and over-exertion of mind and body. We begin to think of Caust., Cocc., Con., but this man seems remarkably irritable, headstrong, hateful, vindictive. He says he has diarrhoea with great straining though little passes, and he complains of cutting in the rectum after stool. The irritability appears to be nearly as much physical as mental. Then Nitric acid outshines the remedies first considered, and proves curative. He has not reported taking cold easily, or said the rectal pain was pricking like a splinter, or that it comes and goes suddenly. He has never had ulcers, has not noticed the very strong odor to the urine. The Nit. Ac. headache and sensitiveness to the least noise are absent. Neither has he told us that he is an old syphilitic.

The next patient is apathetic, unwilling to talk; moves sluggishly; is weary of life; full of gloomy forebodings. She has the sensation of emptiness in head, stomach, and abdomen, and constipation with great straining. She says nausea, sneezing, and coryza follow putting hands in water for long at a time. Here is another Calc c. patient, we say. Then she reports attacks of morning diarrhoea, which is profuse, watery and painless. These attacks alternating with the constipation. She has crops of boils here and there, and many styes. She desires cold food and refreshing acid drinks. By this time we recognize *Phosphorus*. She has not the fine, clear skin and silken hair we often associate with Phos., and she does not seem keen enough mentally for that remedy until we question her more, and discover that the present sluggish state comes from fatigue, brought on by too arduous mental labor, extending over a long period. She has not the burning pains of Phos., or any of the trembling weakness with her weariness. There is not the hemorrhagic diathesis,

except that menses are profuse. Sensitiveness to external impressions does not seem to be at all marked. The time for irritability and great sensitiveness is past, and the patient is sick enough to be in bed.

We are summoned in haste to a patient who has been acutely ill for some days. She lies in bed perfectly quiet and very weak, paying no attention to her surroundings. She is pale or bluish, emaciated, pinched features. A little cold perspiration induces the nurse to tuck in the bed covers, and she does not object. There is no thirst. She has had hard, colicky pain with diarrhoea, but it is gone now, and only the frequent watery stools continue, quite unobserved by her.

We think of Camph. and Verat. and Carb. v., and perhaps Sec., but none of these fit the case. On inquiry, we learn that the diarrhoea is excoriating and has been offensive from the start. Further questioning reveals that the attack began with great restlessness and excitement, but there has been no thirst at any time. Prostration was marked from the first. Of course, now we know the remedy is Arsenicum, but the case is vastly different from the Ars. cases, which show up the remedy almost as soon as the physician enters the room.

The next patient has a vivid imagination, great excitability, talks hurriedly, eats hurriedly. Moderate exertion of mind, even slight emotion, makes her weak with a sinking faintness; also extremes of temperature cause great debility.

She looks bloated and flushed dark red; she looks as if she would lose her breath easily, and says she often feels suffocated.

We begin to see Lachesis in the case, after thinking of Zinc., Phos., Phos. acid, Sulph.

Questioning reveals that the menses are very dark and that she has less dyspnoea and palpitation and feels better during menses than she does at any other time. Now the choice is sure, though she shows none of the marked congestions of Lach., and none of the purplish discoloration. She has not noticed an intolerance of clothing or the great tenderness to touch during an inflammation. There is no marked left-

sidedness and no especial aggravation after sleep. She has all the discomfort in a warm room, and from heat, and in the spring, but not the terrible Lach. congestive headaches. There are no skin symptoms to aid in the choice and no hemorrhages.

Mrs. A. W. B. had terrible headaches, which always began in the morning, and often lasted two days. Pain throbbing, very severe, all through the head, with violent soreness of the scalp. Pain worse from least motion, light noise, jar; cannot lie with head tipped the least bit backward, and holds hands to the back of the neck to keep the head steady. Nape of neck and upper spine sore to touch and pressure. Lies with head rather high; pain worse on waking. Eyes sore to touch and motion; face not hot, but feels hot to her. Nausea on rising; vomiting of bile; vertigo on least motion; taste foul; tongue coated; urine very frequent, watery, sometimes relieving headache. Hands and feet cold; better from rubbing and hard pressure; forehead a little damp.

Some other symptoms are heavy pressure on chest; on waking; sensation of lump in throat; pain down spine to waist, worse on rising in the morning; also on turning in bed—must brace herself to turn over; formation of polypi in the nose for many years, removed over and over again but keep forming. Left nostril closed with them. In eating, must stop to breathe; sleeps with mouth wide open; thick white mucous discharge most of the time, much aggravated by each cold, and takes cold easily; least draft causes cold and headache. Faintness frequent; gone sensation; flushes of heat, severe, followed by profuse perspiration all over, water running from the scalp, followed by chilliness and great weakness.

This patient was treated for fifteen months with a small group of remedies, which seemed only to palliate. Finally, after all these months, she complained one day of soreness of the lower limbs, the whole length; sore to pressure and to the chair in sitting; worse from any exertion, when the limbs became very stiff. Soreness seems to be in the long bones and also knees and ankles; worse in damp weather;

better dry and sunny weather; sensation as of cold water being poured over limbs from hips down. Four weeks ago patient fell suddenly from very sharp pain in cardiac region, piercing, griping pain, lasting an hour. Some of the same soreness in arms with puffiness on back of hands. Skin of hands mottled bluish.

*Arnica* should have been seen in this case from the beginning, but became evident only after fifteen months of palliation. The patient began a fundamental improvement on this remedy, was kept on it for one year, since which time nothing has been heard from her except an occasional report that she is quite well

Mrs. E. W. M. is one of the suffocating patients, who has such a strong craving for the open air, that she is miserable in the city.

She has faint spells in the night when she must go to the window. She is wakened by a lack of air and jumps up gasping. She has spells of violent palpitation with difficult respiration. She faints away easily. With her heart attacks, her face is white and lips bluish, but at other times her face is flushed bright red so that she looks very well when she feels wretched. She is stout, strong-looking; in fact, the picture of health, generally speaking. She has much oppression of the chest; many sharp cutting pains internally in the chest, worse left side. She feels a jar keenly all through the chest and stomach. She has indigestion with sensation of heavy load on the stomach, and a hard lump rising into the throat, choking her. There is a sensation of constriction about the forehead. She complains of being sore to touch and pressure all over. She has a history of rectal hemorrhages covering a period of three years. During the first half of this period she was markedly anæmic, and even then her face was fairly red.

Can this be another *Arnica* case, or is it *Lachesis*? *Lach.* seemed well indicated, but did nothing at all, and the indigestion grew so constant that she could eat almost nothing, and felt weak on her feet. Finally she added to the foregoing that for a long time her stomach would not tolerate

any fat food. The consideration of this symptom, plus the fact that menses have always been very scanty, turned the attention to Pulsatilla. She has all the desire for air of Puls., but not the chilliness. She has a great deal of thirst. On better acquaintance, one might find that she weeps easily, but no one but her husband knows it. She is a very capable woman, not in any sense a clinging one. Her mind is keen and not at all sluggish. There is nothing of the Puls. catarrhal state. There is not the relief from slow motion, although enough exertion to warm her up lessens the pains. Nevertheless, on this remedy she has begun a fundamental improvement.

So much for a few unusual views of the polycrests. They might not seem unusual to another, and an attempt to write a paper with this title might bring out as many different phases of remedies as there were physicians to write about them. Each one must report what seems unusual to him.

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### CASES ILLUSTRATING CAUSAL CURES.

BY BENJAMIN C. WOODBURY, JR., M. D., PORTSMOUTH, N. H.

The late Dr. J. Crompton Burnett, of London, was accustomed to speak of cure by properly indicated homœopathic remedies as *causal cures*. The expression is a good one. We are wont to think of the word causal as involving or expressing a cause. In reasoning, we follow the sequence from cause to result; or in turn, reason *a posteriori*, that is, from effect to result or cause.

In modern psychology, the term "purposive action" is used to designate any act that involves a definite purpose on the part of the individual. The biologist tells us that, with reference to the living organism, any act may be said to be purposive that contributes "directly or indirectly to a definite desired end."

May we not, then, apply the term purposive to cure by direct intent; the ultimate desire of the physician? In

other words, may we not speak of a *purposive cure* as a cure by design?

By inference, we may say that there are two kinds of cure, so-called: *causal* and *purposive*. As examples, we may cite the cure (?) of an eruption on the scalp by an ointment of Mercury or Zinc. This may be said to be a purposive cure, for such it seems to the mind of the physician, but to the Homœopathist, it is certainly not a causal cure. The restoration of this suppressed eruption to the surface of the body, and its subsequent homœopathic cure by centrifugal action, would be a causal cure, but an indirect one. A direct causal cure would have resulted, if the physician had seen the case in the beginning and had prescribed the proper antipsoric remedies for its eradication, without having first of all to restore it to the body periphery. The treatment of disease by many of the mental methods at present in vogue is always purposive, but in many instances not causal; that is to say, not such directly or primarily. Many of such methods are positively suppressive; a form of vicarious mental displacement, amounting to a secondary state as bad as the first.

Most homœopathic remedies are purposive in their action, and if properly applied lead to direct causal cures. Cure by homœopathic remedies may, however, while probably always purposive, represent both direct and indirect causal cures. As bearing upon this distinction may we present the following cases.

#### CASE I.

This case represents an *indirect causal* cure.

Miss B. Age (?); just merging into the climacteric, first consulted me June 17th, 1913, for an inflamed and painful tumor, situated on the anterior surface of the abdomen, just below the ensiform cartilage.

It was very tender to the touch, and prevented the wearing of corsets or any but loose clothing, and its size I was told had been increasing gradually till at this date it was the size of a small hen's egg, and presented an inflamed centre with a large area of surrounding redness. Its nature was not

quite determined, but it had already a suspicious look, and a former physician had advised its surgical removal. The extreme sensitiveness, although there was apparently no pus present, led me to prescribe Hepar sulphur 200th. This remedy was allowed to act for a week or ten days, when the area of redness became somewhat diminished, but the swelling had by this time become very hard, and was still extremely sensitive and painful.

The general appearance of the patient was that of a very delicate sensitively organized woman. She had suffered for many years with a succession of troubles associated with the generative organs, stomach, and finally with the tumor just described. Her complexion was sallow; "goneness" at the stomach, for more than three years had been unable to eat sufficient food to nourish her, owing to excessive gastric fermentation, and chronic acidity. For the relief of these symptoms she was constantly consuming large quantities of stomachics, and digestants.

It will be clear to most observers that such a case is amenable only to patient consideration on the part of the physician and to a process of re-education on the part of the patient. Fortunately, in this instance the patient had early in life been under good homœopathic care, and was consequently willing to follow most assiduously the course laid down for her.

While casting about for some remedy to successfully cope with this complication of objective symptomatology and complicating drugging, *Hydrastis can.* was decided upon, and this was administered in the lower potencies (2x-5x), and small quantities of the tincture applied externally (this remedy was given at the suggestion of the writer's father, Dr. B. C. Woodbury). To the joy and satisfaction of the patient the tumor gradually began to disappear, and by the end of September (about three months), during which time about a dram and a half of the medicine had been applied, was so far gone that the patient could wear ordinary clothing again, and her courage and faith in Homœopathy were so far revived that she was willing to following directions to the letter.

With the lessening of the external manifestation, the stom-

ach symptoms became greatly aggravated. All returned with a vengeance. This too was intensified by the fact that the patient had gradually been lessening the taking of digestants, and finally at about this time stopped the use of them entirely. Everything distressed her. Food soured on the stomach, and she was distended with gas. Eructations so sour that her teeth were set on edge. She was now advised to discontinue the use of meat, and was directed to eat only such vegetable food as produced the least amount of fermentation; and she accordingly subsisted for some months chiefly upon vegetables, some milk, olive oil, and unleavened bread.

The remedy which seemed to be indicated by her symptoms, always complicated to say the least, was Sulphuric acid. This was given in the 200th potency; and together with an occasional dose of Sulphur, was her main remedy, until the following March (1914), when she developed an alveolar abscess, on the lower jaw, right side. Plainly enough this was a vicarious sacrifice; and shall we say the indirect result of the external treatment, together of course with the accumulated psora of which she was manifestly the subject?

A recital of the long siege of this discharging sinus would prove entirely too wearisome. Suffice it to say that the pus was kept freely discharging, and the mouth kept as clean as possible with Dioxogen. Whether or not the use of such means is entirely in keeping with the strictest of homœopathic practice may remain an open question. She received during this time, Hepar again and finally Silica in varying potencies from the sixth to the 1m; until finally by the first of May, the sequestrum of bone was sufficiently loosened to be readily removable by her dentist, without anesthesia. In the further treatment Hamamelis was used locally, and the cavity rapidly healed. A last spicule of bone was removed after she returned to me in June.

With the removal of this source of trouble, her gastric acidity was reduced to an almost negligible factor, and more of her old symptoms began to recur; chief among which were the following:

July 3, 1914: An attack of pain in the abdomen, with

faintness; < erect posture; back feels very weak. Pain in the back and left side. Pulse very weak. Head heavy; eyes feel as if there were sticks in them. Nausea at thought of food. Very depressed, and worried over family affairs. Thick white coating on the tongue. Stomach very sour during attack—a return of old symptoms—one week after taking Sepia 30th.

Now: abdomen very sore and sensitive to touch. Faintness at stomach, thirst, waterbrash. Eyes sensitive to light. Every little movement hurts left side—apparently the soreness is in the ovary. Pains come and go quickly. Very sensitive to jar of bed or of room.

She was given Belladonna 200th.

Repeated August 18th and September 12th.

December 16th, Sepia 1m; and February 20th, 1915; for a return of old fermentative state, Lycopodium 1m; since which time she reports that she has been comparatively free from fermentation; and on the whole she is steadily progressing to a cure.

(Since the above was written she has had one more dose of Lycopodium; and on May 4th for returning symptoms of an old lumbago, Nux vomica 1m, one dose. She is looking better and has no more acidity).

It would seem as we review this record that it may have been indirectly modified by the remedies used locally, yet in troubles of this sort, where there has already been so much of mixed medicinal action, and especially as the symptoms have returned in the reverse order of their appearance, that there can have been no appreciable harm from them. It would have been interesting, however, to have seen whether the Hydrastis internally, followed by the Sulphuric acid would have taken care of the gastric hyperacidity. On the other hand, undoubtedly the cessation of the use of digestants, tonics, etc., and the substitution of an unfermented bread undoubtedly played no small part in the subsequent relief of the condition.

The zigzagging of remedies to a cure has long had to be resorted to in the treatment of chronic cases, nor can there be

any harm in such a procedure, if the case develops with a return of old conditions, and through them progresses to a final cure. This may therefore be said to be a causal cure, but was of necessity an indirect one. Let us study disease and its cure in an orderly manner.

## CASE II.

Miss S—— of mild temperament, blue eyes; but generally of very unhealthy appearance. Has had eczema since babyhood, for which salves, washes, and lotions of almost every conceivable kind and description have been applied. Came to me for treatment, July 16th, 1911.

From this date until the following November, she received as indicated, and in the following order: Sulphur 200th, Puls. 200th, and Petrol. 200th, with no very marked benefit; until September 18th, when she was given three powders of Psorinum 400th. This was repeated on November 16th and she was not heard from until the following February, 1912. The symptoms for which these different remedies were prescribed were as follows:

Skin unhealthy, salt rheum (eczema), since childhood. Affects particularly the fingers, palms, wrists, and elbows of both hands. Intense itching and burning of the skin. Worse during winter. For the past few years it has been impossible for her to put her hands in water. If water is applied it causes increased soreness and cracking. Chapping of hands and fingers until they bleed. Skin has a very unhealthy look, and skin of face is thickly covered with pimples and blackheads. Suffers during the menstrual periods, with sick headaches, and dragging pains; skin is also worse at this time.

Stomach is very sensitive and easily upset from any rich or fatty food. Suffers with goneness at the stomach, with fullness after eating. Bowels are irregular at times, with tendency to constipation.

After having had the Psorium, she removed for about three months to Fitchburg, Mass., where she was referred to Dr. F.

Austin Stowell. During her stay there she developed a large abscess on the side of the face, which her physician was cautious enough to recognize as the probable results of the internal remedies she had been taking, and allowed to heal in a natural manner, after effecting proper drainage for the exit of pus. She returned to me without having had any sign of salt rheum for the winter, and with the face generally much improved.

Her symptoms soon became more pronouncedly of the Pulsatilla type, particularly those of the stomach and of the menstrual sphere, and consequently she was given, May 29th, Puls. 200th.

October 1st, Puls. cm; and throughout the remainder of this year was kept supplied with Sac. lac., until July 14th, 1914, when she was given again, Puls. 200th, for a slight return of her former stomach symptoms.

Finally, as a last remedy, for a slight aggravation of her skin symptoms she required Psorinum; and since this time, Oct. 27th, now more than seven months, I have had no occasion to prescribe for her. Fortunately I feel sure that after her three years' tutelage, she has become a firm believer in the virtues of Homœopathy.

The rule followed in this case, as in all others, is to allow each remedy to act in varying potencies, as long as its effects are apparent, and then, when the symptoms change, another remedy having a complementary relationship is chosen. Chronic cases can sometimes be cured by a single remedy extended over a series of repetitions, throughout a comparatively long period, yet many can be cured only by a series of remedies in a series of potencies, repeated when indications demand.

In addition to the proper remedy in the proper potency, the patient is to be educated in the regime and diet so characteristically germane to the practice of Homœopathy. Proper remedies coupled with proper diet and hygiene are together all powerful in the cure of the sick. The modalities of the case if carefully studied generally furnish an index to the articles to be interdicted, and the cure will progress correspond-

ingly rapidly with the education of the patient along these lines.

If a patient is markedly aggravated by the use of rich foods, pastry, sweets, fats, etc., such articles of diet should be restricted; and here it is that the judgment of the physician and the good sense of the patient can work together hand in hand. Only by such co-operation are the best results to be obtained.

### CASE III.

This case can best be told through the language of the Repertory. Mr. P——, aged 61, a good adherent to the cause of Homœopathy, presented.

August 31, 1914, a large and very sensitive wart on the outer side of the little finger of the right hand. So troublesome was it that it made it very difficult for him to use the hand in writing, and its size and prominence were the source of continual annoyance.

Occasionally a severe contusion would cause profuse bleeding. The wart was for the most part regular in contour, situated on a very red and inflamed base. It was flat, somewhat horny, and more or less painful. Aside from this nothing further could at this time be ascertained regarding it. The patient seemed comparatively well, but is subject to frequent catarrhal colds during the winter time.

The patient's daughter had previously been cured of warts of a somewhat similar nature, on two of her fingers, by Dulc. 6th, and it was this fact that had probably reminded him to seek my aid. Thinking that there might be some family relationship between the warts of father and daughter, he was accordingly given this same remedy.

He received no benefit, however, and he was accordingly given Caust. 1m. No better result followed. Finally, on November 8th a careful study of the Repertory brought out the following interesting data, based upon the peculiar symptom (and in fact the only really characteristic symptom obtainable), namely: a peculiar sensation of "itching" in the wart.

The repertory analysis then appeared as follows:

*Warts on Fingers*: Ambr., bar-c., berb., calc., carb-an., caust., dulc., fer., lac-c., lach., lys., nat-m., nit-ac., petr., psor., ran-b., rhus-t., sang., sep., sulph., thuj.

—flat: Berb., DULC., lach., sep.

—horny: Caust., sep., thuj.

—Itching: Sep.

In corroboration we find the following list of remedies under *Skin section* (using only the most prominent in above list):

*Flat Warts*: Berb., caust., DULC., lach., sep., thuj.

—hard: Calc., caust., dulc., lach., sep., sulph.

—horny: Calc., caust., dulc., nit-ac., sep., thuj.

—itching: Nit-ac., sep., thuj.

Sepia has all these symptoms under both classifications, and he was accordingly given Sepia 30th, seven powders, to be taken one every other night until improved. After taking four of the powders he reported improvement, and before finishing the last of them, a period of less than three weeks, the wart was entirely gone.

This may well be called a causal cure. It is not entirely possible to say just what the relationship of warts to the economy as a whole may be, yet we may safely conclude that an excrescence of this sort, which is apparently of sycotic nature, is inseparable from the unity of the organism. Such a manifestation is essentially under the control of the vital force, and in consequence, when a local lesion of this nature can be induced to disappear from the bodily surface through internal medication, it is safe to assume that the internal disorder of which it is the outward expression will be likewise cured.

At any rate such was the teaching of Hahnemann regarding the three chronic miasms, psora, syphilis and sycosis. Our twentieth century science has not up to the present time offered us any better solution of the matter. We accordingly submit to this dictum as being authoritative.

## SULPHUR AS A TONIC.

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

“What do you give for a tonic?” is a question often asked of the Homœopath by his brethren of the old school. The answer, that he gives the “indicated remedy,” does not make things very clear to the questioner, who has no idea of how such a remedy is chosen, and would find it difficult to understand that the remedy needed is one which could produce weakness and other symptoms similar to those of the patient. On the other hand, it is far easier for the Homœopath to understand the theory than always to put it into practice. In many a case with which we have to deal the symptoms are so many and so confused that it is at first impossible to find any remedy clearly indicated and we have to see if there is not some underlying miasm which is causing all this trouble. So often are the symptoms due to Psora that we are apt to turn for help to the greatest of the antipsorics and to find in that the key to the riddle. Improvement in many respects will result, perhaps only temporarily, but the next remedy needed will usually stand out more clearly and the case will gradually come into order. Would this satisfy the old school idea of a tonic?

Another class of cases in which the tonic properties of Sulphur prove helpful is that of the patient who has received a seemingly well-indicated remedy and has been partially relieved, but only partially. The case has gone on for some time, and there is clearly a lack of reaction. If Sulphur is prescribed it often works like magic, bringing back strength and if not completing the cure, at least showing the remedy that will do so.

One has only to look over the symptomatology of Sulphur to realize how thoroughly it pictures a condition of lowered vitality. Weariness and weakness stand out everywhere, *e.g.*, in the modalities, aggravation from standing, from bathing, and in the morning, or in the vertigo, faintness, emptiness and craving for stimulants. The discharges from the body are fetid and excoriating. The skin is sensitive to change of

temperature, subject to eruptions, will not heal after injuries and becomes indurated where there is pressure. The flesh is sore and bed-sores form easily. The veins are relaxed and varicose veins are common as for example in the rectum. This sluggishness of the circulation results in congestions, burning of palms, soles or vertex, or hot head and cold feet. A typical condition of the mind is dullness and confusion, aversion to business or anything calling for mental exertion. Dr. Kent pictures the typical Sulphur patient as lean, lank, hungry and dyspeptic with stoop shoulders, one who has suffered from long periods of indigestion, bad assimilation and feeble nutrition.

A few cases will illustrate the reviving power of the remedy.

1. A. B., a little French Canadian girl twelve years old, very small and slender, weight about 60 pounds. She has had measles, whooping-cough and scarlet fever. For three years she has suffered from difficult breathing; gets out of breath from exercise, even moderate walking. Cough from tickling in the upper chest, aggravated in the house and in the cold air. Expectoration thick, green and sour. Voice very hoarse. The chest is lifted bodily with inspiration and the breathing is asthmatic with sibilant râles. Appetite only fair, wanting in the morning. Much thirst, aversion to sweets, and craving for acids. Meat causes pain in the stomach. Bowels constipated. Frequent micturition and nocturnal enuresis. Feet always cold, wants to stay near the fire constantly. Headache from noise, light and motion. Skin dark and sallow. Cries easily, very unhappy.  $\mathcal{R}$  Sulphur 200.

The report in two weeks showed general improvement in breathing, cough, urine and bowels. She did not suffer so much from cold. In six weeks following the first prescription, the patient gained nine pounds. Several different remedies have had to be prescribed since then and the child is not yet cured, but she has gained a great deal in strength and cheerfulness, and finds life much more worth living.

My second case is that of a woman ninety years old. About six weeks before my first visit she had had grippe which left

her very weak and was followed by a cough with frothy mucous expectoration. This was worse toward night and on going to bed and also worse soon after midnight. Coughing caused pain in the epigastrium. There was a feeling of pressure in the chest and wheezing respiration. Patient felt weak and suffered from faintness and nausea which was worse about noon and toward night. Her appetite was poor and the sight of food repulsive to her. The abdomen was distended with gas, especially in the evening. There was aggravation from acids and sweets. Her feet burned at night but putting them out into the air caused cough. She suffered from palpitation which was worse after breakfast and better lying down. There was pressure in the head which felt hot. She waked very early and felt faint on waking.  $\mathcal{R}$  Sulphur 200.

This caused steady improvement for four weeks, relieving the cough, faintness, anorexia, weakness and palpitation. Then it had to be repeated in a higher potency and has been followed by some other remedies as occasion arose. The patient is now very comfortable and much stronger and says her mind feels clearer than for a long time.

A case illustrating the temporary helpfulness of Sulphur, where cure was impossible, was that of a woman of thirty-five who was suffering from a nearly constant flow from the uterus and a good deal of abdominal pain. Sabina helped a little, but the effect did not last. Finally the fact was learned that a severe eczema had been suppressed shortly before the beginning of the pain several years before. Sulphur M gave very marked relief from pain and flow and also from the feeling of cold which she commonly had at night. This however lasted only about two weeks and it finally became necessary to remove the uterus, the lining of which was found to be hopelessly degenerated.

Another case with an appalling number of symptoms was that of a middle-aged woman who was suffering from swelling and pain in the joints of both extremities, especially in the ankles. She had had all the exanthemata in childhood, had suffered for years from malaria and had had typhoid. Her condition was worse from cold or extreme heat. She com-

plained of weakness and aggravation from exertion, from standing, from bathing and in the morning. Mentally she was irritable and dissatisfied with her surroundings and thought herself capable of great things if she "only had the chance." Sulphur from the 1000th potency up, helped much to relieve the lameness, weakness and coldness of which she complained. It also brought out some old symptoms and gave a clear picture of Kali carb. which was prescribed and helped her very much.

These cases are absolutely commonplace and might be duplicated many times over in the practice of any homœopathic physician. They simply show that Sulphur is a very good "tonic," *when it is indicated.*

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## VERIFICATIONS AND CURES.

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

Verifications of symptoms are important in many ways. Comparison with the materia medica is the only test required. This is comparatively simple.

It is not so easy a matter when reporting cases cured. With them a diagnosis is inevitably demanded. The diagnosis to be of value, acceptable and conclusive, must now be confirmed by the most approved and latest diagnostic methods.

Nearly all the cases herewith reported contain verifications, some of which are pointed out. As far as the diagnosis is concerned the last case is of most importance, and will, I trust, be found satisfactory in that respect.

Case 1. Miss R. H., aet. 22, bookkeeper. Headache constantly for seven weeks. Brought on by worry, over getting a set of books in shape, in a new place. Pain began in occiput and nape and now extends to both shoulders. Evidently no pain in the night, or at least no sense of it, as she sleeps well, but the pain returns as soon as she opens her eyes in the morning. There is an interval of relief from 10 A. M. to 12 M. Then the headache returns and is much worse in the afternoon

and evening. Inclined to bend head backwards. Head feels enlarged.

Aggravation lying on back of head; from jar; from noise; ascending; damp weather. Throbbing relieved by pressure. There is snapping in the brain with necessity to hold on to the head. Hands and feet cold, with general sweat, when pain is severe.  $\mathcal{R}$  Cocculus 200th, four doses, cured.

Most of the symptoms correspond to Cocculus though they do not run along the usual lines.

The particular cured symptom—verification—is the modality “aggravation lying on the back of the head.” There was none of the “opening and shutting” sensation.

The aggravation from damp weather is of interest, as is also the relief from 10 to 12 o'clock.

Case 2. This was one of debility and anæmia following miscarriage and hæmorrhage two years before. The patient, Mrs. C. D. H., aet. 20, was much improved under China 200th. She was of markedly nervous temperament and a minor misunderstanding at home caused several sleepless nights with associated hysterical symptoms. The insomnia did not yield to Coffea though that remedy seemed indicated then. She could sleep in the day but at night was wakeful and restless. Felt too warm. No sweat. Moschus 200th relieved at once, this was in December. In February the remedy had to be repeated, no medicine being given in the interval.

The hysterical state (globus hystericus, etc.), sleep in the day but not at night, together with the restlessness and heat and absence of sweat were the deciding symptoms.

Case 3. Mrs. C. D. W., aged 75, reported on October 8th, 1908, that, as a result of a nervous shock, a year and a half before, she then, almost immediately, had a vaginitis with much burning. This improved somewhat but had now returned. She was quite emaciated and weak. There were also constantly cankers, bluish, inside the lower lip. Great thirst, urine much increased, especially at night, and also a painless diarrhœa, worse at night and after eating.

The diagnosis of diabetes mellitus was at once confirmed by

urinalysis (sample) which showed a specific gravity of 1041, with 46 grains of sugar to the ounce.

She was given Arsenicum 200th, and later the 1m and 50m, as needed, with gradual and permanent relief of all symptoms.

A second urinalysis, December 15th, 1908, was as follows: twenty-four hours amount 1360 cc.; specific gravity 1019; sugar only a trace; amount of solids, individually and collectively, normal.

She lived six or seven years after this with no recurrence of the diabetes.

Very little change in diet was made, only a temporary abstinence from sweets and bread, which were gradually resumed in three months.

There is hardly a single symptom in this case but is to be found under Arsenicum. The totality is overwhelmingly marked for that remedy.

Case 4. Mr. W. R., 56 years old. Aestivo-autumnal fever. Plasmodia found. It commenced at the end of July, 1906, with irregular paroxysms of evening chills, beginning at six o'clock and postponing. Later a morning chill developed which anticipated. Finally it settled down to a double tertian, the afternoon chill coming, on alternate days, somewhere between 4.30 and 6 o'clock. Several medicines were given without result. Finally the following picture was obtained.

Prodrome; cough. Chill begins in anterior chest and in hands. During chill: cough, heavy breathing, thirst for cold acid drinks, desire to be wrapped up. After chill: exhausted, falls asleep for a few minutes and wakes wanting lemonade. Heat: slight, does not uncover, thirst for cold water. Sweat: has sweetish odor, does not weaken, occurs at night, during sleep, and ceases on waking.

Keeps covered in all stages, but no desire for warmth. There was no urticaria. The morning paroxysm was less developed.

August 24th he had a chill at 2.15 A. M., with cough before and during. At 10 A. M. that day, he was given Apis 200th, four doses in water, at three hour intervals.

After that he had but slight shivers till September 6th when

a pronounced one occurred. He was then given Apis 1m, two doses dry, which completed the cure. No return to June, 1915.

It is hardly necessary to call attention to the peculiar symptoms in this case. They are not many and include the prodromal cough; the cough, heavy breathing and thirst, during the chill; and the falling to sleep after the chill.

The sweat during sleep, with dry skin after waking, I have not found under Apis. It is worth noting.

Case 5. Mr. C. W. C., aet. 28, had in March, 1905, what appeared, at first, to be an attack of grippe, with a temperature, for three days, varying between  $100.4^{\circ}$  and  $105^{\circ}$ .

In the beginning the stomach and head symptoms called for *Nux vomica* which relieved, but at the end of the third day the temperature reaching  $105^{\circ}$ , he became stupid, tongue thickly coated, offensive breath, pulse full and soft, skin hot and dry.

Headache, which had been present from the first, now especially in the occiput and vertex, was somewhat relieved by having the head raised. There was also some retraction of the head. Projectile vomiting occurred twice. Aching in the back, but little thirst, face and eyes suffused, with two herpetic spots on the upper lip, completed the list of symptoms. Kernig's sign was now present. No lumbar puncture was made. There had been no chill.

He was now given a dose, dry, of *Gelsemium* 200th. During the night following considerable sweating occurred, and the next morning the temperature was  $98.2$ .

No more medicine was needed till five days later, when, as there was a slight return of the occipital headache, a dose of *Gelsemium* 1m was exhibited.

No diagnostic statement was made, in this case, other than at first that it probably was grippe. It seems suggestive to me, however, of cerebro-spinal meningitis, and that he received the simillimum, which, of course, aborted it.

Case 6. This is not peculiar as to either remedy or disease, taken separately, but taken together, I think it is somewhat unusual.

The case was one of injury to the left knee, in a man over fifty, with resulting synovitis with effusion, and occurred in September, 1914. The knee was much enlarged and fluid was easily recognized.

Bryonia, which had helped in previous attacks, did no good. Neither did Arnica, Rhus, nor yet Sulphur. There was nothing characteristic in the joint symptoms to distinguish any remedy. No fever was present.

The knee was now slightly bent and consequently on attempting to walk there was muscular spasm above and below the knee. This added to the discomfort. A posterior knee splint was applied which gave some relief of the muscle spasm, but not otherwise.

The patient now developed marked mental symptoms of irritability. The snappish ugliness, so characteristic of Chamomilla, which remedy was accordingly given in the 200th, and repeated, but without effect. Then the 12x was exhibited, in water, every two hours, with immediate relief. If any increase of the interval between the doses was attempted there was a decided aggravation. Consequently the remedy had to be continued, for two days and a half, every two hours. After that an occasional dose was sufficient. At the end of a week the swelling was nearly gone but sensitiveness remained for some time.

There are no joint symptoms, that I can find, in the Chamomilla pathogenesis like those of this case. Of course the mental symptoms, being "characteristic and peculiar," were guiding. The low potency required, or rather effective, and with it the frequent repetition necessary, are also interesting.

Case 7. A telephone on August 18, 1911, from Mrs. A. P., who lives some fifty miles away, was soon followed by the appearance of the lady in person. She had pain in the left eye, and had seen a physician in her city who, as I remember, felt that the case was too serious for him to undertake.

The left eye showed increased tension, and I sent her at once to Dr. Albert W. Horr, in Boston, for examination. His report, at that time, was as follows:

"Examination of Mrs. A. P.'s eyes, August 18th, 1911.

There is a blur in left eye; she finds it difficult to keep eye open; lame feeling and pain, sometimes very severe, keeping her awake at night. No inflammatory symptoms. Fundus oculi normal. Tension right eye normal; left eye tension + 1 (?), i. e., hardly + 1, but distinctly harder than the other. Vision would not allow her to read anything on the card at twenty feet."

The only additional symptom, to the foregoing, that I could elicit, was "drowsiness," no aggravations nor ameliorations—not a complete drug picture. Nevertheless, she received Gelsemium 50m, two doses.

August 21st she reported that while not drowsy, and less pain now, yet the vision, in the left eye, was wholly gone, and there was complete paralysis of the upper lid. This, together with the continuous pain and soreness of the left eye, made me decide on Spigelia, which was given in the 200th, every three hours, in water.

August 25th the report came of "big improvement in every way." Now the medicine was stopped. There was continuous, slow and steady gain till October 3rd, when, as progress had ceased, she was given Spigelia 50m, two doses, dry.

October 20th she reported "no improvement," vision blurred, occasional sharp pains through the eye, objects seem distant." In regard to the last symptom she explained that "the step of an electric street car seems too high." There was also much thirst. For these symptoms Sulphur 50m, two doses, dry, was sent.

Improvement occurred again and lasted till November 29th. The blur had gone, sight returned, no pain, but, with the left eye, objects were apt to have a violet tinge, and also there was a sense of a ring about the vision of that eye. Sulphur was repeated, two doses of the cm.

January 15th, 1912. Better, but an occasional sharp pain above the eye. Much thirst for water and also lemonade. Once more Sulphur was given, two doses, of the cm, as before. There was no further medication.

A second examination of the eyes was made by Dr. Horr on April 8th, 1912. His report to me at that time read:

"Boston, April 8th, 1912.

"Dear Dr. Turner:

"Mrs. P.'s vision is nearly perfect. Vision of right, with correcting glass, for slight amount of astigmia, is 20/15 or slightly better than normal. Left eye, with correcting glass, just normal. The astigmia is so slight I advised that no distance glass was necessary. I have prescribed new reading glasses. The fundus oculi looks normal. The tension, which was slightly raised, is normal and I cannot see why her eyes are not perfectly well. I congratulate you on the outcome; it is splendid."

"Yours fraternally,

ALBERT W. HORR."

There have been one or two prescriptions since for other things, but the eyes have remained well.

I have intentionally made the report as concise as possible. On the other hand, the symptoms, in the case, were meagre. The change from Spigelia to Sulphur, when the former remedy ceased to act, was determined upon after study of the Benninghausen Concordances.

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## VERIFICATIONS OF MERCURY.

DANIEL E. S. COLEMAN, PH. B., M. D., NEW YORK.

The chief interest mercury possesses for our friends of the "old school" comes from its influence in syphilis. The question enters the mind of the true artistic-scientist in therapeutics, the homœopathic physician, as to the *modus operandi* in this dread disease.

The provings of Hahnemann and others, together with the toxicology, prove it to be homœopathic to the stage of syphilis, which it is capable of controlling. It is the so-called secondary symptoms upon which this metal exerts its beneficent influence. All the symptoms of secondary syphilis, excepting iritis, are found in the pathogenesis of mercury ÷ dejection

of spirits, falling of the hair, enlarged lymph nodes, sore throat, pains in the long bones < at night, gray patches on the mucous membranes, and skin lesions.

In the beautiful illustrations found in Jacobi's "Dermochromes" one is unable to distinguish the syphilitic eruption from that produced by mercury.

The following appears in Allen's "Handbook": "The long bones are attacked rather than the flat ones (opposite to syphilis). The iris is never affected." The flat bones are attacked in the so-called tertiary stage in which mercury does little or no good. Other remedies, like Aur. met. Arg. nit., Ars. iod., Asaf. Fluor. ac., Iod., Mez., Phytol., Plat. mur., Staph., Stillingia, Sulph., etc., will do more at this time.

Some years ago I cured a man suffering from deep syphilitic ulcers of the knee with Nux vom. 6x, in which all routine treatment had failed for two years. I was led to this remedy by the general symptoms.

In the secondary stage the pains are in the long bones similar to mercury.

That mercury does not produce iritis is small argument against its homœopathicity. Iritis is not a constant symptom of syphilis, and if such were the case, it would be absurd to place one single missing symptom against the vast number of similar ones.

Mercury is not homœopathic to the primary stage of syphilis and, therefore, has no influence on the chancre. The mercury ulcer is superficial and spreads at the periphery, resembling the chancroid, to which it is ideally homœopathic, a fact I have verified on many occasions.

Mercury acts beneficially only when the existing symptoms are similar. They *are* similar in the secondary stage. If it were the so-called "specific," why does it not produce results in all stages? The chancre finds a remedy in Conium, Coral. rub., Nit. ac., Sep., Sil., Thuja, etc.

Occasionally the symptoms of secondary syphilis point to some drug other than mercury, among which are Arg. nit., Ars. iod., Aur., Asaf., Carbo., veg., Caust., Calathropis, Cor-

dydalis, Cundurango, Hep., sul., Kali iod., Lach., Lycop., Mez., Nat. ars., Nat. mur., Nitric ac., Pet., Phytol., Sep., Sil., Staph., Still., Sulph. and Thuja. In fact any remedy may be indicated in which the symptoms resemble an individual case being treated. *Mercury, or one of its combinations, is the great "sheet-anchor" in our treatment of syphilis, however.*

Some years ago I had a patient whose chief expression of the disease consisted of numerous buccal and pharyngeal mucous patches, associated with marked cervical adenitis. He could not remember any skin eruption or chancre. Several specialists treated him for gonorrhoea, and he was finally discharged as "cured," and told he could marry. I think he had an urethral chancre. After telling him to cease matrimonial relations with his wife, I prescribed *Mercurius dulcis* on the indication given by the late Dr. Henry M. Dearborn: "If the mucous membranes are attacked out of proportion to the skin eruption." The pathogenesis of this remedy proves the homœopathicity. My results were most satisfactory. Later the symptoms resembled more closely *Merc. Corr.*, and this remedy was substituted. He never developed skin lesions, and the mucous patches of his mouth and throat entirely disappeared. Unfortunately, he had infected his poor wife, who developed the worst case of syphilis I have ever seen. I told her she had eczema. She replied that eczema was an awful disease or that I was "a darn poor eczematous doctor." Thus our reputations must suffer by the sins of the careless, whom we try to protect from domestic scandal.

I had considerable difficulty in checking the disease in this patient. My first prescription was *Merc. pro. iod.*, based upon the following symptoms: Right sided sore throat, skin lesion of moderate depth, yellow coating at base of tongue. Later, the left side of the throat became affected and the cutaneous lesions involved the skin more deeply. I then gave *Merc-bin-iod.* The symptoms of *Merc. pro. iod.* approach those of *Mercury*, while in *Merc. bin. iod.* the symptoms resemble more closely those of *Iodine*. Therefore, the former is more apt to be indicated earlier in the disease.

Cinnabar is indicated when the symptoms take on a similarity to Sulphur. "Pain above the eye, extending from internal to external canthus, or runs around the eye, < at night," is a characteristic I have observed in a few times.

I prescribed Mercury or its combinations in the lower triturations often repeated in this disease, because I believe that in syphilis it is ordinarily more efficacious when given that way. I had an interesting experience with one dose of Merc. pro. iod. 1000th while serving as interne at the Metropolitan Hospital. Woman aged about thirty; secondary syphilis; maculo-papular skin eruption, ulceration of the throat < right side, characterized by intense pain, which made deglutition almost impossible, moist papules about the vulva and excoriating vaginal discharge. The treatment prescribed by her former physician, including medicated gargles and vaginal douches, proved absolutely futile. After receiving Merc. pro. iod. 1000th she suffered hardly any pain, could swallow much more easily, and the vaginal symptoms were ameliorated. To think that this dose had any more than a slight effect upon the disease would be to use the refrain from Gilbert and Sullivan's opera, "Patience": "Preposterous! ridiculous! preposterous! ridiculous!" It takes years of constant medication with rather low attenuations to produce any degree of lasting benefit in this horrible scourge to mankind. The Wassermann reaction has added to our reluctance to pronounce a case absolutely cured, and the introduction of Salvarsan does not stimulate confidence in permanent results. While it is true that it will destroy the spirochaetae and palliate symptoms, acting in a similar manner to quinine in malaria, relapses occur dispelling confidence in ultimate achievement.

My personal observations of patients in the late stages of the disease, who have received Salvarsan injections are not encouraging; in fact, I have seen cases grow worse after such treatment.

We have a better way—prescribe a remedy whose pathogenesis resembles the symptoms of the individual case we are treating. Mercury, or one of its combinations, is the similar remedy in the great majority of cases of secondary syphilis.

The mouth symptoms of mercury are very characteristic: Swollen, spongy, receding, bleeding gums, swollen, flabby tongue, taking the imprints of the teeth, tongue coated at base, salivation and offensive odor. These "leaders" I have verified many times. Alveolar abscess, characterized by aggravation at night has often yielded to its magic influence. Great thirst with moist mouth is a peculiar "key note," the value of which I have proved.

The throat symptoms are of the utmost importance; dryness, pain on swallowing, salivation, enlarged lymph nodes, dark red color of the mucous membrane and superficial spreading ulceration. We all know what mercury can do in tonsillitis and quinsy. If given early in a high potency, it will abort the formation of pus, but if pus has already formed suppuration and evacuation will be hastened by the administration of a low trituration.

Coryza, characterized by thin mucous excoriating discharge, later becoming thick and more bland; creeping chilliness; profuse perspiration aggravating all the symptoms; diarrhoea or dysentary with persistent tenesmus or a "never get done" feeling; eye symptoms < from light of fire; stitches through lower lobe of right lung to back, < lying on right side; trembling of extremities, especially hands; aggravation of all symptoms at night, especially from the heat of the bed, are a few of the oft-repeated verified characteristics. Time does not permit of my dwelling upon them individually or adding more.

The wide experience in the treatment of ulcers obtainable at the Metropolitan Hospital proved to me the great superiority of the homœopathic remedy in these often rebellious lesions. Mercury played an important therapeutic part. The mercury ulcer is superficial and spreads at the periphery. I remember prescribing this remedy in the 30th potency for an old lady, who was suffering from such an ulcer on her arm. She had contracted erysipelas through the denuded surface. The erysipelas was promptly cured and the ulcer rapidly healed.

I have had five cases of bi-chloride of mercury poisoning

upon my ward at the Flower Hospital, two during my last service and three this month. All recovered promptly. I prescribed Hepar sulph. for the two cases on my former service.

Following is a short description of the three cases this month:

Case I. June 7—Woman, aged twenty-eight; took 15 grains dissolved in water at 2 a. m. Did not vomit for an hour. It was therefore absorbed. Admitted to hospital at 5:45. Dr. Edwin Goodman, the house physician, prescribed Hepar sulph. 2x and ordered elimination treatment. The symptoms at that time were as follows: Severe abdominal pain, extreme nausea, vomiting of blood-streaked mucus, frequent small blood-streaked stools, very weak. The retching and vomiting became very severe towards night. Urinary examination on day of admission. Reaction acid, Albumin, very faint trace. Color, light yellow, cloudy. Urea, 2.9%. Sugar, negative. Epithelium few from kidney and ureter. Pus corpuscles, present. Mucus small amount; salts, large amount of urate of soda.

June 8—In the afternoon, Dr. Goodman prescribed Phos. 15 q.l.h., later not so often, on the following symptoms: Extreme burning in the stomach, with retching and frequent vomiting of bloody mucus, tenesmus and diarrhœa of bloody mucus. Urine, high colored and scanty. Reaction, neutral. Albumin, marked trace. Color, reddish brown. Casts, granular. Epithelia, kidney and pelvis. Pus corpuscles, present. Mucus, present. Salts, much oxalate of lime. All symptoms aggravated towards evening.

June 15—Patient sat up in bed, no gastro-intestinal symptoms, but slight soreness in abdomen. Condition very good, patient very bright. Urinary examination. Reaction, alkaline. Albumen, very faint trace. Color, light yellow. Casts, absent. Epithelia, very few from kidney and pelvis. Pus corpuscles, few.

June 18—Cured, condition excellent.

Case II. Female, aged 19. Took two  $7\frac{1}{2}$  grain tablets.

Vomited one in fifteen minutes. Hepar sulph. 2x q.l.h. prescribed by Dr. Goodman. No symptoms developed. Discharged in five days.

Case III. Female, aged thirty-eight. Took two  $7\frac{1}{2}$  grain tablets. Hepar sulph. 2x q.l.h. prescribed by Dr. Goodman on admission. Next day I prescribed Nitric acid q.l.h. about 3x, run up in water, on the characteristic tongue symptoms ÷ deep irregular-shaped ulcers on edge of tongue with burning pain. Her symptoms disappeared rapidly and she was discharged cured in six days.

In the preparation of my potencies of Nitric acid I used distilled water until I reached the 9th. For the 9th I used dilute alcohol and for the 10th, 11th and 12th, 87% alcohol. After the 12th, 87% alcohol, I keep the 10th, 11th, 12th, 28th, 29th and 30th. If I wish to use Nitric acid low, I prepare it fresh with distilled water, as alcohol is harmful.

Case IV. Male, aged thirty-six. I took 40 grains of bichloride of mercury and recovered. An emetic was promptly given and he expelled the greater part. Patient not on my ward, so cannot give treatment. Dr. Goodman told me that he prescribed Jaborandi 3rd for the excessive salivation with marked success.

One of my great pleasures is to feel that my efforts at our college are not in vain.

It was most gratifying to see the prescribing of one of my own students, Dr. Goodman. It is much harder to teach students to become prescribers than to prescribe ourselves. The efficiency of a service in a homœopathic hospital is greatly enhanced by an interne interested in the great art of homœopathic prescribing. Many years of experience as a visitor has convinced me of the necessity of developing such.

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## SEQUENCE OF EMPYEMA AND PARACENTESIS THORACIS.

BY B. L'B BAYLESS, M. D., BROOKLYN, N. Y.

*Case No. 1.*

May 31, 1912—J. T. D. had, two years ago, an attack of

la grippe, succeeded by pleuro-pneumonia on the right side. Six or eight weeks later, he states, the pleura was tapped and serum was drawn; a week later a second aspiration was made, withdrawing pus; and a year and a half ago a portion of rib was exsected at a point of election, the infra-mammary region, and a larger quantity of pus removed. The cough continued after the operation and great prostration with loss of flesh. Phthisis pulmonalis was suspected. He was sent to Portland, Oregon, in hope of beneficial change of climate. The humidity was to him unpleasant and aggravating, and that with possibly other climatic qualities appeared injurious. He was brought home and placed under my care.

May 31—He is emaciated, the bones prominent, the bed feels hard; he feels sore all over. At times he has severe headache over the right frontal sinus, and frontal eminence; the tongue very red and dry, narrow, not acuminate. Diurnal aggravations of cough beginning at 4 and 12 p. m., and in the early morning. At 6 a. m. he falls asleep, breathing quietly, sleeping till 9 or 9:30 a.m. Paroxysms of cough last from half an hour to two hours; with gagging and difficult expectoration of much adhesive stringy mucus.

Examination: Respiration and resonance on percussion found normal in left lung. Very loud and rude vocal resonance, akin to aegophony, and respiratory sound of harsh rumbling tone, indicating plastic exudation and pleural friction over the right lung posteriorly. Expiration and inspiration of duly proportionate length, and normal resonance anteriorly, except at the site of the exsection of rib, demonstrated the non-existence of tubercle, which had been announced by a Portland physician.

May 31—The locality of the exsection is extremely sensitive. Lying on the affected side excites cough. Nothing abnormal found by palpation of the abdomen.

℞—Kali bich. cm., one dose.

June 1—Headache in the evening, cough at 4 p. m. and twice in the night, each paroxysm lasting half an hour. The day before the duration of a paroxysm was said to be two hours.

June 2—Sputa less adhesive and less stringy.

June 3—Slept better, but at intervals of about every half hour two or three hacks, expectorating a little white or yellow non-adhesive mucus; pulse accelerated, irritable and tense. Inhaling hurts the right side. Lying on it excites cough, sitting relieves cough.

℞—Phosphorus 200, several doses of the solution at intervals of three hours.

June 4—No improvement; some blood expectorated.

℞—At 7 p. m. Nat. mur. 45m, one dose.

June 5—He had better rest last night than for a long time. Slept remarkably better, less frequent coughs, soreness and pain from coughing diminished.

June 6—I found him sitting up shaving. He said he felt "good." The previous night had been restless until 12 o'clock; he then took Nat. m M, a dose dry, and slept till 5 this morning.

June 7—He slept at intervals, 12 p. m. to 2, 3 to 6 a. m. Cough causes headache from forehead to vertex, with soreness of the scalp. Better after sleep; floating nummular sputa.

June 8—Very restless, could not lie still, coughed with strangling expectorating stringy mucus. Stomach sore during cough; must sit while coughing till he expectorates. After Nat. m. a dose, slept from 10 to 11.30 p. m. Again from 2 to 5 a. m. No headache today. Legs ache when restless and are tossed about. Quiet after the Nat. m.

June 10—Very restless last night till he had taken a dose of Bacillium (Heath) 10m. Then very restful.

June 11—Was much harassed by cough with headache and soreness of the stomach. Profuse expectoration. Little sleep.

℞—Nux v. 25m at 8 p. m.

June 12—Slept remarkably well. Pain in stomach better. Also headache and scraped feeling in throat. The head feels "clear as a bell."

June 20—The patient was seen daily till 14th of June, after which no medicine was given. The cough became infrequent

and there was rapid improvement in health and strength till when after over exertion, the hard hacking cough in the night, with some pain and soreness of the old spot in the right chest. I gave him Nat. m M., after which he coughed with less pain and soreness; the phlegm jumping out of his mouth with each cough, the paroxysms not severe. Auscultation shows more expansion of the right lung, improved respiration, but a tremendous reverberation of the voice and some resonance on percussion in the posterior chest.

The following fall and winter the patient was able to attend to active business.

### *Case No. 2.*

#### HAEMORRHOIDS OF 'NINE YEARS' DURATION.

Rev. E. F. D., a priest, has been afflicted by extremely painful hæmorrhoids and suffered many things mechanical and chemical for nine years. An allopathic physician, whom personal experience under my care had converted to Homœopathy, commended the patient to me. His excruciating pain induced him, by advice of a lay friend, to use suppositories containing a very dangerous proportion of opium. Having used several of them on one occasion to enable him to perform his ministerial duties, he became unconscious after leaving the subway, and was taken to a hospital. There, when consciousness returned, he was told he had had an epileptic fit and discharged. He asked me if opium could produce them? I told him they were a positive feature of the operation of opium in enormous doses.

The symptoms, attending the hæmorrhoids, narrated, were violent contractive, constrictive and shooting pains in the rectum; burning and dry feeling there, without itching; a little relief by warm bathing of the painful parts, and aggravation by cold. He has some cough, in the morning, with scraping sensation in the throat. Discomfort in the abdomen from confined flatus, constipation, wholly ineffectual efforts at stool; frequent cramp straightening out the toes. He had neuritis in the left arm two years ago.

November 14—*R*—*Nux v.* 25 m, night and morning, dry, which regulated his bowels and enabled them to move without pain two or three days. He continued the remedy, urgently sending for it at a few days' interval, and on November 23rd received a dose of *Lachesis* 50 m. He has remained perfectly well, rejoiced and surprised by his first experience of Homœopathy.

*Case No. 3.*

ULCER OF THE STOMACH.

Miss McD., a school teacher, about thirty-eight years of age, of somewhat brown complexion, has been a patient of Dr. F., a stomach specialist who, by chemical and microscopic test, diagnosed gastric catarrh and ulcer of the greater cul de sac of the stomach with deficient hydrochloric acid. She complains of a sore spot in that locality and from there extended, a diffused burning sensation. Mucus drops abundantly from the posterior nares, causing choking with nausea and vomiting. Vomiting relieves the stomach pains. The soreness and burning sometimes relieved by external heat and counter irritation with iodine.

She takes only liquid food, has little thirst, is very constipated. The stomach was repeatedly washed out during a long period, but not for the past year. Her medication has consisted of two cascara tablets nightly and a portion of Phillips milk of magnesia daily. Crusts adhere to the lining of the septum and *alae nasi*, and mucus is discharged at intervals from the anterior and posterior nares. She was very restless previously to passing the Easter holiday at Lakewood, but since has slept well.

Occasional eructations of gas and bile "burn the throat and oesophagus." Formerly some mucus and apparently membranous matter were, she states, discharged from the intestines. She has painful borborygmi headache at times over the frontal sinuses with simultaneous aching and throbbing as in waves, at the lower occiput, at times, coincident pain at the epigastrium and back, with burning sensation in front and to the left of the medial line; and when pain is severe,

cutting and boring. She lies on the right side in bed, the head low; when on the back the stomach feels strained. During pain while sitting she inclines forward and toward the left side. Pain worse when fatigued, better when busily moving, or mentally occupied.

Considering the remedy: The burning sensation in the stomach, vomiting of mucus, sitting bent forward for relief, profuse catarrh from the anterior and posterior nares, mucus crusts on lining of alae nasi, violent frontal and occipital headache, with throbbing in the occiput; lying on the right side, the head low, amelioration by busy occupation, afforded sufficient indication for *Natrum muriaticum*.

May 30—Absence of thirst for cold water did not exclude it. May 30, 1912:  $\mathcal{R}$ —*Natrum muriaticum* 45m, a dose dry on two succeeding days.

June 4—Improved.

June 7—*Natrum mur. M.*, Fincke, one dose.

June 21—She has been remarkably well after almost instant relief under *Nat. m.* For recent moderate recurrence of pain, chiefly in the left hypochondrium, another dose of same.

September 14—Owing to illness of a relative, for several weeks she denied herself vacation and rest, suffered much fatigue and anxiety, and has had severe frontal and occipital headache, with occipital throbbing, supra-orbital boring pain anteriorly. Pain, nausea, and weakness in the stomach, also right facial and dental pain, better from applied heat. On very carefully comparing these symptoms, *Ignatia 1500* swan, was given, and relieved.

October 9 to 16—On each of these dates a dose of *Nat. m.* for slight return of symptoms. She then removed beyond my reach and I did not see her again, but received favorable report.

#### *Case No. 4.*

#### GASTRO-INTESTINAL CATARRH.

The before-mentioned Dr. F., stomach specialist, has

been treating with gastric lavage, etc. Miss D., a very anæmic young lady, presenting the following symptoms:

At times, even after eating, a gone, weak feeling at the stomach, tasteless, empty eructations. painful movement of flatus, with soreness of the bowels, as if something traversing the bowel had moved over a sore surface. The bowels relaxed, stools of light color. At other times a very sharp pain, like a cut in the rectum, continuing several minutes, at 2 or 3 a. m., relieved by escape of flatus; in the very early morning, an attack of diarrhœa. Ordinarily, the bowels move in the evening. The extremities often "go to sleep," more the lower limbs by crossing the knees. Toothache awakening her in the night, the pain moving from the upper to the lower jaw. Better by drinking cold water. Worse, hot.

March 9— $\mathcal{R}$ —Kali carb. 45 m F.

March 13—The medicine was beneficial.

March 31—Occasional stitches in one hypochondrium or the other; sensible commotion in the bowels, constipation and insufficient stool, supervening diarrhœa. The 45 m of Kali carb., a dose relieved.

April 10—Pain and rumbling in the bowels. Kali c. M.

April 16—She has been very comfortable, without pain during the last week.

May 12—Complains of soreness and inflammation of the right tonsil, with pain extending from the tonsil to the right ear while swallowing; abnormal quantity of saliva, and too frequent inclination to swallow.

$\mathcal{R}$ —Merc. vivus 30 m, one powder, and this trouble was removed.

June 8—She had, immediately after eating ice cream, sore pain across the abdomen, which made her sit down and double up; pain lasting a few minutes. The same symptoms after supper, and at other times when she had not been eating. Soon after the pain, rumbling in the bowels and passage of flatus, with relief; faintish feeling in the abdomen right after eating, with pressive pain in the hypochondria. She had the pains all the week. Worse by cold food. Better by warm.  $\mathcal{R}$ —Calc. phos. 45 m, one dose.

July 13 and 15—*Calcarea phos.* 45 m, for recurrence of symptoms apparently induced by fatigue and shock, from burning of her hotel during vacation. After the latter date her health was established without further treatment. She was no longer anæmic or troubled with digestive disorder. The treatment of gastric disease by lavage, does not appear to cure, but to render it inveterably chronic.

It is somewhat remarkable that remedies of opposite modalities, as to aggravation or amelioration by heat, or cold, were required at the two extremes of the case. *Kali carb.*, and *Calcarea phosphorica*.

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### COLOCYNTH IN RENAL COLIC.

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

June 10, 1913—Miss ——, aged twenty-six. Went to Egypt last winter; on her return in March nursed for six weeks a German, dying from tuberculosis of kidneys. This exhausted her much. At end of last April had attack of severe pain, beginning in left upper abdomen, descending to pubes, and through to left renal region; attack was followed by vomiting. During the attack, which lasted some hours; continual ineffectual desire to urinate. Has had several attacks; three in the last four days. The last attack was yesterday, and there is still some pain. Looks pale and is very weak.

Diagnosis of remedy: Kent's repertory gives pain, extending from abdomen to pubes (*Colc., Sep.*), the latter occurring when coughing, which did not agree with the symptoms of the patient.

I gave one dose of *Colocynth cm.* (Fincke), also a second powder to be dissolved in water, and taken in divided doses if needed.

July 18—Reported that the pain ceased at once, and has not returned. Did not take the second powder.

## CASES.

BY J. W. WAFFENSMITH. M. D., RIO ARRIBE C., N. M.

May 22, 1914—Mrs. G. L., Mexican, aged twenty years, Menses, last time, March 12. Fear; desire to run away; cries; bites; sadness; anger; if she sees and desires a thing, wants it at once; wants to be alone; < music; desires salt; dizziness < sun; cramps in hands and calves of legs; epileptiform seizures, < before midnight and 5 to 7 a. m.; extends and contracts arms and legs; thumb contracted inward; chews tongue; heat in body; arms and legs cold; cramps in hands and calves; chills in hands and feet; no appetite; nausea and vomiting several minutes after each meal, both food and liquid. ℞ Phosphorus cm.

June 12—Better.

August 8—℞ Phosphorus cm.

November 8—Heat in feet, < night. Reports that she had an itching, watery eruption on right ear, which was suppressed by bathing in Sulphur hot springs, followed by the above symptoms. I then gave her one dose of Sulphur 200. Delivered of a fine baby and well.

March 6, 1914—Mrs. Y. M. A., Mexican, aged fifty-seven years. Symptoms: Burning from stomach upward; constriction of pharynx; attacks of green vomiting and yellow, water, offensive diarrhœa; skin assumes green color; fear during attack; pulsating and dull pain in region of appendix; pulsating pain in occiput and temples, < motion; heaviness in sacrum; jerking of legs from knee to feet; dry, itching eruption on chest; bearing down pain in bladder; urine scanty; severe pain when passing urine; frequent urination, day and night; white sediment in urine; hemorrhoids; itching of rectum. ℞ Cantharis 200.

March 24—℞ Sepia M.

June 6—Constipation; no appetite; burning in bladder. ℞ Sepia cm.

In November I saw this case entirely cured. Has taken old-school treatment for years, and was completely dis-

couraged when I began the treatment. Was suffering since the menopause some years ago.

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### CURES AND PROCESS OF CURES.

BY ROSALIE DE LA HAUTIERE, M. D., SAN FRANCISCO, CAL.

In presenting these cases I have but one object in view, that is, if they are thought worthy of criticism, to please do so, showing me how I might have prescribed other remedies, thereby obtaining quicker results. Is it not better to insist on the removal of amalgams? What is the opinion of this body of Hahnemannians? Some of these cures have been obtained with the single remedy, others after a zigzag fashion. This may be due to my peculiar way of reasoning, I cannot say as to that. I leave that for you to judge.

#### *Case 1.*

Clergyman, between thirty and forty. For ten years the last phalanx of the ring finger of the right hand was very painful; looked suspicious, a peculiar transparency; a fine network of veins were visible. The family history is tubercular. He suffers greatly at night, often probing the finger with needles to see if relief could be obtained. A strong solution of Sal. ac. 24% was used, as well as many other drugs, but to no purpose. Many noted specialists were consulted here in San Francisco; no success from this quarter, either. The last measure was about to be enforced when I met the gentleman at the bedside of one of my patients. He asked me if I thought it necessary to amputate the offending member. My answer was so emphatically in the negative, that it surprised him. Out of curiosity, he asked me what could be done, and if H $\ddot{m}$ œopathy offered any hope? After examining the finger carefully, noting the deformed nail, the oyster shell type, layer upon layer, Ant. cr. came to me, which I prescribed on the 16th of December, 1914. I

did not see patient again until the end of January, 1915. Asked after the finger, "Why it is healed, no more pain; no trace of the trouble remains." It is nearly six months, and there is no return.

*Case 2.*

Patient complained of relaxed bowels from childhood, of nervous origin. He is in his thirties. Anything that taxes the equilibrium of nervous system, an imperative urging to evacuate the bowels is sure to follow; must be heeded or an accident is the result. He has suffered untold agony on account of this uncertainty. Gels. 50 m was given February of this year. Up to the present, I have not had occasion to repeat, nor give any other remedy, this is June 3rd, 1915.

*Case 3.*

Mrs. W. ——— Sang. Bil. Vital., aged thirty-five. Paralysis and ptosis of the right eye. Five physicians pronounced the case incurable, and the only hope was to remove the diseased eye, so as to save the other from a like fate. Arrangements had been made to call a specialist from San Francisco to perform the operation. As I was visiting San Jose, where this lady resides, and being an intimate friend of the family, they asked my advice. The family history is not good—paralysis, cancer, and tuberculosis make an ugly trio. However, after viewing the case, saw the remedy that was required. Another picture of relaxation. Gels. 77 m proved a wonder-worker. That was the only remedy given, and in a few weeks *that eye which might have been sacrificed was as useful as its mate.*

*Case 4.*

AMALGAM POISONING.

Miss V———, school teacher, aged thirty. Bil. Mental. Superacidity of stomach; tongue coated; offensive breath; flatulency all the time. Fresh fruits, apple sauce, milk,

butter, fat of meat, gravies, figs, candy, frozen food and starches all disagree.

For an irritable tonsil Iod. was used locally. Astigmatism, eyes weak, one eyelid granulated, Boracic acid was employed. Several large amalgams are responsible for this state of affairs. Told patient so, advised the removal of same. She being a very intelligent person, appreciated the situation, so began having the fillings removed, one after the other, replacing them with gold. The result is she is a healthier little lady today. It took some time to remove the systemic effects of the poisoning, but it has been accomplished.

Nov. 28, 1913—Gave Hep. sul., c. c.

December 5—Reported enjoyment of her Thanksgiving dinner without any bad results. Saliva less profuse, which has been very annoying for years. 12th—Eating more of a variety, less acid; tonsils enlarged; circulation improved. Sac. lac.

December 19—Ear is better, less acid, Sac. lac.

January 2, 1914—Menses on time; enjoyed the holiday feasting. Less saliva; has not noticed any saliva on pillow for two weeks; breast agg. before period.

January 19—Agg. from fish; looseness of bowels; gums assuming healthier appearance. Sac. lac.

March 3—Had occasion to repeat Hep. sul., as there was agg. of symptoms.

April 4—Disturbance in the emotional sphere, reserved displeasure; stomach upset in consequence. Staph. c. c.

April 11—Ear buzzing, throat raw, stomach agg. Hep. sul. c. c.

April 16—Had a cold all week; throat swollen, tonsils enlarged, nose discharging and burning; warm drinks give relief; agg. swallowing; voice hoarse; loses voice when she contracts a cold. Spongia c. c.

April 30—Very bilious all week, agg. from strawberry short cake and coffee.

Took calomel several times before coming to me for treatment. Merc. dul.

May 7—Throat sore; stomach better. Sac. lac.

May 14—Tongue coated; spot in field of vision; agg. reading; stomach sour.

Very trying week at school. Nux vom. c. c.

May 20—Period; no inconvenience this month; stomach sour; right tonsil swollen; agg. from foul air of the school room; profuse saliva this week. Merc. flav. 1m.

May 28—Disagreeable taste in mouth; stomach not sour this week. Ate generously of strawberry short cake; no ill effects; slightly constipated. Sac. lac.

June 6—More saliva than usual; nauseated from odor of paint at school. Merc. flav. 1m.

June 19—Menses; general disturbance of all conditions; bilious; cold in the head; agg. of eye symptoms. All. c. 1m.

August 28—General improvement until today. Agg. saliva very excessive; ear and throat worse. Merc. dul. 50m.

September 18—Tired all week; throat raspy. Rhus 45m.

September 25—Less fatigue; sleeping better; peculiar pain right side of head, occipital region; agg. motion; stomach a little off. Bry. c. c.

October 1—Feeling fine, only the saliva very profuse; dentist noticed amount. Merc. dul. 50m.

October 20—Feeling fine; agg. from pastry; cold coming on; chilliness, agg. right side of throat; profuse saliva. Merc. flav. 1.

November 6—Period came rather unexpectedly during the day; chilled from cold air and exposure; agg. 2 a. m.; cramps; stomach fine. Rhus. c. c.

November 13—Throat dry; nose too active; burning; stomach upset. All. c. 1m.

November 20—Stiff neck; throat raw; more saliva; stomach good. Pain in neck amel. motion, but agg. bending forward. Rhus. c. c.

November 27—Bry. was given for stiffness in shoulder; aggravated by motion. Rhus. c. c.

December 4—Diarrhœa and cramps for two days; pain in shoulder gone; cold in head; stomach a little upset; no desire for food except acids. All. c. 1m.

Dec. 10—Pain in left shoulder; cannot lift arm to head. Ferr. 5 c.

December 17—Pain in ear; sore throat; agg. saliva; stomach much better. Nit. ac. c. c.

January 30, 1915. General improvement. Sac. lac.

February 12—Stomach upset all week; flatulency, bilious taste; profuse saliva; agg. using the throat; agg. from chalk dust. Merc. flav. 1m.

March 3—Throat raspy all week; left side; agg. ear; much saliva. Hep. sul. c. c.

May 5—Throat dry and rough. Fears diphtheria, as it is prevalent in the schools at present. Hep. s. This case will require more watching.

#### *Case 5.*

#### ARTHRITIS.

Mrs. S——, aged forty-three, Sang. Mental. Ill three years. Trouble began in right wrist. For two and one-half years has not been off her back. When I first saw patient she could not lift her hands from off her breast without the most exquisite pain, and then only about two inches. Feet very much swollen; burning soles, especially at night; knees flexed; very light covers at all times, even in winter; always seeking a cool place for the feet. All kinds of treatment had been employed, Schaffers serum also, without avail, the malady continued to claim each portion of that poor frame, even to the stiffening of the jaws. The one consoling feature in this particular case is the wonderful cheerfulness with which she bears her affliction.

December 15, 1914—Sulp. 81m was given, and plenty of the next best. I went to Los Angeles shortly afterwards, remained away five weeks. On my return, what was my joy to see patient reclining on a shoulder rest, and that three weeks after beginning treatment—the first time in three years. There was considerable motion to the hands, and an appreciable decrease in the amount of pain. The improvement has been steady. Less stiffness in neck; more freedom

of action in that quarter, turning more from side to side, which she could not do when I first saw her. Sulph. has been repeated once, and other remedies were given as the symptoms called for them. For example, a distressing bronchial cough of years standing responded nicely to Rumex, Ant. tart., also.

She has had her feet out of bed several times; is growing more accustomed to the unpleasant sensation that was first noticed. This feature is lessening at each effort.

This case is not cured, but may I not reasonably hope to accomplish it when such splendid results have rewarded my attempt thus far? Before many months I hope to have my patient on crutches. The outlook is most encouraging. I did not go into the detail of arthritis, for you are all familiar with this most dreadful affliction. You prefer the means employed for the treatment; that has been given. I have five of these cases under observation—three Sulph. and two Cal. carb.

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#### CASES TO ACCOMPANY APPLICATION FOR ACTIVE MEMBERSHIP IN THE I. H. A.

BY MARY PARKER, M. D., CAMBRIDGE, MASS.

##### *Case 1.*

Mrs. S., aged fifty-eight years, on March 6, 1913, had an operation for complete procidentia with ulcerated cervix, considered possibly malignant. Complete hysterectomy and appendectomy were done. Her recovery at the hospital was uneventful, and she returned to her home after three weeks. It was following this that she became a patient of mine.

Mental confusion began after being at home about one week.

Desire to sleep nearly all the time; heavy unnatural sleep.

Became indifferent to her surroundings, especially as to her personal appearance (naturally *very neat*).

Dazed at times; unable to remember what she had been doing at home.

Physically, appeared stronger each day, which she laid to the relief from the mechanical condition that had existed previous to operation.

Became childish, irritable, feelings easily hurt, and especially so with her husband.

When asked how she was, always said, "*I feel fine!*"

Talked incoherently; began things and did not finish them. One day turned on the gas in her cooking range and then went away without lighting it.

At another time went out on the street in night dress and kimona to a nearby store, returning a bag of coke, telling the storekeeper it would not burn.

Dreamed of fire at night, and wakened with a start.

Head hot, especially occiput, and feet cold.

General agg. in morning; in afternoon remembered some of her strange actions of the morning.

April 24, 1913—Became violent, raved, screamed, cried, threw herself violently on and off the bed. Talked incessantly; saw weird lights; devils, strange people, her dead children, and numerous other things.

Rubbed her hands and feet back and forth until they hurt, but could not stop herself.

Was so much upset that a consultation of doctors was held, during that same afternoon, and she was able then to give a fairly clear account of things, seeming to remember how she had acted in the morning. Usual afternoon amel. During this time, I had prescribed Sulphur, Sepia and Natrum mur., with little, if any, result. The consulting doctor was an allopath, and advised no medicine; simply rest, outdoor air, and happy occupation for her mind. So I was still left to prescribe any remedy I thought indicated. That evening, in thinking the case over again, it occurred to me strongly that the entire condition appeared to be the result of the operation, and so I gave her Arnica 30th, three powders.

April 25—In the morning, showed a slight indication of excitement, but was easily quieted.

From that time she steadily improved, and has had no re-

turn of any such mental condition since. She had one more prescription of Arnica two weeks after the first prescription, as she went away to visit her daughter, and I gave her one powder to take with her in case she felt any nervousness returning. She took it while away.

In going over the case, after thinking of Arnica, I soon saw she had plenty of Arnica symptoms, viz.: 1. Head hot, feet cold. 2. Said she felt well. 3. Restless. 4. Effects from mechanical injury or bruises

### Case 2.

#### ABORTED? WHAT?

July 26, 1912—Frank ———, age thirteen years. Was called about noon, and found the patient in bed, very restless; face flushed; temperature 103-8°; pulse 128, and pounding headache severe; > from cold compress, < light < motion. Skin hot; tongue coated; slight nausea; no vomiting; thirsty; slight cough; no pain in chest; complained of pain in abdomen on deep breathing; abdomen not sensitive to pressure; sleepy, but not sleeping. The night previous was restless, and complained of some headache; had a slight cold recently; history of abscess in one lung several years ago.  $\mathcal{R}$  Bell. 200 in water every hour for four hours, followed by Sac. lac.

Evening of same day—Temperature, 102-8°; pulse, 108; headache much better; looked brighter, and was less restless; had slept two hours; some difficulty in taking deep breath; mouth and lips dry; throat trifle sore; no rash; general < lying on right side.  $\mathcal{R}$  Sac. lac.

July 27—Morning—Temperature, 98°; pulse, 56, and slightly irregular; had slept six hours; no headache; no rash; no cough; felt very well and was hungry.  $\mathcal{R}$  S. l.

July 27—Evening—Temperature, 98-6°; pulse, 60; only complaint was of bowels feeling "full."  $\mathcal{R}$  S. l.

July 28—Morning—Temperature, 98°; pulse, 72, and of good character; had slept ten hours; bowels moved this morning. Said he felt "slick"; able to sit up.  $\mathcal{R}$  S. l.

July 28—Evening—Temperature, 98-6°.  $\mathcal{R}$  Calc. carb. 3 m, one powder.

Out of doors the next day; case dismissed. What was he trying to have—pneumonia, scarlet fever, typhoid, or would he have been well anyway in a few days of rest, without any remedy?

*Case 3.*

Mrs. B., young married woman with two children. Gave history of an attack of rheumatic fever; treated in an allopathic hospital about ten months or a year previous to present illness. Was suffering at the time of my first visit with heart trouble and dizziness. Her symptoms, in general, made me decide to give her Bryonia 200, and she improved considerably on that remedy. About three weeks later, the rheumatism came back in her knees and hands, for which I gave Rhus. tox. with some relief. I did not see her again for some time, as she moved out of town, but later she wrote that, at times, her heart troubled her again and, at times, her rheumatism. The alternation of rheumatism and heart trouble made me think of *Kalmia latifolia*, which I sent to her by mail—two powders of the 200th. The result was certainly gratifying, for she reported months later that she considered herself “all made over.” I was a senior student at the time, and was as much interested and surprised as the patient herself. I have often wished I could have had the opportunity of listening to her heart again, to see if it sounded as much better as it felt to her. But, as I said before, she had moved away, and I have never seen her since.

CONSTIPATION CURED BY THE CONSTITUTIONAL REMEDY.

*Cases 4 and 5.*

Miss H., 18 years of age. History: Measles and whooping cough when a small child. Scarlet fever at 9 years, typhoid at 10 years, pneumonia at 11 years, tonsils and adenoids removed when 12 years of age.

May 9, 1915. Came because of an eruption on her face,

which she says began during an attack of acute rheumatism or neuritis in left arm and shoulder about ten months ago. Was in bed at that time, and said that her doctor told her "it was difficult to treat her because her heart was not strong enough to stand the remedies he would like to give her."

I will give the symptoms in the order in which she gave them, merely to show that what the patient considers most important is not necessarily the symptom that is most important in selecting the remedy. As I said at first, she came primarily because of the eruption on her face, which troubled her greatly. < A. M., < heat, < washing with water, < when excited or embarrassed, when she felt the blood rushing to her face. Perspires freely. Shoulder still aches whenever weather is damp. Heart bothers her by pounding hard at times. Gets out of breath easily. Sleeps with head low. Says her "blood gets too hot." Bowels constipated. Takes physic regularly every week. Very thirsty. Saliva profuse at night, and "bloody" or brownish in color, staining the pillow cover. Coppery taste in mouth.

℞ Merc. sol. H. 1000 (1 powder).

Stethoscope revealed systolic murmur at apex, transmitted to axilla. Heart action in general rather fluttery.

May 26. Better in every way. Feels less heated. No saliva at night, except once, when it was normal in color. Face does not flush up as easily. Eruption better on one cheek, and slightly worse in one spot of the other cheek, but much less red looking in general. Bowels *moved every day*. Heart sounded stronger, although no change in systolic murmur. ℞ Sac. lac.

This case especially interested me, as Mercurius is not a constipated remedy generally. Also in listening to her symptoms, my mind was not tending toward Mercurius at all, until she told me those last two symptoms about the saliva. Otherwise, Sulphur or Rhus tox. seemed more probable.

I gave the Merc. sol. H. simply because it happened to be the only form of Mercurius that I had with me at the time.

*Case 5.*

Mrs. S., May 12, 1915. Rheumatism in left knee for past nine months. Knees stiff and insecure on going down stairs. Formerly right knee was the worse one. Knee aches and swells at times. < motion. Pain in left hip. No thirst. < acids, < heat. Bowels constipated. Takes physic twice every week. Sleeps well.

℞ Pulsatilla 1m.

May 26. Better in every way. Knees less stiff. Can go down stairs much better. Bowels moved every day but one since first ℞. No pain in hip. ℞ S. l.

This was another remedy whose most common aspect is not one of constipation.

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 CASES.

BY G. C. EMMERSON, M. D., H. M., MARSHALL, MO.

No. 1. Mr. A. H., March 29, 1910, age 18 years, has been sick in bed for nine weeks and just able to get around. He told me he has had pneumonia. He says his usual weight is 180 lbs. but now he weighs 120 lbs. He gave me the following symptoms: soreness of chest, headache frontal, sweats while he sleeps, > by open air, hungry, no thirst, stool brown and loose. Vertigo. Relief while walking, red tip of tongue, pulse 90, irregular and weak. I gave this case one prescription of Puls. 200. He reported in a few days that he improved from the first dose.

No. 2. Mrs. J. H., age 36, December 27, 1910. Rheumatism since first week in September and has been getting worse ever since. Here are her symptoms: right arm, shoulder and elbow joints, heavy pulling down aching which makes her scream, cutting pain during motion, motion and sudden pain <. < by sitting down; at night; lying on back and arms straight. Numbness tingling; constipation; vertigo. Headache when she would drive. Kidneys red

sediment in urine. Can't go to sleep. Rheumatism due to getting wet. One prescription of Bry. 200 was given and cured the case in a few days.

No. 3. Mr. J. H. H., age 70, June 26, 1912. A year ago last May had to draw urine with a catheter and since that time has carried a catheter with him every place he goes. He wishes to stop using the catheter and has been told by his physician that there is no other way except to use catheter. Wind in stomach, urine retention, pain at time of urination and after, constipation, urine cloudy, < by working; exercise. I prescribed Nux. vom. cm. and it brought the urine in a few hours and he has never used the catheter from that date to the present time.

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Dr. Patch: I move that we have the election of officers at the afternoon session. For some years the election has been allowed to wait until the last session and by that time half of the members have disappeared. If we can have the election this afternoon we will be apt to have a full attendance.

Dr. Taylor: You have heard the motion, regularly seconded, to have the election of officers at this afternoon's session or at some time when we have the best attendance. The point is to have as many as possible assembled here when we vote for the election of officers. This will give you ample time to make your selections,—do all the political wire pulling you choose and be ready for the fray. As there are no objections seemingly the motion is carried and is a vote.

We will now listen to any reports of committees.

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#### REPORT OF COMMITTEE ON PRESIDENTIAL ADDRESS.

Your Committee has considered carefully the presidential address, and approves the general sentiments therein expressed.

It notes with sympathetic interest and understanding the strictures upon the present teaching in our medical colleges,

yet it cannot help feeling that these institutions have set their faces toward the light when they establish at the head of the chairs of Materia Medica such men as Frank W. Patch, Rudolph F. Rabe, Guy B. Stearns, Daniel E. Sickels Coleman, Horace P. Gillingham and many others, and give these men the loyal support which of late they have reported. A thoroughly well equipped, well managed and well endowed college teaching pure Homœopathy would be ideal indeed. At the present time the full realization of this ideal seems impracticable, but it would not be impracticable, it would be eminently practical to follow the line of our president's suggestion. Looking forward, then, to the larger idea, your committee would suggest the endowment at the present time of professorship or instruction of clinical Homœopathy and materia medica.

Our weakness would seem to be not in the teaching of materia medica but in the teaching of its clinical application. A full time professor in this work would do invaluable service and such an endowment would not be beyond our immediate possibilities.

Your committee offers the thanks of the society to the president for his faithful work during the past year, and for his clear summary of the conditions confronting our school.

(Signed)

ERASTUS E. CASE,  
HENRY BECKER,  
E. WALLACE MACADAM.

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Dr. Taylor: We have also a committee to report on the changing of By-Laws.

Dr. Stearns: This has not only been talked over with the members of the committee, but with many others besides, and the unanimous opinion seems to be that if the Bureaus are changed it should be as follows,—that is, instead of having five Bureaus, have them as follows:

Bureau of Homœopathic Philosophy.  
Bureau of Materia Medica.

Bureau of Clinical Medicine and Surgery.

Bureau of Obstetrics and Pediatrics.

The only difference in opinion was as to how these should be presented; whether it should be surgical therapeutics or surgery and just a few other minor points, but everyone was unanimous in the idea of these four Bureaus; and before presenting this in writing I would like to have you all think it over and if there are any suggestions we can change it and get together again, if you wish, or I can present it in that form.

Dr. Krichbaum: I do not like the idea of putting Clinical Medicine and Surgery together.

Dr. Patch: Dr. Krichbaum was not here yesterday for the beginning of this discussion. You may remember that last year a resolution was made in writing recommending the elimination of the Bureau of Obstetrics and the Bureau of Surgery with the establishment of three bureaus only—Materia Medica, Philosophy of Medicine and Clinical Medicine, which would exclude Surgery. I think there was no idea of creating any further department of Surgery, but to simply change it so as to get surgical therapeutics into the Clinical Medicine Bureau, where it naturally belongs.

Dr. Stearns: The purpose was not to take up the time of the meeting in this discussion, but if anyone has anything to say the committee will be glad to meet them and discuss it informally, and give the meeting a chance to go on with whatever business there is.

Dr. Patch: There is one more thing I want to speak of in this morning's session. Several members have suggested that we go over to the "Clifton" tonight for dinner on the Canadian side, and if it the unanimous wish of the society that we do so, I will be very glad to arrange it during the noon hour.

Dr. Taylor: Those who would like to go over to the Clifton tonight for dinner, please so signify by raising their right hand. It seems to be a vote.

Dr. Taylor: We will now open the Bureau of Clinical Medicine of which Dr. MacAdam is the chairman.

## Bureau of Clinical Medicine

BY E. WALLACE MACADAM, M. D., CHAIRMAN.

Dr. MacAdam: Dr. Case will read his paper on Clinical Experiences.

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### CLINICAL EXPERIENCES.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

From The Organon, Section 153: "In searching after a homœopathic remedy," "we ought to be particularly and almost exclusively attentive to the symptoms that are striking, singular, extraordinary, and peculiar; for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the cure. On the other hand, the more vague and general symptoms" "merit little attention, because almost all diseases and medicines produce something of such general nature."

These quotations explain the comparatively few symptoms given in the clinical reports of the writer, which has sometimes been criticised. All that is peculiar and characteristic is considered. A clear view of the remedy would be obscured by the addition of other symptoms. Sometimes, however, owing to the stupidity of patient and doctor, one or both, only common and general symptoms are obtained, and

these must be worked out numerically with Boeninghausen slips.

### I.

A carpenter, aged twenty-six years, has had epilepsy six months under allopathic and osteopathic treatment without improvement. The attacks are violent, with jerking, frothing mouth, followed by profound sleep and drenching sweat for several hours, then exhaustion for a day or two. They come by day or night, at intervals of from two to ten days, with no periodicity, and from no recognized exciting cause.

The mind is dull, although he is naturally bright.

Loss of memory.

Face bloated, stupid, unclean, as if soap and water were unknown.

He stands and sits stooping.

Tongue thick, heavily coated white.

Profuse foot sweat, inoffensive.

Circulation sluggish, hands look blue.

Gonorrhoea five years ago for a long time, local treatment.

No other serious illness since childhood.

No further marked symptoms for a prescription could be gathered.

What is the remedy. Here psora and sycosis are combined; result—epilepsy. sycosis, the later comes, should be driven out first. The mental, tongue, and foot symptoms indicate Medorrhinum.

October 26—One powder Medorrhinum em. F.

November 9—A severe attack came after dinner on the 29th, but he recovered without the long sleep and sweat, and was around as usual in the evening. None since then, an unusually long time of freedom.

November 24—Slight seizures on the 18th and 22nd in the day time, without much frothing or exhaustion. His friends remark upon his improved appearance and mental alertness.

December 2—No trouble since. His face looks intelligent. A new symptom: Constipation with ineffectual urging to

stool, alternating with diarrhœa, which drives him out of bed in the morning. The remedy is plain. One powder Sulphur cm. F.

December 18—The bowels are normal. He had two attacks, at 2:15 a. m., on the 6th, and at 2 a. m. on the 7th, on the fourth and fifth days after the Sulphur was taken, both followed by sleep and sweat as formerly. Later, he had an influenza, for which he took the disks more frequently, as directed. He feels quite well now.

These seizures were regarded as an aggravation from the Sulphur, and that the remedy was acting favorably was confirmed by the influenza which followed and subsided under the placebo. People under treatment for chronic ailments are taught that the whole person is considered and prescribed for, and only the one remedy is needed. Sufferings that follow are best met by more frequent doses of the usual medicine (placebo). Many instances of severe illness have been observed following the administration of a remedy for chronic disease, which have been let alone, and the wonderful improvement in the patient thereafter has justified that course of conduct. Thus far there has been no occasion to regret it.

January 7—One slight attack on the 6th, awakening him from sleep, not followed by sweat and exhaustion.

February 3—No attack.

March 6—A slight attack in day time on February 15th. It having been over three months since last prescription, it seemed wise to give one powder Sulphur cm. Sk.

April 9—No more attacks.

May 12—He is well and able to do heavy work house-building.

## II.

A brown-haired seamstress, aged fifty-four years, single, had dysentery five years ago, and diarrhœa ever since. Old-school treatment.

Abdomen sore to touch; cutting pain in descending colon, relieved by stool; stools spongy and watery, with thick brown

mucus, causing burning smarting of the anus. Aggravation in early morning, 10 to 11 a. m., and 6 p. m., but stools also at other times of day and night; restless, broken sleep after midnight.

January 8—One powder Arsenicum alb. 1m Tyr.

January 20—Much improved until the last two days. Stools sometimes formed. One powder Arsenicum alb. 1m Tyr.

February 5—Stools now like sheep dung, very little mucus. New symptoms: Pulsation in abdomen after stool; empty sensation in abdomen after stool; urine acrid, making parts touched by it sore; bearing down sensation in pelvis, as if menses would come on; icy cold between the scapulæ.

The question here arises whether these are old symptoms returning, or a call for another remedy. So far as could be learned they were not old conditions. Article 169, Organon, teaches clearly that in second and subsequent prescriptions we should give the remedy called for by new symptoms. All of these belong to Sepia. Is it not remarkable how large a percentage of chronic ailments in women must have Sepia before recovery? One powder Sepia 1m B. & T.

February 19—The Sepia symptoms are gone; stools much as they were two months ago; burning heat in abdomen after midnight, preventing sleep; calling for the old remedy. One powder Arsenicum alb. 40m F.

March 10—Much better. Only three stools daily; these come after eating, with the brown acrid mucus. She still needs Arsenicum. One powder Arsenicum alb. Cm F.

March 28—Doing well.

April 9—Bowels now constipated; stools looks as if chopped to pieces. Considerable brown acrid mucus with stool. One powder Arsenicum alb. cm. Tyr.

May 9—Bowels now in fine condition, abdomen somewhat sore. Stools look as if covered by blue mould; tongue looks blue. This last symptom calls for Arsenicum. One powder Arsenicum alb. cm. Tyr.

May 15—Doing well. She now has an eruption like urticaria when exposed to cold air. This was recognized as

the last stage in the cure; i. e., an eruption on the skin. It soon passed away, leaving her well.

The mouldy appearance of stool is a symptom not found in the repertories. Whether caused by or removed by Arsenicum, it should be credited to that remedy as a clinical symptom to be verified.

### III.

A single man, aged twenty-four years, did clerical work from the age of sixteen to eighteen, smoking cigarettes excessively, then broke down. He gave up smoking, and a year later became fireman for a stationary engine, serving three years; now for two years he has been a nervous wreck.

His father died insane. Melancholia, with suicidal tendency. He plans to kill himself, but cannot get courage to commit the act. Dislikes his mother, who is kind to him, and solicitous about his health. Acid vomiting of food two or three hours after eating; stools irregular, offensive, with much ineffectual urging; palms and soles sweat much; sleeps well, but head becomes heavy if he sleeps late in morning. Of the remedies having inclination to suicide with cowardice. *Nux vomica* covers all the symptoms, excepting the aversion to his mother.

April 19—One powder *Nux vomica* cm. F.

May 3—He eats, sleeps and feels better. Life seems worth living. His chief complaint is hatred of mother, which he cannot overcome. One powder *Sepia 1m* B. & T. What other remedy could be given?

June 6—Fond of his mother once more and has courage to attempt any work that can be obtained.

### IV.

A black-haired bookkeeper, aged thirty years, had his appendix excised five years ago, and bad nerves ever since.

Sensation of tight cap on the head when tired. Frequent severe pulsating pain with heat and pressure in the occiput, somewhat relieved by eating. Head trembles when tired. White, milk-like sediment in urine in the evening. Rest-

less in the evening, must walk the floor. He needs Sulphur.

October 26—One powder Sulphur 1m B. & T.

November 7—He seemed worse at first, then improved much. Sensation of cap is gone from the head, not much white sediment in the urine. Only one headache, that came toward noon, relieved by dinner.

December 6—Improving. Has had two headaches, neither very severe. It having been six weeks since last prescription. One powder Sulphur 40m F.

March 14—Improved until recently. When tired he has pulsation in the occiput and sensation of cap on the head. He complains of lack of power of concentration. He still needs Sulphur. One powder Sulphur Cm F.

May 2—The patient returned to give thanks for being restored to health and comfort—"but where are the nine,"

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Dr. Patch: We have listened to papers of this kind from Dr. Case for a good many years, but we never can get enough of them. It has become quite the thing to publish books, based on case reports, started first by Dr. Richard Cabot, of Boston. Now I would like to move that the society instruct Dr. Case to prepare a book on *Case Teaching in Homoeopathy* that shall be brought before us next year.

Dr. MacLaren (D. C.): Regularly moved and seconded.

Dr. Farrington: Why not command him?

Dr. MacLaren (D. C.): Change that to "Commands and instructs."

Dr. Dienst: I am in favor of the motion. I have been remarkably impressed by that case of epilepsy, and I was just wondering if it would be possible to get a reprint of that. You know, they think that epilepsy cannot be cured, and I would be willing to pay postage on a number of reprints to be sent to my allopathic friends. I am very much in favor of the motion, but I was so much impressed by that article on epilepsy that I should like to spread it broadcast.

Dr. MacAdam: Any further remarks on the motion before the house?

Dr. Case: If it is your wish, I would try to publish such

a book, if a longer time were allowed. A work on hand to which all my spare time has been devoted for eighteen years should be completed next year. When that is done I shall be very willing to prepare and publish the papers.

Dr. Krichbaum: Is this work, you have on hand, medical?

Dr. Case: No, sir.

Dr. Krichbaum: Is it genealogical?

Dr. Case: It is.

Dr. Patch: Would it not be possible for some other member of the Association to help you? It would seem to me to be a comparatively simple piece of work to get together the material to start with.

Dr. Case: Just what was the intention?

Dr. Patch: My thought in regard to the matter is to arrange them so that the various remedies will come out in their ordinary alphabetical position.

Dr. Case: I think it would be of value to have someone edit and improve them.

Dr. Farrington: The Homœopathic Clinical Society (?) has a work of this nature, and I think it would be very fine.

Dr. MacAdam: All those in favor signify in the usual manner. Vote is carried.

Is there any discussion of Dr. Case's paper, other than what we have already had?

Dr. Loos: I should like to ask Dr. Case what difference he finds in the Fincke and Skinner potencies?

Dr. Case: The Fincke potencies were made very slowly. I am certain that he told me that it took two weeks to make the cm potency. He thought that the element of time made them more efficacious. The Skinner potencies are prepared very rapidly. Probably the cm potency would be made within twenty-four hours. My experience has led to the conclusion that the Skinner potencies act more quickly than Fincke's, that they are keener edged. When a Fincke potency has finished its action, and the same remedy is indicated, I am apt to give the same potency of Skinner before giving a higher Fincke potency.

Dr. Boger: That corresponds with what I said the other day. I have noticed the same fact. Dr. Fincke's acts more slowly but more thoroughly.

Dr. Dienst: Is that because one is slower in preparation than the other?

Dr. Boger: You may possibly draw that inference, but that is my experience.

Dr. Bidwell: I have had the same experience. In acute conditions, it has been my experience that you cannot wait for Fincke, but when they do get to doing business, look out.

Dr. Case: There is nothing slow about the action of a Fincke potency. An experience reported to this Association several years ago comes to mind. I was called in the night to a see a man with cholera morbus, a stranger to me. Arsenicum album was indicated, and a powder of Fincke's cm potency was placed upon his tongue. The pain, retching and purging stopped at once. He fell asleep in a few minutes and slept soundly the rest of the night. I called in the morning to ask about him, and he said: "It is all right; I am well this morning, but I should not dare to employ you, because you use such strong medicine." I have often seen the effect of a Fincke potency within a minute after it was placed upon the tongue; severe pain relieved immediately.

Dr. Boger: I was speaking of general impressions only.

Regularly moved and seconded to adjourn until 2 o'clock in the afternoon.

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2.25 P. M., JUNE 24, 1915.

Dr. Taylor: Meeting will please come to order. Is there any business?

Dr. MacAdam: We will proceed with the Bureau of Clinical Medicine.

Dr. Dienst: Before beginning this bureau, I would like to make a motion that the society adjourn at 4 o'clock to take the 4:15 car for a ride through the gorge, after which we will take dinner at the Clifton House, and soon after

that return here for the evening session to continue the work that may be left undone this afternoon. Seconded.

Dr. Patch: I have already arranged for dinner at the Clifton for tonight, either at 6 or 7 o'clock, which ever you please.

Dr. Taylor: You have heard this motion. Are there any remarks? This trip, if you have not taken it yet, is worth your time; you cannot see it at night. You leave here on the 4.15 trolley and get back to the Clifton at about 6 o'clock; stop off on your ticket, and have dinner and come back here after dinner.

Motion is carried.

Dr. MacAdam: The first paper for the afternoon will be by Dr. Stearns—a proving of Radium, presented at the American Institute.

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## UNDERSTANDING MATERIA MEDICA.

*Illustrated by the Proving of Radium Bromide.*

GUY BECKLEY STEARNS, M. D., NEW YORK.

Quoting James Tyler Kent: "Materia medica can be learned by careful study and by using it. It can be understood, but not memorized. All who would memorize materia medica must ignominiously fail." Understanding materia medica is not easy, because all physicians understand differently, and are satisfied with the way they understand.

The sole object of a remedy should be to increase the reaction of the organism against disease. To understand a remedy, one must know the kind of reaction it creates and recognize when need of that reaction has arisen. Now, reaction is a comprehensive term and we know only a small part of what occurs when the body reacts against disease. If all were known, most of it would be useless for the selection of curative measures. To determine by chemical, physical, electrical and physiological tests, every change that occurs in all the cells and fluids of the patient before prescribing would

take so long that the young physician would grow old and the patient would be bankrupt and beyond the need of human help before the tests could be finished and the remedy determined.

Likewise, there is hardly a limit to the tests to which drugs can be put to ascertain their effects, tissues and functions, but only a small part of this knowledge is needed. This is not saying that any knowledge concerning drugs or sickness is useless; all knowledge of facts is important, but to understand a drug therapeutically, only those facts are necessary which characterize the reaction it arouses in the human organism and that differentiate it from other drugs. These facts, though many, are few, compared with all the qualities a drug possesses. These qualities are not the physical or chemical or obscure physiological properties, but the kind that a child can describe or its mother observe when the child has been poisoned by the berries of the deadly nightshade. An understanding of materia medica can be obtained only by studying as though the experience were one's own, the symptoms and sensations caused by the drug under observation, from the first violent effort of the body to get rid of it to the last manifestation, perhaps weeks later, and a continuation of this studying until the reactive forces have entirely overcome its effects and reached a state of equilibrium. Full understanding does not come until one can recognize, in the symptoms-complex of his patients, the symptom-picture of some one of the remedies in the materia medica.

To illustrate the foregoing, let us take up the proving of radium bromide. Cases of arthritis, psoriasis, enuresis, arterio sclerosis and rhus poisoning have been reported cured. Many verifications of symptoms have been reported, and many of the clinical cases have been very striking. Few, however, have been linked up in such a way that one can determine, from the reports, on exactly what indications the remedy has been prescribed. Of cases of chronic rheumatism reported by His.  $2\frac{1}{2}\%$  were cured, and about 47% benefited. It seems that hardly anyone yet understands Radium.

Its chemical and physical properties are intensely interesting; so striking are they that it is difficult to force them into the background when studying them therapeutically. Its spectacular qualities not only obscure its essential characters, but tempt the careless to try it on the slightest clinical indications. It causes pain in all the provings, and these pains are located both in the muscles and the joints; to understand the remedy, we must study the character of the pains, their predominant localities and their modalities. All parts of the body are affected, but the great toe joints and the sacral-lumbar regions are the most important seats of pain. The pains are of two predominant types, sharp pains (in some cases described as lightning like), coming or going suddenly, or coming slowly and going gradually. These are apt to change places, and in some cases go from side to side. The other type of pain is a severe, dull aching, ranging from a pain situated deeply in the joints, to an aching all over the body, which torments the patient to a restless moving about all night, leaving him exhausted next day. This type comes on gradually and slowly wears away. Throughout the proving, appears relief from continued motion, though often motion aggravates at first. Pressure relieves and warmth is disagreeable. Radium causes a marked desire for and relief in the open air. It should be noted that there is great weakness from the lumbar region down, a sort of paretic languor and a great desire to stretch the muscles, which stretching gives relief. Sometimes nothing relieves the pains, they simply gradually wear away. Although local heat is disagreeable, there is marked relief of pains and other symptoms from a hot bath. Vaso motor disturbances occur so that some experience a sensation of internal chilliness, relieved by warmth, and others have a sensation of heat all over, so that they have to throw off the clothing. Another expression of this same type is a feeling as if the whole body were on fire, with the sharpest kind of needle pricks. In the provings there is no record of any actual increase of temperature. Many of the symptoms appear late in the afternoon and continue until after supper. Most symptoms

are better after eating. A most striking unintentional proving was made on a chauffeur of forty-five, who was given a 12x tablet at night and another next morning, for lupus of the nose. He became so dizzy he "could not stand up or do anything." Every movement made him dizzy, and he was "so weak," his muscles "just gave out." It was two weeks before he was normal, when the experiment was repeated. This time the symptoms were much more intense. He became so weak and dizzy that he could not stand and had to go to bed. When in bed the vertigo left, but his legs, arms and neck felt hard and brittle, as though if he moved they would break. He had no pain and was all right when lying still, but if he got up he felt, as he expressed it, "queer." It was three weeks before he was able to do his regular work. So, to the other sensations, we must add intense vertigo, with weakness and a feeling as though the muscles would break if they are moved. The peculiar dis-equilibrium of Radium seems to be equalled by the lack of equilibrium in cases of human beings, for vertigo is a marked symptom: "so dizzy had to walk with the hand against the wall," "tendency to fall to the left," are expressions used by the experimenters. This symptom is entirely relieved in the open air and when lying down, but remains when sitting, and is brought on or increased on rising.

All the foregoing must be known if one is to begin to understand Radium bromide as a curative agent, for it all characterizes the reaction the substance causes in the human organism. Note the peculiar pains and their location, especially in the toe joints and the lumbar-sacral region; the parietic weakness from the lumbar region down; the persistence of the pains and their gradually wearing away; the aggravation from motion, but relief from continued motion; the general aching, with restlessness; relief from hot bath; amelioration from pressure; the aggravation in the late afternoon until after supper; the relief after eating; the overwhelming vertigo; the marked craving for and relief in the open air. Remember that all the foregoing appeared early and characterized the first attempt at defense. But many organs and

functions are disturbed in this defense, and a knowledge of them must enter into our understanding. Headache is a prominent symptom. Like the pains in the muscles and the joints, there is in the head two types—a dull pain anywhere from a simple dullness to an intense, dull, incapacitating ache. This type is usually in the occiput or forehead; at times, in the vertex.

These headaches are better in the open air; better from cold; better from pressure and aggravated from lying down. The other type of headaches is characterized by sharp pain, which sometimes becomes throbbing. Usually beginning in the right temple or over the right eye and extending backward to the occiput, or up toward the vertex. Sometimes it is on the left side; in one prover, pain began in the occiput and extended up over to the right eye. The aggravations and ameliorations are the same as described before, although in one case warmth relieved and pressure aggravated. The muscles of the eyes are affected by the same parietic weakness, as are those of the extremities and ptosis occurs, so that sometimes the eye has to be opened with the fingers. The right eye is more affected than the left. Sharp pains occur over and in the eyeballs. Radium causes the lids and conjunctiva to become inflamed and irritated, with a feeling of dryness. There is also a sensation as though cotton or sand were in the eye. There is a sensation of soreness and burning. In one proving, the right eye was inflamed and a yellow discharge formed that ran down the nose and formed yellow crusts. The nasal mucus membrane becomes dry and hard crusts form in the nostrils. In the lower respiratory tract marked symptoms develop. It causes irritation and soreness of the throat, which inflammation beginning on the right side. This is followed in a day by tickling in the larynx, which causes a severe dry, spasmodic cough. This is worse at night and when lying down, and it is impossible to suppress the cough after it once starts. It is relieved in the open air. The irritation is in the larynx and the suprasternal fossa, as though dust was in the throat. Dryness appears to be a characteristic of Radium bromide, as appears

from the symptoms in the eyes, nose, throat and lungs. It causes rawness and dryness of the throat and the hacking of small amounts of white stringy mucus. The throat symptom is relieved by a drink of cold water and swallowing. It causes a sensation of a lump in the throat. The cough is irritated by smoking and from being in doors; better out of doors and after eating. Expectoration is usually absent, and if present is scanty and stringy, yellow or white. Note that there is a consistency in the character of the yellow discharge from the eyes, the yellow stringy discharge from the throat and the crusts from the nostrils. The cough does not seem to originate below the larynx, though constriction centers about the heart and is accompanied by palpitation and sharp pain. The same character of dryness is observed in the mouth. The sensation in the mouth is dry and parched, and one must sip cold water to moisten the mouth. The breath feels hot. The tongue becomes coated a bluish white and is thick and feels swollen, so that speech is difficult. This last is probably due to the paretic state of the muscles. The teeth become painful and feel too long. In one prover a gum-boil formed on the lower jaw back of the molars and she could not talk on account of the soreness and swelling. The mouth has a metallic taste.

The digestive function is disturbed, as shown by the coated tongue, also by the symptoms related to the appetite, stomach and bowels. Radium causes a craving for fresh pork, lasting for several weeks. Aversion to sweets is marked, also a mild craving for sour. Like many of the antipsoric remedies, it causes an all-gone, empty feeling in the stomach. This is relieved by eating, but a small amount of food satisfies. Much gas is formed throughout the digestive tract. There is an eructation of tasteless gas. Lower down, gas rumbles around in the abdomen and causes sharp, colicky pains. These pains are better when the flatus passes or the bowels move. Pressure, bending double, and heat also relieve. Much flatus passes without pain, at times quite offensive. McBurney's point is the seat of sharp pains, which come and go quickly. At times griping localizes around the

navel. The stools are markedly changed in character, but the effects are so varied as to be hard to sum up. It causes both constipation and diarrhoea, which may alternate. The soft stools vary in different provers, from clay color to watery brown or yellow. The points that stand out most prominently are that the stools are apt to come with a gush, even though normal in character and are accompanied with much flatus, and the passage of the stools relieves all abdominal and rectal distress. Sharp stitches occur in the rectum. The muscular effects of Radium are manifested in the bladder, causing great difficulty in starting the urine. Clinically, it has cured enuresis, a condition naturally following retention through muscular weakness. The sexual organs are disturbed both in men and women. In men emissions are frequent with dreams. The effect on women provers was to make the menstrual period easier and stops the usual monthly headache. It causes delayed and intermittent menstruation. It causes also a white cheesy leucorrhœa. The skin hardly escapes a remedy of the magnitude of radium bromide. It causes macules, papules and pustules, which itch and burn, are aggravated from scratching, and better in the open air. It causes a generally scaly eruption, with desquamation of large amount of dry bran-like scales without sensation. Sebaceous cysts develop under its influence. Very significant is its effect in causing bunions and corns to become inflamed and tender. The last to be studied, because appearing last in the proving, are the mental symptoms. There is irritability and touchiness, which tend to develop into depression. Great apprehension as though something were going to happen, characterizes the depression. Provers get blue and discouraged and dislike to be alone. The desire to have someone near is particularly marked. Fear of being alone in the dark. The mental state projects itself into the dreams, which are vivid and troubled. Dreams of fire, and when waking it is hard to realize that they have been dreaming. Bad dreams at night and low spirited by day.

Reviewing all these local symptoms; note how the general modalities constantly appear. The right side is affected more

than the left, as is shown by the effect in the right eye, the right temple, the right side of the throat, and in some cases pains are more in the right side of the body. All conditions are better in the open air. Pressure usually relieves. Cold usually ameliorates and warmth is not agreeable. In one or two local conditions the reverse was true. Warm bathing gives marked relief. Eating also relieves many symptoms. All abdominal symptoms and some general ones are relieved by passage of gas up and down, and by defecation. Many conditions are worse late in the afternoon. Of less specific interest as therapeutic guides, but general interest as showing the ultimate result of the disturbances of reaction, are the tissue changes induced. Albumen and casts appear in the urine, showing that either the kidneys are deranged through the effects of the Radium as it is excreted, or that the Radium has a specific action on these organs. The urine was radioactive from the dilution used in the proving, so that the kidneys may have been irritated by the drug. It causes a marked increase of the nitrogenous excretions of the kidneys, the loss of flesh, demonstrating its profound effect on metabolism. It lowers blood pressure, which is consistent with the muscular weakness and let-down condition which it causes. Blood changes are very interesting. It causes a marked increase in the type of which blood cells that attack and destroy bacteria. Undoubtedly, to this quality is due its effect in causing gum-boils and pustules.

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Dr. Bidwell: I have never used Radium brom. but in two cases and in those two cases I thought it was indicated. Both cases had diarrhoea at night,—very profuse watery fluid looking as though \* \* \* \* was floating around in it. Both of these cases had diarrhoea at night only with severe pain before stool relieved by stool. But I didn't give it for that condition. They got one dose of the 30th.

Dr. MacAdam: The next paper is by Dr. Guild-Leggett.

## VERIFICATIONS OF RADIUM BROMIDE.

S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

Dec. 29th, 1913. A consultation for Dr. Follette, Seneca Falls, N. Y.

A little girl of two and one-half years, brought to the office by her father, presented the following conditions:

On August, 1913, had complained of left foot, which the parents decided to be due to the rubbing and pressure of a seam in the shoe. The dorsal surface of the foot had become slightly swollen and red. A new shoe was fitted but soon the swelling and soreness shifted to the right knee, and from there to the left knee; this point was less bad. Again the manifestation shifted, and this time to the ankles, and she was unable to walk, and remained in that plight for some months.

An X-ray examination showed a "clean bone."

The left hand and fingers at the carpal joint became affected; some of the toes of both feet would show redness and swelling; pale redness. She allowed the parts to be handled. The father, who brought her from S— F— said the condition often shifted to other toes and fingers.

Her only complaint seemed to be when shifting her position, especially at night, when she waked and cried out. Unable to walk and having been a very lively young lady, she was now slow in learning to talk. She was < in or after damp weather; had clean tongue; good teeth; good appetite; drank milk, water; ate eggs, meat; craved sweet and meat; was averse to potatoes. The attack had begun during the August heat.

The stool was fecal, half formed, *slaty* in color, *very offensive* and usually occurred at noon, soon after the meal had begun, with insistence upon the attendance of the father.

The parents were very decent people, father a French-Canadian and machinist; mother's parents Dutch; having three living children, an older and a younger; one child had died of tuberculosis, following pneumonia. There was no further history of tuberculosis in the family, nor history of

specific disease, so far as the very intelligent father could report.

The character of the stool in color and odor, the shifting of the rheumatism, the peculiar time of the call for stool, *i. e.*, meal-time, pointed to Pulsatilla. Ledum, having attacks that "begin in the feet" did not seem to fit the case at all. The child received Puls. MM. (F) and 2MM. (F) and she improved for a few weeks.

Much interest at that time, in the discoveries and provings made of Radium-brom. I suggested to Dr. Follette that it might eventually prove useful. Upon that hint Dr. F. sent to Boericke and Tafel for Radium-brom. 30x and when Puls. refused to give further help, he prescribed Rad. 30x several days successively. It answered perfectly and the child was perfectly cured. It is interesting to note the verifications in the Stearns-Dieffenbach provings.

Record:—"All persons, without exception developed symptoms of muscle and joint pains, with < from motion.

Quoted: "Prof. His cited cases of arthritis and myalgias that were astonishing."

Mrs. F— reported: "Sharp pains in arch of right foot and knee, which come and go."

Miss H. recorded: "Defecation at noon."

McD—: —Had frequent record of "*bad odor* to stool and flatus."

Another prover reported: "*Slate colored stool of bad odor.*"

Under extremities we find: "pains in all joints, especially knees and ankles," under the use of 6x and 12x.

Record: "Could not walk;" "feet gave out;" "ankles and feet lame and stiff;" "could hardly stand or walk;" "these soon passed off; under action of 12x."

The family having moved to Newark, N. J. from Seneca Falls, write that the child, so many months helpless, is "perfectly well," and ask for the name of a good homœopathic physician in that city. I was fortunately able to say that Wm. M. Baldwin of Newark, N. J. was listed as an Associate member of the I. H. A. in Transactions of 1912, so probably, at this time, a full member.

Dr. MacAdam: I feel that this is a valuable paper and emphasizes the work of Dr. Stearns.

Dr. Hayes: A very small part of my paper pertains to Radium brom. Perhaps I could read my paper now.

Dr. MacAdam: Certainly.

## ONE REASON WHY REMEDIES SOMETIMES FAIL.

BY ROYAL E. S. HAYES, M. D., WATERBURY, CONN.

These verifications are offered with the desire to help till the less cultivated portion of homœopathic prescribing. The totalities and individualistic symptoms have been personally verified so many times that I consider them classic and guiding.

### *Bellis perennis.*

Young lady of eighteen. First menstruation forced with drugs when thirteen years old for the purpose of relieving muscular rheumatism. Irregularities of menstruation followed, the most distressing of which was dysmenorrhœa. This occurred at irregular intervals. The flowing was so uncertain as to time, quantity, duration and appearance that no regularity could be ascribed to that either.

The girl had had orthodox homœopathic attention during five years but the results had been consistently heterodox. Remedies had been used which were supposed to "cover" the local and general symptoms but the symptoms obdurately remained uncovered. Antipsorics had been sincerely and faithfully applied. Nosodes had sliced hypothetical miasmatic indurations; long intervals of watchful but unfruitful waiting had been patiently established and painfully executed; the parents, grandparents and ghosts of the great-grandparents had been searched out, chased, captured and interned in speculative totalities. Potencies backed up by figures representing radiations extending the entire distance of the solar sys-

tem were conscientiously administered "dry on the tongue" but the young lady invariably refused to radiate.

Examination and possible surgery were waived in deference to family instructions.

Finally the almost constant discomfort and increasingly frequent periods of intense pain were reinforced by a flooding hemorrhage from the bronchi. Then an intensely painful uterine colic brought me again to the bedside. These were the essential symptoms:

Uterine colic ameliorated by flexing the thighs tightly; intense every few minutes with throbbing and streaking pains. < 3-6 P. M. Flow bright with black clots; gushing after each pain, the worse the flow the worse the pain. Depressed spirits. Debility; worse when rising; thighs feeling especially weak even when reclining. The uterus was swollen and there was an especially tender spot on the left side of the fundus. What was the correct remedy? (Answer).

Bellis perennis 200 1d. Improved, but relapse of pain next day.

Bellis perennis 200 4d., one every four hours. Two days later, reported improvement after each dose but yet having pain. S. l.

A year has now passed and there has been no trouble since, menstruation being regular and painless and the general health excellent.

#### *Cenchrus contortrix.*

Single woman of 50 with irregularities of circulation and high tension. Scanty, irregular menstruation. General heat at 6 P. M. daily. Burning head and cheeks day and night; face red, cold elsewhere. Dull aching in right temple and over right eye; heaviness of head mornings. Sleepy spells during the daytime but sleeping at night only between 1 and 4 o'clock.

Sleepiness at night but roused with sensation of catching and fluttering in the right hypochondrium; breathing arrested; groaning and sense of apprehension; then no sleep

until 1 A. M. These symptoms returning when lying on the left side.

Bad dreams; vivid; outlandish; disgusting; of animals, catching breath and awaking with groaning. Cold when in bed; feet cold. Warmth relieved. Clothing of abdomen and throat worn loosely to facilitate breathing. Yellow ruddy complexion, increasing perceptibly the previous few weeks.

*Cenchrus contortrix* 1m one prescription, had such good general and specific effect as to end the desire for treatment. The patient had previously reacted to Arsenicum, Sulphur and Sepia but apparently not much had been gained. At the beginning of treatment the systolic tension was 160. After *Cenchrus* had been used it was 138. This is not claimed to signify much as the science of circulatory dynamics is only partly developed.

I had prescribed a year and a half for a woman of thirty-five; thirty-four when married, for various incidents of pregnancy, labor, lactation and acute conditions with success; but during this time as well as in the previous history there occurred attacks of heart weakness with tachycardia which I was unable to fathom, partly because no significant symptoms were obtained and partly because so many other incidents needed attention. During this stress, however, the general health or endurance gradually improved and the heart attacks became less serious and perhaps less frequent. Then a serious numbness appeared first in the right hand and forearm then in the left, with twitching stiffness and pain so intense as to cause considerable restlessness and suffering. Fluoric acid did good work, then Sulphur which developed an ulcer in the nose; then Flour. ac. again. Then a standstill after which the following was developed:

Return of tachycardia, with faintness and dyspnoea, compelled to lie down with clothing loose and sensation of oppression at the heart. Weak spells from any exertion; with dyspnoea. Dyspnoea before getting asleep in the evening; also saliva running into the larynx and arousing her. Could not endure pressure on chest or body nor any constriction of clothing about throat. Numbness of hands not improving.

Becoming weaker lately. A mitral regurgitant murmur which was previously heard had disappeared and the systolic sound was shorter and had a higher pitch than formerly.

These symptoms were interpreted to mean that some specific poison which had been obscure, but which the multiple neuritis (?) had already pointed to was now becoming active or as we might say "coming to the surface." Renewed inquiry uncovered a history of desperate illness and slow recovery from laryngeal diphtheria when a young girl.

Heart weakness, ulcers, parylitic symptoms and general weakness all disappeared after the use of a certain remedy. What was the remedy? Answer.

*Melilotus alba.*

Woman sixty-six; arterio-cardio sclerosis; general œdema, dyspnœa, unable to walk except in her own room, impossible to walk upstairs. S. T. 220.

Remedy symptoms: Face mottled red; lips white. Sudden helplessness of lower extremities when walking. Pressive headache < jarring; head hot. Attacks of palpitation. Cough after rising in the morning; so-called "heart-cough." Hemorrhage from the rectum and nose relieve head and palpitation. Trembling and palpitation with slight exertion. Constant apprehension amounting almost to excitement. Spells of cold perspiration at night. Gone sensation at cardia when reclining.

What was the remedy? Answer:

Melilotus alba 50m Sk. 1d.

Six days later much relieved. Tension 210.

Six weeks later, œdema and dyspnœa gone, doing housework, using stairs, walking to church, etc. Recovery attributed to prayer.

Melilotus has a prominent complimentary relation to Lachesis.

*Lecithin.*

Whatever other sphere of usefulness Lecithin may have I

am convinced that it is most the commonly needed remedy for nerve shock from emotional trauma, as from fright, grief, disappointment, etc. It is the Arnica of the psychic being. Besides this common use it is occasionally needed as a temporary stimulant in the nerve exhaustion or shock resulting from long continued acute disease. The keynote symptoms are those most common to emotional shock, viz .

General quivering sensation. Gone, sinking sensation in abdomen or stomach. Dead weight, load of dread, or oppression in chest. General sluggishness and melancholic apathy; or a restless desire to be occupied or moving. Heavy dull sensation in head or in occiput with desire to let head rest backward. Head tired, confused and heavy. Sleepless; or rousing as if breaking away from a binding feeling of dread. Palpitation: choking sensation in throat.

I have verified other symptoms of Lecithin but these are classic and clinically reliable. The relief is so quick and complete that the patient usually expresses grateful surprise.

Here is an instance of its usefulness in acute disease:

Woman of fifty-seven with fifth attack of acute articular rheumatism. Lycopodium in highest potencies acted only two or three days at a time then failed and it seemed that strength, hope and courage was about to sink. So we faced that very condition by examining its symptoms closely:

Sick, gone sensation in stomach and abdomen, a sinking sensation, < talking. Weakness from talking, moving or anything which required the slightest attention. Speaking only with a whisper. Twitching when falling asleep. Short naps relieved, but were becoming infrequent. Shivering at times. Subjective quivering all over. Yawning. Palpitation. Irregular heart action (the heart seemed a mere shell from repeated acute attacks and chronic innutrition).

Lec. 200 1d. Had a restful nap at once; slept all night; decidedly stronger next day; next symptoms clearly indicated Calcarea; made a fine recovery considering the ravages of the disease.

*Radium bromide.*

Two reports will illustrate the common usefulness of Radium bromide in rheumatism and neuritis.

Mrs. M., 49. Muscular rheumatism in back, neck and shoulder several weeks but lately aggravated after sitting in a draft. Considerable suffering during the last two weeks.

Burning ache in back, neck and shoulder, right side only, the pain extending down the arm. Waking her always at 4 A. M. Compelled to change position but unable to turn in bed without assistance. In the morning necessary to be lifted out of bed. Pain wore away with exercise, < damp weather, < cold; crawling sensation. Weeping; discouraged about health. Bitter taste. Sleepiness after dinner. Vivid dreams; of difficulties; leaving long impression.

What was the remedy?

Rad. br. 4m, 1d. relieved the pain nicely in twelve hours. Four days later was feeling "splendid." One month later, slight return of the pain. Another dose completed the cure.

Mrs. F., 49. Neuritis 8-10 weeks, gradually becoming more painful. Shooting pain left arm to neck, < night, preventing sleep, < when tired. Arms becoming numb in certain positions. > motion, < damp weather.

Rhus tox. 50m, 1d.

Slept two or three nights only and reported much worse two weeks later. Could not find comfortable position for arm or shoulder especially at night in bed. < motion, > exercise, < resting, < damp weather.

Electric-like twinges as if caused by hand and arm being held in a vise. Arm feeling like a dead weight.

Rad. br. 4m, 1d.

Quick relief and complete cure in less than a month.

Radium bromide is as frequently needed as Rhus. but will do no more nor less than other antipsorics. Symptoms which I have verified so often as to depend on as keynotes are:

Exhausted feeling in the morning with apprehension. Apprehension about health. Depression and despair of recovery. Amelioration in open air, amelioration with exercise;

electric-like pains; sharp pains. Fear of being alone. Sinking sensation in stomach. Muscles and nerves especially, are affected.

One reason why remedies sometimes fail is because the field of proving is only partially tilled. Many remedies now seldom used would be most valuable if they had more extended proving. Prescribing would be easier and the quality of work would be improved. There should be no fear of multiplicity of symptoms or of remedies. A materia medica five times as bulky as that we have now could be handled easily in practice if repertory extension should correspond to repertory enlargement; a possibility that is as practical as it is alluring.

Why is this most important work neglected? Is the homeopathic profession too indifferent to follow in the golden footsteps of those earnest pioneers who made our success possible? Is the pioneering spirit so decadent that men do not care to write their efforts in letters which grow brighter and brighter, spreading health and happiness in ever widening circles as the years come on? As for me, I have resolved that I will execute at least one proving every year that strength remains to successfully accomplish it.

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Dr. Hayes: I might say in this connection that I had to prescribe Radium brom. so frequently that I found I had made sixteen successful prescriptions in two weeks.

Dr. MacAdam: I think it is a very happy chance that has brought these three papers together. Are there any further comments to be made?

Dr. Krichbaum: I wish someone would tell me how to differentiate between Pulsatilla, Rhus. tox, Agaricus, Kali carb. and Radium brom. I have not gotten hold of Radium brom. yet. I have heard several papers on the remedy but none of them have given me a mental picture so that I may know Radium brom. as I know MacAdam and Farrington when I see them.

Dr. Leggett: If the good doctor would look up these remedies in his *Materia Medica*, and see where Pulsatilla is

indicated and look up *Rhus tox.* may be he would find the difference.

Dr. Dienst: I do not think that I can add any information to what has already been said except to emphasize in the recognition of Radium, the Radium pains. Dr. Stearns spoke of them as being stinging but it is generally a queer pain that is hard to describe. The pain of Radium feels just like a bruise feels after you have had it twenty-four hours.

Dr. Krichbaum: So does *Bellis perennis*.

Dr. Dienst: But this pain may be anywhere in the body but more particularly in the joints and stomach. I was going to tell you something about trying to prove Radium. I do not know that I want to do it. There was a time however, when I measured thirty-eight inches or a little more around the waist and since I took a dose of Radium brom. I don't. I have not suffered so much in a long while as I did after a dose of Radium brom. That is why I know so much about the pain. For three months my stomach felt just like a hard bruise feels after two or three days, but I have not regained the circumference I had at that time.

Just one thing more that is just by the way. In 1903 I think it was, a young telegraph operator consulted me about pain in the feet,—particularly the ankle, and I took his case, and prescribed *Rhus tox.* Before I had a chance to see what it did, I was taken sick myself and not able to do anything for nearly three months. I lost track of this boy. He drifted away to Ohio and there was placed in charge of an office. Some three years ago he wrote me that he had never recovered and that it was now in the hands, feet, shoulder, and he wanted to know if I couldn't do something for him. I could not very well. However, I think I prescribed *Rhus tox.* for awhile. I am sure that I prescribed *Dulc.* once or twice and then the boy came home for a visit to Illinois and on that visit came to me, and feeling that he might be a cripple for life, I sent him to Arizona. All the while Radium brom. was passing through my mind as being the remedy for this boy's case; the other remedies indicated were doing no good, but as Dr. Krichbaum has already intimated, it was

very difficult to differentiate between these remedies. It was simply an experiment. After he reached Arizona I sent him Radium brom. the 30th and it worked favorably for thirty days; I repeated the 30th, when he said the pains were returning slightly and if I remember correctly that worked something like forty days, and the boy was continually improving. During the year or more that he was in Arizona I prescribed Radium five times, twice the 30th, twice the 200th and once the 1000th. That boy is now in Ohio looking after an office there, has increased in weight and strength. I should have said that he had lost the use of the right hand and had to use the left. The question arises, did the climate help him or Radium brom. or was it a combination of climate and Radium brom.

Dr. Becker: I am reminded of some of these puzzle pictures where we can find, in the newspaper sometimes, a face or a figure. My girls can pick these faces out much more rapidly than I can. And so it is here, some have seen the pictures of Radium brom. in the provings verified, while others have not. That may be just the difference.

Dr. Hayes: Speaking of Radium brom. one symptom which has lead me to choose it has been the electric like pains.

Dr. MacAdam: Radium brom. of course is in its infancy. We are not able to recognize it as we do the adult remedies we have grown up with and which even Dr. Krichbaum recognizes.

Dr. Boger: It is a common complaint of Homœopaths that they get but transitory and inefficient action from Rhus. Rhus acts so long and then it will not act any longer. I believe Radium will continue the action of Rhus.

Dr. Krichbaum: How about Thuja?

Dr. Boger: Under Radium the contradictory symptoms are always prominent; the pains are relieved by intense heat. This has been verified a number of times.

Dr. Krichbaum: Would it not relieve a Rhus case?

Dr. Boger: No, it would not.

Dr. Stearns: Last night when I went over this paper with Dr. Boger he made two observations, which I was hoping he

would make today. One was regarding the craving for pork. He said, "that symptom is often present in patients before they develop tuberculosis." In connection with tuberculosis, note the loss of weight. Dr. Dienst lost weight, eighteen pounds during three months after one dose of the 30th. One of the provers lost seven pounds in making the proving. The urates were much increased, showing tissue waste. In relation to the abdominal symptoms Dr. Boger remarked, "Why, you have a great gout remedy there." Diarrhoea and constipation alternating and the other symptoms show it to be a gout remedy. Note how the symptoms begin in the toe joints especially. Note also that it causes nitrogenous waste. Gout is probably a nitrogenous problem. You have here a suggestion as to the scope of Radium. Of course this is not symptomatology, but it has to do with the general effect of the remedy.

Dr. Krichbaum: The scope is too large now; that's the whole trouble. That's all that's bothering *me* is *the scope*.

Dr. Stearns: It is a large remedy. I have observed, in Dr. Hayes' verifications, aggravation from wet weather. Yet in most careful questioning of the provers, wet weather did not affect them at all. That seems to be a clinical observation and is just as valuable as the wet weather of Rhus.

Dr. Dienst: It did not occur in my particular case, and in others I have not noted that a change in the weather had anything to do with it.

Dr. Stearns: Yet it appears in some of these very good verifications so that it is a point to put down with a question mark. A woman of sixty-five years with a high blood pressure, but no kidney trouble, had an eruption on the calves, a red eruption which itched intensely and the itching was more intense at night. She got up one morning with intense vertigo which finally wore off during the day but the next day was worse than ever. She came to my office very much frightened. The vertigo was relieved as soon as she got into the open air. That was so marked that I gave her Radium brom. 200. The vertigo was relieved at once, but she was not helped in any other way. Then I studied further and found

Tellurium was the remedy for the whole condition. It has this vertigo in the morning.

Another case was one where there was progressive fluctuation of blood pressure, beginning at one hundred and twenty and getting up to one hundred and eighty in a few months; there was some albumen in the urine, arthritis of the right knee, and an absolutely hopeless case so far as the idea of getting well was concerned. A very hard case indeed to find a remedy for. No symptoms were prominent enough to lead to a remedy. Finally *Lycopodium* was given with a certain amount of relief. Among other symptoms was a sudden urging to urinate, occasional attacks of diarrhoea which came on suddenly without any pain. There was a more or less constant feeling of scattering pains like a needle or pin running down the leg, worse by moving; later it became constant. Dryness of skin. *Lycopodium* relieved the bowel and bladder symptoms. Constant backache, headache, which was frontal, better in the open air, nothing else made it better or worse. General aggravation in the afternoon; always worse in hot weather, nothing was marked enough for a remedy but *Lycopodium* which helped that much. Reviewing it, I came to Radium. I did not feel sure of it but finally I was sure that Radium was the remedy and there was very marked improvement from the first dose which was in the 200th. Within a few weeks later it had to be repeated. Marked relief, starting from these two doses. Third one didn't do any good. Symptoms were rather unlike those before. The cure was finished by Causticum. Radium simply shaped it up as happens sometimes when you give a remedy of this sort and the case shapes up into an acute condition that leads to a remedy that cures. Sulphur does it.

Now the third case is one of incipient tuberculosis and that is why I called attention to the symptom that Dr. Boger mentioned last night, the craving for pork. This patient did not have this craving, but she had incipient tuberculosis. The part affected was the apex of the right lung (which was afterwards confirmed by the late J. W. Dowling). The characteristics of this case were extreme mental depression, great

weakness, general aggravation from warm weather, could not stand summer at all; loss of weight. It was a case in which the symptoms were well defined but they did not seem to indicate anything. Subnormal temperature in the morning, normal at night. Finally, after two or three failures, I gave her Sulphur. Temperature came up to normal in the morning, higher at night. This went on for months. Then she mentioned pains in the joints. I was thinking of Radium all the time, and finally summing up the whole condition and symptoms I gave it and in a year's time, after she had had five or six doses, I could not find a sign of her trouble. Usually even after the lesions are healed you find some effects. So far as I know she is well now. But that shows the scope of the remedy.

Dr. Dienst: I would like to have the doctor tell us more plainly about that case where there was relief from the nose and bleeding.

Dr. Hayes: You will find that in the symptoms or rather all the symptoms of the proving. It is the same with other remedies also, though I am unable to say why. I do not know of any other remedy which has that combination. I did not prescribe on any one symptom but considered all of them.

Dr. MacAdam: I think, Dr. Hayes, we are indebted to you for an excellent and interesting presentation, but we will go on to the next discussion or rather the discussion of the remedies.

Dr. Stearns: I want to commend Dr. Hayes for his determination to prove the remedy. Another point in the paper impressed me and that is the interesting provings of certain poisons. One more point I missed in the discussion of Radium was that one of those cases was a Uric acid case; that it is a habit of such to throw off a great deal of Uric acid.

Dr. Hayes: My purpose in asking the members to guess the remedy was simply to show that we need more familiarity with these obscure remedies. I could not have guessed them correctly myself.

Dr. MacAdam: It is a trick, Dr. Hayes, that has been very useful for many years to teachers in interesting their

students in what is being forced into their reluctant minds, and it certainly makes us have a more lively interest in what you have to present when we know we are to be examined on it. That added to a very interesting paper for which I thank you very much.

Dr. Boger will next present two papers.

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## TWO INVOLUNTARY PROVINGS.

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

### *Menispermum canadense.*

An old patient took at one dose a decoction of four ounces of yellow Parilla root. By the next day she had great weakness, aching with sharp shifting pains through the body and a sick feeling all over even to the tips of her fingers, as if about to have a fever. The hands and feet were cold, although easily made to sweat. The urine was scanty and high colored and the pulse full, hard and quick. There were large gushing stools that smelt bitter and nasty to her. She complained of a scared feeling and was afraid to have the doors shut or go to bed for fear of dying alone; all aggravated by any strong odor. The most marked symptom however was a sticky, bitter taste in the mouth and throat that also seemed to ooze from the inside of the cheeks and from about the teeth.

As it happened I was soon to fully verify this very striking symptom. An aged lady suffering from chronic broncho pneumonia with coincident hepatic symptoms in the shape of a full gall bladder had been greatly helped by an ascending series of potencies of Sepia, although a bitter taste throughout the mouth, about the teeth and in the throat had persisted for several years and had been unaffected by the Sepia. After the above experience I concluded that a try of at least one dose of *Menispermum canadense* could do no harm, especially as Berberine is one of the constituents of this drug, and also has a profound action on the mucous membranes of the gall blad-

der. I accordingly prepared a 12-L potency and gave a single dose. The bitterness left so suddenly that the daughter was alarmed, wanting to know what it meant. At the same time large formed dark stools and weakness came on. Naturally the chronic pulmonary condition remains unchanged.

*Lobelia inflata.*

M. H., aet 2. Cough in prolonged continuous paroxysms, < after midnight; with the cough she holds the neck and wants to be carried rapidly; followed by limpness and profuse sweat, < about neck.

2. Attacks of heat with restlessness and loquacity at night.
3. Won't eat, but drinks continually.
4. Urine stains deep yellow.

Respiratory symptoms better from motion occur under Bell., Brom., Coff., Ferr., Lobel., Pul., Rhus-t. and Samb.; of these Brom., Lobel. and Samb. all have a tendency to relaxation and sweat while Coff. and Lobel. have loquacity during the heat. The patient accordingly received a single dose of Lobelia 12-L which almost completely removed the cough within twenty-four hours, but a wide belt of flat œdema came out and entirely encircled the abdomen and back at the waist line; its edges were irregular, map-like and had a brownish discoloration, as if about to become ecchymotic. This looked like a drug symptom to me and that it was really a true effect of the single dose of Lobelia was soon to be proven, for in less than two weeks I was called to see an elderly lady who had large spots of œdema coming and going on various parts of the body, but more particularly about the joints; a sharp, disabling pain would attack the joint and then a spot as large as two or three silver dollars always appeared over the affected parts; as the œdema increased the urinary secretion lessened. She was covered with a cool sweat and had a sharp aching in the temples, made worse by motion or jar, and complained of general sick feeling; she was easily provoked at any little thing and was intensely weak. Of course Lobelia came to my mind instantly, moreover her general symptoms fitted

this remedy very well, indeed. She accordingly received a single dose of the 12-L. In two hours the headache was gone and the next day, what had evidently been the beginning of a bad case of peliosis urticans, was greatly relieved and disappeared in a few days.

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### A CASE OF MYELETIS.

A healthy young man free from syphilis worked all day wading in cold water and mud and then retired for the night without removing his water soaked shoes. In the morning he felt a general soreness < in the nape and lower limbs and > from changing position, along with some weakness. Day by day the prostration increased until in four days he went to bed. It began in the masseter muscles and gradually spread over the whole body, so that in ten days he could move only his head and hands. He could not rotate his legs, turn over in bed or keep his mouth closed. All reflexes except those of the eyes and hands became extinct; even his grip almost disappeared. There was marked photophobia and redness of the conjunctiva. He could swallow liquids only. Complete anæsthesia of the soles and partial of the lower limbs came on. He received several potencies of Rhus without apparent relief and shortness of breath on dropping to sleep with sweat on closing the eyes and a general hot feeling and two involuntary passages of urine showed the disease to be progressing. He now received a single dose of Lachesis 4m which gradually brought this downward course to a standstill and signs of improvement which lasted for a number of days set in, when suddenly the typical Rhus tongue appeared and the case again came to a standstill, but this remedy now promptly took hold and helped so much that only a single dose of Sulphur was needed to finish the cure, although a carefully graduated course of physical training was needed to restore the wasted muscles. The masseters were affected first and got well last. The patient was con-

fined to the bed twenty-one days; general massage was then instituted followed by the above mentioned physical training; he went back to hard physical labor in a little over twelve weeks, perfectly well.

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Dr. Dienst: While they are getting ready to discuss the paper I want to say how frequently in reporting clinical cases you get back to Sulphur, to clear up the case. It is remarkable. I was very much interested in it yesterday and I thought of many things when that paper on homœopathic tonic was read. Why don't we give tonics? But I don't want to discuss that except to verify or emphasize what has been said in reference to Sulphur in clearing up cases.

A good many years ago while attending a convention on one side of the street I walked into or was called to see a case of typhoid fever on the other side which I refused because the case was in the hands of a friend of mine who lived in another town, and after some little wire pulling, not on my part, but on the part of friends, I was given charge of this case of typhoid and when I examined the prescriptions and the remedies that this poor girl was taking I found that she was imbibing thirteen different kinds of drugs and it was impossible to get a picture until after the drugs had been stopped, and one or two remedies administered. It was three days before I had a picture of that typhoid. Understand this, the young lady was delirious and unconscious a good part of the time so I could get nothing from her. Well, this case cleared up in twenty-one days fairly well, so much so that we were all delighted and for three successive days when I went to see her she had a temperature of  $99\frac{1}{2}^{\circ}$ . Grandmother said, "Mamie is doing nicely." Her sister Alice said, "Mamie is doing finely." Mamie was "feeling fine"; she wanted something to eat and was rather irritated because I gave her nothing solid. I knew that Mamie was not getting along as she should. I knew she would recover from the typhoid fever if we would give her enough time and I knew, by giving her a tonic, she would freshen up from typhoid fever, but I knew she would never be well even though she

were put on a tonic, and so having a little time to spare, I talked with this girl for about half an hour.

"Where is your mother? Where is your father?" She was living here with her grandmother, and that in itself was a little peculiar. I found that the father was banished—was a toper, and the mother was a sufferer from asthma and had been for years, and poor Mamie had had repeated attacks of asthma before she had typhoid and I began to think, what is it that is holding my case here at a temperature of  $99\frac{1}{2}^{\circ}$ . I knew she would get well, but I knew something else was the matter. After I thought it over, it came to my mind, just as to Dr. Boger—Sulphur. This was many years ago, before I knew about Sulphur what I have learned since. I had Dunham's fifty-five m potency with me in a little case I carried. I thought to myself, What is the difference? Sulphur is Sulphur the world over. I took this case containing a little bit of a vial and said, "Mamie, I want to give you some candy. I want you to put out your tongue." I put a few grains on her tongue at the same time slipping my watch out of my pocket.

Now understand this little girl had not had a particle of pain for over a week. Her idea was that she could get up and eat a good piece of steak smothered with onions. In just seven minutes after taking the Sulphur she jumped to the foot of the bed and screamed,—she screamed and began to gasp and yelled, "Why," she said, "I am dying, help me quickly," and such writhing I have never seen before in my life (except when I saw the Whirlpool here). I let that girl struggle for just three minutes when I antidoted my Sulphur. That temperature was normal inside of a few hours after that and the girl made a rapid recovery. I say this was years ago and so far as I know now Mamie has had no asthma since that time.

Now then, was it this psoric element in her system that was keeping her bound down, and had to be broken up by Sulphur and will it break up these things and cure our patients? These are problems, serious problems, and I want to say right here that there is a point that every Homœopath

should proclaim from the housetop, that when one is cured he is cured. Again I say that this is a strong point and it should be heralded from the housetops,—a point we should all know and thoroughly digest, that when our patients come to that point and seemingly are holding fast or being held fast by the grip of disease, when we have something that will break that grip once for all until age and sickness is no more.

Dr. Farrington: We ought not to get too far away from the subject. Sulphur is not the only remedy. I was once called in consultation in a case of tardy convalescence after typhoid. The temperature was normal, but the man remained weak and listless. He said that there was no use in doing anything for him, as he was going to die anyway. Psorinum disproved his assertions, and he is well and active at the age of seventy-two. I understood the doctor to say that he antidoted the Sulphur and yet he attributes the recovery of the patient to Sulphur.

Dr. Dienst: I gave a little Aconite. Gave her a little Aconite and that very soon quieted her. I gave Sulphur because Sulphur says "I am dying." It also quiets intense fear.

Dr. Krichbaum: A great many of these things are interesting to discuss among ourselves, but we cannot induce other people to credit them. They would not believe for instance, that one dose of Sulphur could work so speedily and effectively, that seven minutes after its administration, the patient reversed her position in bed. This reminds me of a story I heard recently in Yellowstone Park. A driver was relating to his coach load of passengers, some of the natural wonders of the park. Pointing with his whip to a nearby lake he explained that its waters was so strongly impregnated with alum, that everything immersed in its depths, shrunk astonishingly. He explained that the year before one of the company's coaches and four horses inadvertently fell in. When drawn out, the vehicle had become the size of a baby carriage, and the unfortunate horses had become shetland ponies. This story was received in silence unbroken till an old lady in the company scornfully suggested that their en-

tainainer might receive benefit if he dipped his own head in the wonderful lake. Some people never believe anything.

Dr. MacAdam: Now that we have goaded Dr. Krichbaum into action again I want to say that we are to adjourn at four o'clock, so we will have to limit the discussions.

Dr. Taylor: We will now proceed to the election of officers. First is President. I would like to name Dr. Henry Becker, of Toronto, as President.

Dr. Becker: I beg that you will not do it. This is my first experience in this Society. I do not want to be put into a position like that.

I want to learn. I tell you gentlemen, I think this is an honor and should be given to some one who knows what to do with it, not to a man who does not deserve it.

Dr. Taylor: Regularly moved and seconded that Dr. Henry Becker of Toronto be elected President of this Society. President elected unanimously.

Dr. Krichbaum: I nominate Royal E. S. Hayes for Vice-President. [Dr. Hayes refuses nomination and in turn nominates Dr. Henry L. Houghton of Boston.] Motion is seconded by Dr. Boger, put to vote and Dr. Houghton is elected Vice-President.

Dr. Krichbaum: I wish to nominate a new man for Secretary, Dr. Frank W. Patch, of Framingham. Motion moved, seconded, carried unanimously.

Dr. Krichbaum: I would like to name William R. Powel of Philadelphia for Treasurer. Carried unanimously.

Next is the election of the Corresponding Secretary; Dr. Harry B. Baker of Richmond, Va., unanimously elected.

Dr. Taylor: One member of the Board of Censors has resigned and we will have to fill the place at this time.

Dr. Boger: Dr. Norman goes out and Dr. Freeman has resigned; how about Dr. Rabe? He has not been active for several years. I will ask the Secretary to nominate the following members: Dr. John B. Campbell, Dr. S. L. Guild-Leggett, Dr. Erastus E. Case. Motion seconded and carried unanimously.

Dr. Patch: The next is the Board of Publication. Some-

one goes out and there were two members elected on the Board last year. By mistake Dr. Taylor was elected a member, though he was already a member. We need two new ones.

It was regularly moved and seconded that Dr. John Hutchinson and Dr. Grace Stevens be elected to the vacancies.

Dr. Taylor: What will we do about the place of the next meeting?

Dr. Boger: I name Philadelphia.

Dr. Taylor: Philadelphia is named as the place of the next meeting.

All in favor of this please signify in the usual way. It is a vote all right. Regularly voted that the Society meet in Philadelphia next year.

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### THIRD SESSION (*Continued*).

EVENING OF JUNE 24, 1915.

Meeting called to order by Dr. Taylor.

Dr. Powel: I want to ask about the time for the meeting next year. It has been suggested to me that it is apt to be pretty warm in Philadelphia the latter part of June and that we have the meeting early in June or along about the middle of the month. Would that be agreeable to the other members if we were to meet early in June,—say the second week, about the 15th?

Dr. Stearns: I think it should be arranged just as it has this year to precede the American Institute so that those who wish to attend both can do so without breaking up their summer. For instance, I could not go to both if they were split that way.

Dr. Patch: But you live only a short distance from Philadelphia.

Dr. Powel: Anytime suits me. All I want is to arrange the time. The date is set by the Executive Committee but I wanted some idea as to what would be the wish of the members of the Society.

Dr. Stearns: Is it to be in Philadelphia?

Dr. Powel: Yes, I rather think so; at one of the good hotels there would be better than just outside. If we want to meet outside there are a number of places where we could, within say ten or fifteen miles of Philadelphia, but we would be more apt to get an attendance of Philadelphians who may not be of inquiring turn of minds enough to go outside of the city and it might do us more good to have the meeting right in the city.

Dr. Stearns: Usually the men in the city do not attend.

Dr. Powel: There are men in the city who probably would attend who wouldn't if we met ten or fifteen miles out.

Dr. Taylor: The meeting will please come to order and Dr. MacAdam will take the Chair.

Dr. MacAdam: Dr. Sloan will read his paper, the title being "Clinical Cases."

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## CLINICAL CASES.

THOMAS G. SLOAN; M. D., SOUTH MANCHESTER, CONN.

1. I walked over a mile in a pouring rain at 3 A. M. to see a young woman suffering severely from dysmenorrhœa. The flow was scanty and the pain cramping and very severe, she was walking the floor and moaning. Pressure and heat relieved a little.

Two or three doses of Mag. phos. 200 at five minute intervals entirely relieved the pain.

She acted just as though she was in labor. She was a Russian girl and could not speak more than a few words of English though she had said she was starting to menstruate; heat relieving her. I gave her a dose of Magnesia phos. 200th. The third dose absolutely relieved her.

2. A woman of seventy has had for a long time a morning diarrhœa which drives her out of bed about 3 A. M. and from then to about 9 A. M. she will have five or six more movements.

She is faint at her stomach at 11 A. M. and is stooped shouldered.

Three days after a dose of Sulphur 40m. her stools were normal. That worked better than Morphine, quicker than Morphine and there was no trouble the next morning.

3. A nurse of fifty is suffering from sciatica in her left thigh which wakes her at 3 A. M. and is very severe till 5 A. M.; somewhat relieved by walking.

Sepia 1m., one dose, cured it.

That patient had two attacks this winter which Kali carb. relieved. She had another one about two weeks ago and I gave her Kali carb. and it didn't touch it. I gave her Spongia; Arsenicum did relieve her a little. What she needed and what helped her most was Sepia. The first two were relieved by Kali carb., the third by Sepia.

4. A man of sixty complains of severe itching mostly in the back, chest and hips. < where warm in bed, somewhat > by scratching, the itching changing place on scratching. He has rheumatic pain and stiffness worse in the knees, > motion.

He was given Rhus. tox 30 in water every two hours till >. On the second night the itching was gone and the rheumatism nearly well.

5. A woman of seventy-five has a very severe attack of asthma which kept her awake all night. It was < around 3 or 4 A. M. and > by sitting leaning far forward. When I saw her at 9 A. M. her breathing was very labored and she was very uncomfortable. Within half an hour a c. m. of Kali carb. gave great relief, she continued to improve and did not need any more medicine.

6. On January first a woman comes complaining of cracks in her finger tips, < in winter, < from washing. She also has itching around the arms when warm in bed, and her joints crack on motion.

Petrol 40m, 1 dose, cure the cracks inside a month.

7. A man of thirty-three has had for two weeks trichophytosis barbas—or barber's itch covering a considerable part of his left lower jaw and extending under his chin. It is well

developed and has the typical appearance of ring worm in places, in other areas are fistules.

He was given Dulc. c. m., one dose, and told to use alcohol locally. In two weeks it was entirely gone.

8. A girl of five has eczema on her forehead, cheeks, chin and legs. It is dry and the itching is < by washing and warmth. It has been partially suppressed by zinc oxide ointment.

Sulphur 1m cured it in six weeks.

9. A woman of fifty-four who has had her menopause complains of occipital headache, < when tired, > by pressure, with flushing of the face, vertigo when moving quickly, shortness of breath on ascending, tired mornings, and numbness of the hands when sewing. She used to have attacks of epistaxis during menstruation. Her systolic blood pressure is 240 m. m., her urine is normal; nothing is wrong with her heart. She was given Sepia 40m, one dose, and in five weeks her symptoms were gone and her blood pressure was 180.

This last winter I had a great many cases of eczema in children, most of them, and they are practically all well, and the only three remedies that have been called for have been either Sulphur, Calc. or Graphites, and usually one of these three remedies have cured all the cases. One case I had to change the remedy but the others have all been cured by one.

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Dr. MacAdam: The paper is now open for discussion.

One of the most difficult things that confront some of us is the treatment of cases of high blood pressure in the acute stage. Dr. Sloan wrote me during the winter and asked me if I could not persuade some of the older men to write papers on this subject; a case, for instance, of impending cerebral hemorrhage. I see he has solved his own problem to some extent, giving Sepia in high potency, and getting prompt relief in a woman presenting as high a blood pressure as two hundred and forty, a very dangerous condition. Surely some of the other men must have had some experiences and Dr. Sloan and myself would be glad to hear of them.

Dr. ———: I was called to see an old lady who had

just had a stroke about three weeks previously. She was extremely restless, moving her hands at all times and the other doctor they had had previously had given her sedatives and did everything that he could to quiet her but without any success. I did not measure the blood pressure but this was her second stroke and of course I knew it must be quite high, and there was a great deal of arterio-sclerosis. I gave her Rhus. with only temporary relief, and it resolved itself into a problem of reducing the blood pressure. I found they were feeding the old lady three square meals a day and I reduced the amount of nourishment she got to toast and plenty of water for about a week and never had any more trouble with her until she died. She was apparently perfectly happy, contented and bright, and every time they gave her more to eat, she would have a restless night and they would have to remain up with her all night. The only thing to do was to keep her on starvation diet.

Dr. Stearns: I reported two cases last year of high blood pressure, one in an old lady. The first symptom was that her face was very flushed, very red, when I got there; there was intense flushing and heat, some nausea, but I forget about that. I gave her Ammon. nitrate 30th; blood pressure was 235. That controlled the blood pressure. She was a woman of seventy-two or seventy-three, and that held it for a few days until I could get a line on things and then Sulphur helped, but I never got the blood pressure below one hundred and sixty-five, sometimes it would go up again, it did get to two hundred and thirty-five later. One time Belladonna controlled it and the last remedy she had, a little over a year ago, was Antimonium crud. She seemed to get along very nicely for some time on that.

The other case was very interesting, one of those coming on after a good deal of mental strain, intense occipital headache, went into the head, down into the shoulders. At first I gave her Bryonia, one of the modalities. It didn't help at all. Glonoine helped for a few hours, then stopped as if it had never been given. Dr. Spencer Carleton was called in

in consultation and he knew the case. Hyos. was an old remedy of this woman's; it worked like a charm. Hers went up to 220 or 235, then gradually came down and ran along to 140. Hers was a more desperate case than the other. With that group of symptoms, that type of symptoms, she is the first patient I have seen who has recovered. I have seen three or four cases and known them to die within a few days with cerebral or probably hemorrhage from the vas. arteries. They had that intense, peculiar kind of headache; you cannot do anything for it; couldn't lie down, couldn't sit up, no comfortable place for them. But this case was relieved. I think her case was desperate. Just now I do not recall any other acute cases. I think that is all.

Dr. Williams: My paper happens to be along this line and it might facilitate matters if I read it now? This is very interesting because of the high blood pressure.

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### HIGH BLOOD PRESSURE CAUSED BY SUPPRESSED RHEUMATISM.

DUDLEY A. WILLIAMS, M. D., PROVIDENCE, R. I.

The suppression of disease and its metastasis is a subject of ever increasing interest to me. The subtlety of such relationships is interesting and the possibility of a rational scientific explanation of the changes taking place is often very irritating when you are accused of seeing more in a case than exists there.

My only reason therefor in reporting this case, is to add to the evidence already accumulated of the suppression of disease causing trouble elsewhere in the body.

Considerably over a year ago, a man came to see me about his blood pressure. That was the thing that was worrying him and as his physician had fed him with Nitrites and Aconite without much more than temporary relief, his family felt he could not live long.

His history was as follows: In January, 1914, he had

what his physician called an angina attack. He was riding in a railroad train returning home and suddenly became faint, gasping for breath, arms became numb and helpless, vomiting occurred and on reaching his home station in a few minutes, he was carried off the train and cared for by a nearby physician. Within a short time, he was able to get into his motor and be taken home. After this first attack, he had several lighter ones all occurring in the night and waking him up. Wakes up gasping. Hands and feet get numb and cold which numbness extends to elbows and knees. Dizzy with falling to the right. Pressure through the head worse over the eyes. Thick feeling in occiput. Distress in pit of stomach with yawning and belching. Pulse slow and weak. Sensation as if everything would stop. Restless at night. Fluttering sensation all over the body when lying in bed. Blood pressure, systolic 280, diastolic 225. Phosphorus in various potencies was given, beginning with the 1m and a gradual reduction of blood pressure took place. No more angina attacks ensued and he improved right along until December 8th, when he began to have pain in the various joints, neck and back. In a few days I received a telephone message that he had an attack of rheumatism affecting the elbows, ankles, big toes, and wrists. Now for the part of the history I haven't told you. Twenty years before he had an attack of rheumatism following the washing of carriages in cold weather and at various times had had outbreaks of the same trouble. Each time he was under old school care and knows that he received Salicylates and Colchicum, at times liberally. The last attack was in the fall of 1913. Immediately following each attack he had some of the symptoms given above but in a mild form, the pressure feeling being most prominent.

On the third day of the rheumatic attack, I went forty miles to visit him and found his blood pressure, systolic 162, diastolic 130 and such or thereabouts it has remained up to the present writing. The rheumatic attack was of about three weeks duration and Rhus., Bryonia and finally Phos. were given with most happy results. I saw him last week

and he tells me he feels better than he has for years and he certainly looks as if he had renewed his youth.

How can anyone help but feel that there was a distinct relationship between his rheumatism, controlled by heavy drugging, and the high blood pressure and yet I can give no positive scientific explanation of the relationship. This thing I do know, that a little over a year ago he had a high blood pressure and attacks that looked very grave and possibly fatal and now he is enjoying a normal blood pressure and the very best of health.

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Dr. MacAdam: We have been singularly fortunate in having our papers group themselves. I take great credit upon myself for not having known this.

Dr. Stearns: I congratulate Dr. Williams on that result. I have never known a patient to get well with the blood pressure as high as that. I have had them as high as 300 and 325 but everyone of those are under the sod.

Dr. Sloan: I have one 300; he is above the sod.

Dr. Boger: Rheumatism may be rapidly fatal, as I have discovered. In a case of acute inflammatory rheumatism the swelling went down; she became delirious, comatose, temperature kept climbing above 106°, and the next day she was dead,—cerebral congestion.

Dr. Krichbaum: There are only two conditions where the blood pressure need concern the physician, to quote Dr. Richard Cabot. Arterio-sclerosis and Bright's disease. It does not amount to the snap of your finger in any other condition. In the two diseases named it is worth while to take the blood pressure. This running after the non-essential of course is over emphasized in the old school. In an address before our Associated Physicians of Montclair, Dr. Cabot dwelt with much eloquence upon this to be deplored procedure. He spoke of the over elaboration or urine examinations. Examine for sugar and albumen and it is sufficient. Detail and excess of paraphernalia, befog the main issue, *i.e.*, the cure of your patient. When I visit a homœopathic physician's office and find it filled with machines of every known

kind, I feel like giving the good doctor a gentle push towards his oft neglected tomes of *Materia Medica*.

Dr. Bidwell: I want to speak of a Phosphorus case I learned about. It was due to a renal condition though Phosphorus simply relieved the kidney condition. The interesting thing about this was the patient did not die right away and an old school fellow got hold of him and he told him that I gave him something that helped him. He wrote to me and I told him to give him Phosphorus and see if it would do the same thing again. Phosphorus immediately brought the albumen to about 1/10 of 1% bulk.

But this question of blood pressure means not very much more than a rise of temperature. It is simply an indication. The indicated remedy will lower the blood pressure. I believe there have been just as many patients put under the sod from lowering the blood pressure as from lowering the temperature. I believe that the indicated remedy will lower it as much as is consistent. Now there is one thing that has hurt good Homœopathy today in this country, and that is that the examination of urines, and this other thing doesn't amount to anything. We know it does not amount to anything so far as the selection of a remedy is concerned but it does amount to something from a scientific standpoint, and we are beyond the point where we can get up and say there is nothing to this business. It is hurting us. If we do not believe in it, keep still, do not say so. We never can hope to convert any man to Homœopathy if we say there is nothing in it.

Dr. Boger: It seems that we often allow fads to influence our minds to the exclusion, or at least, overshadowing of the real symptoms of the case. For example, it is a great help to learn, after a microscopic examination of the urine, that the patient possibly has a sclerosed kidney and it thus saves one from making misleading statements.

Dr. Dienst: I know very little about the use of the blood pressure apparatus although I use it. I do make considerable use of analysis of the urine, not for the purpose of selecting the remedy, but to determine conditions in making my

diagnosis. The things in the papers read this evening which interested me most were the rheumatic condition following or associated with dysmenorrhœa which has, through various medicines, been changed or suppressed, and you have then an articular difficulty to deal with. Such has been my experience, and I was brought to that quite a while ago by having a case of articular rheumatism come to me, which bothered me. I could get no particulars with reference to the pains in the joints, no modalities, so I went back in the history of the case and found the woman, as many others that I have seen, suffered severely from dysmenorrhœa, but that disappeared; "that has gone, I have not that any more." I did not discuss the matter with her at all. I prescribed *Sepia*. The rheumatism disappeared but there were so-called bearing down pains after she received *Sepia*. Another point, have any of you ever observed that rheumatism follows years of irritability. The young woman or young man was irritable, and in the course of time, she recovers apparently from that mental condition only to develop rheumatism. Enlarged joints have become actually ankylosed. Now that has been my experience, and to cure them I have had to go back into years gone by and find what has lead up to this very condition.

Just one more instance, and then I will not take up any more of your time. A lady, one of my patients, came into my office quite a little while ago, and begged me to go up into the country to see her sister, who was not well, had been an invalid for over twelve years. Hands were crippled and joints very much enlarged, knee joints twice the normal size; helpless in her little home. I talked with this woman a long time. The case looked like *Pulsatilla*, she had the *Pulsatilla* apprehension, the *Pulsatilla* talk, *Pulsatilla* tears, *Pulsatilla* appetite, and all that sort of thing; but "please tell me of the years gone by" and here I learned that this woman years ago was quite different in her mentality. As a child she was very mild, but as the years went by, she became very irritable. She was hard to please, was faultfinding with her sister, mother, everybody, until this arthritis developed, and when that developed, the others disappeared, and in putting it all

together she developed the ordinary type of Sulphur; again your Sulphur tears. She told me, when I drove out to see her one Sunday that she was so much better than she had been for a long time. She said, "Doctor, I feel better inside; the world seems to me just as bright as it used to be." The dysmenorrhœa disappeared, and the bearing down pains also, as well as the arthritis.

I have not bothered myself about blood pressure for I had a sad experience in that line, and while I take the blood pressure, I say very little about it. A patient came to me and told me that she had been in Chicago and the best physicians in Chicago had told her this and that about her blood pressure, and all that. She was very much excited. She came to me and insisted upon having it taken and I refused; tried to reason with her and held her off until possibly her third call, when I took it. It was 140. She said, "I want you to reduce that and I want you to reduce it at once." I said, "I cannot do that, you must get better other ways before your blood pressure will be lowered at all." The result of the matter was that because I refused to reduce the blood pressure she consulted someone else, and she was treated and died. I said to myself, "What was the matter with that woman?" She had simply made up her mind that this blood pressure was too much for her and she simply rolled over and died. I think I would say very little, in fact, it is my custom to say very little about this to my patients.

**Dr. Stearns:** If you get to worrying about blood pressure you can make up your mind that the blood pressure is never any higher than it should be. It gets high because the heart is obliged to push that much harder to get it through the blood vessels and that is all there is about it. It is the condition back of it that makes it serious. Blood pressure is only suggestive but it is important to know how high it is. It is the condition back of it that makes it serious, as I have said. Now, the matter of metastasis, if that is the right term, that Dr. Dienst has mentioned; how many times have you observed headache until a man is about forty—and then the headache

leaving, and the same enlarged joints and rheumatic conditions developing?

Dr. MacAdam: This subject interests me exceedingly and perhaps you will pardon me if I preach too long. Something like fifty or sixty or seventy years ago no clinical thermometers were used. The doctor went in and examined the patient, placed his hand upon the patient and said he has fever or he has not fever. Now, if any of you have ever tried to check yourself up by laying on of hands you will find that you will be off one, two or as high as  $3\frac{1}{2}^{\circ}$ . With the advent of the clinical thermometer (they were long things with twirly up ends that were placed on the side of a patient and the doctor carried them around like a bâton) the physicians began to discover something: They found that *Tactus eruditus* had not been as erudite as they supposed. They found that the instrument was far more accurate in the measuring of temperature than their hands, but they also found they were beginning, by its use, to open up an entirely new and entirely *unexpected* chapter in medicine. Not only is fever gauged more accurately but temperature charts give undreamed of assistance in the diagnosis and prognosis of disease; the temperature curve prevents characteristic forms in cases of pus infection, in typhoid, malaria and many other conditions.

History is now being repeated in a similar way with the sphygmomanometer. When I was in college it was customary for the professor to feel the pulse and say the tension is high or low or normal. But when the clinical sphygmomanometer was brought into use, the unaided sense of touch was found to be in error in about fifty or sixty percent of the cases. This new instrument of precision is much more accurate than any touch the doctor can acquire; and not only is accuracy enhanced, but, just as in the case of the clinical thermometer, the sphygmomanometer is giving totally unexpected aid in the diagnosis and prognosis of disease. Perfectly unexpected—no one had any notion that kidney disease in its incipiency could be pointed to by the sphygmomanometer, that the diagnosis between alcoholism and meningeal hemorrhage could be

determined by the sphygmomanometer, that the oncoming of puerperal convulsions could be foretold by the sphygmomanometer. Yet this instrument can and does do all these things, and many more.

I speak thus at length in an effort to point out that this is no fad; it is no more foolish than the clinical thermometer and I think even Dr. Krichbaum would use a clinical thermometer.

Dr. Sloan: There are a good many things that must be remembered about blood pressure. The older a person is, the more blood pressure he is entitled to. I had another case that I had forgotten about, a woman of sixty-nine years, with very severe headache most of the time for six weeks. Her systolic pressure was 240 and I found that she had a trace of albumen in her urine but no casts. I gave her the thousandth of Sulphur, saw her a week or ten days afterwards, and got another specimen of urine. There was no albumen and her blood pressure was under 200. Perhaps it did no good because of the fact of the high blood pressure but rather because she had Sulphur symptoms. I think it helped in the prognosis of the case.

I saw, the day I left home, a very stout man of about thirty-five; examined him for life insurance and among other things, I had to take his blood pressure. The systolic pressure was 180 and the diastolic was 125. If that goes on he is going to have an attack of apoplexy before he gets very much older. He did not have any symptoms at all. He, like a good many others, has an automobile and does not do any walking. He is a hard smoker; a tremendous eater, likes lots to eat, and more exercise would bring that pressure down without any remedy at all. In cases of this kind (unless the pressure is less than 200 or unless you have symptoms that are directly referable to high pressure) in acute cases, you do have to act mighty quickly; otherwise you can disregard the pressure, simply take the case and treat it as though you did not know anything about the pressure.

Dr. Williams: If we are going to convince an old school man that we produce cures, the only way to do it is to talk his

language. My only object in stating that blood pressure was because it had nothing to do with my prescription. It was a mighty interesting thing to see it slide down under the influence of Phosphorus. It was another interesting thing to see it drop to normal when that rheumatism came back. If I can go to the old school man with absolutely simple facts that he can appreciate I can accomplish something. We altogether too frequently have the attitude that my friend Krichbaum has, he doesn't believe in the clinical thermometer, or sphygmomanometer; I don't know whether he uses the stethoscope or not; he didn't need to. He is a mind reader when it comes to symptoms. But I tell you what, when it comes to talking with someone who uses the "instruments of precision" we have got to know our ground, have it pretty well laid out or else we are going to be laughed at. They do not influence the prescription or the results in the long run but they certainly influence the prognosis. You know and I know of Homœopaths who have gotten in bad simply because they made "fool remarks." No one believes more than I do in the homœopathic remedy but when it comes to believing that you can raise the dead to life with it, when you have absolute pathological evidence that you cannot, they are not only going to get in wrong themselves, but Homœopathy as well will suffer, and you do not do anybody any good.

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#### CLINICAL CASES.

AMELIA L. HESS, M. D., PHILADELPHIA.

May 3rd, 1913. Mrs. ———, 38 years of age, tall, slender, brown hair and eyes, intensely nervous, ringing and pounding in head, head feels as if it had been beaten; sleepless for two weeks; complete loss of appetite.

Hallucinations: People talking to her, "was a subjective mind" (?) became so frightened could not speak, unless held the jaw. Felt as if flesh was being pulled off. Thought some one called, "Soul going out—as a mist going out of mouth—

come to me." Same voice told her to jump into the river. Another voice said, "Jump out of the second story window." After prayer with her pastor this was better. When darning stockings voice said, "Push needle into hand"; when sees knife voice says, "Cut yourself."

Confused ideas, feels as if things were creeping around in her eyes. Menses irregular, sometimes very scant and sometimes very profuse. Queer feeling about heart, followed by shivering all over; teeth chatter. Always chilly, hands cold and clammy. Pain in back of head running upward, < applied heat. Typhoid fever at fourteen years of age. Chorea for about four years when young girl. Don't cry any more. Don't like to be alone. Goiter (exophthalmic) smaller last three or four years, treated locally with Iodine. Before coming to me spent six weeks in an old school hospital. Psorinum 15m.

May 7th. Digital examination: Prolapsus of the uterus, when the youngest child was born, more than seventeen years ago, was obliged to get out of bed when baby was only one week old, and take care of the baby and one other child about eighteen months older. "That is when womb came down and have had trouble with it ever since." (A ring pessary has now held it in good position for nearly two years, March, 1915, and she is comfortable). Has felt much > this week, knife has not bothered her, could use it and not be afraid. Pressure on top of head. Metorrhagia profuse. S. l.

May 12th. Dreams much, is afraid in her dreams, afraid when first awakens, but soon forgets dreams and fears. Jars head when walking or doing any work. Ringing in left ear. Air also bothers it. Sore feeling in head. Heart not so troublesome this week. "Medicine they gave me in hospital made eyes feel as if something was creeping in them, medicine also started pain in my heart." Left side is always < in everything. "Sometimes afraid when the one-half of my life does not know anything of the other half" "Often two people talking, answering questions, as if some one was waking me out of a sleep." S. l.

May 16th. Still feels >. Wandering pain, starts in back

up through brain, darting into nose, etc. Crackling feeling with pain. S. l.

May 19th. Pain in head very bad, wild look out of eyes, very little sleep. Stram. 1m.

May 27th. Slept about four hours, waken with severe palpitation of the heart, felt queer in head, > toward morning. Feels stronger. Stram. 1m.

June 4th. Improving. Stram. 1m.

June 9th. Feels very good, strained nerves about forehead, otherwise feels well, and could stay up a whole day. Getting stronger all the time. S. l.

June 16th. Mental symptoms much >, voices trouble her very little now. Generally much >. Stram. 1m.

June 23rd. Worries about husband, causes pain in head Stram. 1m.

July 1st. Still improving, needs glasses but cannot afford to get them. (Husband drinks up money). Stram. 1m.

July 8th. Pain in neck and back of head up into the top. Stram. 1m.

July 15th. Improving. Stram. 1m.

July 22nd >. Stram. 1m.

July 29th. Getting stronger, sleeps well now. Some days walking or talking aggravates pain. Stram. 1m.

August 5th >. Stram. 1m.

August 12th. Diarrhœa from worry. Generally >. Stram. 1m.

August 26th. Getting stronger, doing too much for her strength now. Stram. 1m.

September 2nd >. Stram 1m.

September 9th >. S. l.

September 23rd. Head < pain. Stram. 1m.

October 20th. Severe nervous shock. Stram. 1m.

October 27th > again. Stram. 1m.

November 3rd >. Stram. 45m.

December 1st. I saw the patient every week when she has had S. l.; there has been steady improvement until today she is not quite so well. Her mind is very much >. Stram. 45m.

December 20th. Not very well. Worries. Stram. 45m.

Jan. 8th, 1914. Under severe nervous strain. Stram. 1m.

Jan. 15th. Pain about heart (?). Stram. 1m.

Jan. 22nd. > again. Stram. 1m.

Jan. 29th >. Stram. 1m.

Feb. 5th. Cold from exposure. Sulf. 30.

Feb. 13th >. Stram. 1m.

April 1st. Is very nervous, cannot do well without medicine, nerves swell up in ears and head. Feels as if goiter was growing again. Was so much > hence did not come for medicine. Stram. 1m.

April 16th. Goiter no doubt is larger. Very nervous. Stram. 1m.

April 23rd >. Stram. 1m.

April 30th. Sharp cutting pain, intercostal, < damp weather, < quiet, > motion. Rhus. tox c.m.

May 9th. Worries, pain in chest, diarrhoea. Stram. 1m.

May 19th. Goiter is growing. Stram. 1m.

May 27th. Stram. 1m.

June 8th. Ear painful, severe nervous shock again. Stram. 1m.

June 22nd >. Stram. 1m.

June 29th >. Stram. 1m.

July 16th. Tired. Stram. 1m.

July 25th. Tired. Stram. 1m.

Aug. 8th. Goiter growing, heart painful. Hallucinations all gone. S. L.

Aug. 22nd. Generally much >. Goiter and heart <. Iod. 6x.

Aug. 29th. Goiter annoys her. Iod. 6x.

Sept. 8th. Feels >. Iod. 6x.

Sept. 21st, Feels >, goiter > too. Iod. 6x.

Oct. 7th. Nervous, tearful, heart aches and feels. Goiter >. Iod. 6x.

Oct. 19th. Lump in left breast, size of small hickory nut, quite movable, no pain, no discoloration. This discovery caused severe nervous shock. Struck breast some months ago, did not notice lump until today. Coffea 30 for nervous shock.

Oct. 22nd. Burning and sharp pain in lump. Nervous and worried. Conium 10m.

Oct. 29th. Lancinating pain and heat in lump. Sensitive to touch. S. l.

Nov. 4th. Menses on the 29th, flow scant. Generally some >, spirits much >. S. l.

Nov. 10th. Tumor no larger than last week, not so much pain. No more trouble with goiter. S. l.

Nov. 16th. Burning and heat in tumor and lancinating pain toward it. Conium 10m.

Nov. 21st. Feels generally >. S. l.

Nov. 27th. Saw Dr. B—— this week, says it is carcinoma (?). Auxiliary glands involved. S. l.

Dec. 22nd. Feels > than has felt for weeks, can plan again for the future. On Dec. 16th ordered one quart of milk to be taken daily. Very little change in tumor, itches severely sometimes, no pain. S. l.

Jan. 2nd, 1915. General health improving, often unconscious of tumor. S. l.

Jan. 9th. Not quite as comfortable the past week. Conium 10m.

Feb. 8th. General condition improving all the time. Some pain in tumor, also growing slowly. Cries about it and is discouraged. S. l.

March 11th. General health very much improved, can do her housework with ease now. "Job's comforters" have been to see her and she is very much agitated about the tumor, for it is larger and bright pink, about the size of any egg cut in half. Kali. carb. 10m.

March 18th. Peculiar feeling in breast. S. l.

March 23rd. Tumor bothers her this week. S. l.

Just as this paper was ready to be sent out, the patient became very much agitated because the tumor was growing; she realized that she, herself, was steadily improving, but all I could say did not pacify her; the voice of her so-called friends overpowered her and she went to an old school hospital and had an operation.

The surgeon, however, called me up by phone and asked

questions about the case. He said he hesitated to operate on account of the mental condition, also the heart as complicated with the goiter. It is about three weeks since the operation. I hope Homœopathy has helped her to such a degree that the operation will not disturb her mind.

April 18th, 1914. M. G. (colored), age thirty-two years, five feet, six and one-half inches high, weight one hundred and seventy-two pounds. Had the usual children's diseases, inflammatory rheumatism at sixteen years of age; had gastritis several years ago for three years. Eight years ago had hemorrhoids very badly, with much itching, finally pain and formation of pus pocket near anus, which had to be lanced; finally it became a chronic perineal fistula, discharging at irregular periods.

Menses began at twelve years, always painful all through the period, begins in back and circles lower abdomen into uterus. Fourth day is worst of all; fourth day nothing but clots pass, flow always profuse.

Constipated for years, never normal movement. Fistula better when bowels are kept open. Don't like water; don't like fat things, especially fat meat; don't like rich things of any kind. Wants food either very hot or very cold. Likes winter > than summer. Perspires freely about face and neck. Cannot bear any of her clothing tight, especially about neck and waist. Feels wretched after sleeping, numb all over, takes long time to get into motion in the morning. Feels draggy in the spring. Lach. 4m.

May 9th. Bowels regular this week; legs feel as if would burst when gets tired; pain in fistula like splinters; rheumatism < in warm pleasant weather and > in damp weather. S. l.

May 16th. Bowels still regular. "Generally pretty comfortable." S. l.

May 30th. Fistula has not discharged for three weeks; bowels in good condition ever since taking your medicine; menses, flow clear now, not in clots; feet swollen in A. M. S. l.

June 6th. Old symptoms returning; pain in ovaries, bear-

ing down in abdomen; leucorrhœa profuse, chafes, watery. Puls. c. m.

June 27th. Menses painful as ever; some constipation. Lach. 4m.

July 25th. Constipation much  $>$ ; fistula improving; nausea almost constantly; no bearing down this time after menses, always had it before; deadly tired and weak until afternoon, do best in evening; wants very little water. Sulphur 55.

Aug. 1st. No constipation for a month; generally much  $>$ ; fistula not painful as before; leucorrhœa very profuse. S. l.

Aug. 15th. Menses, "No fourth day pain. This has never happened before, used to be *very severe*, something wonderful that it did not come this time." S. l.

Aug. 22nd. Nausea and vomiting two weeks ago; dizzy since, still some nausea. Sulphur 5 c. m.

Sept. 12th. Menses last week, again no pain on fourth day; fistula painful and discharged twice during menstrual period. Still some nausea with dizziness. S. l.

Sept. 21st. Vaginal examination revealed uterine fibroid; menses due coming week; "headache over eyes"; used to crave and eat quantities of candy, then eat scraped ice day and night to cool burning spot in stomach, size of silver dollar. S. l.

Oct. 3rd. Menses overdue; headache with nausea  $>$ . Puls. c. m., Finke.

Oct. 10th. Menses still delayed; sudden pain in chest, joints sore, "as if coming apart"; neck stiff, pain up into head; pain under right shoulder blade, sometimes under both; all  $<$  motion,  $>$  sitting still, restless lying down. Bry. 103.

Oct. 24th. Grippe, became  $<$ , called in local doctor; menses came on 20th, fourth day pain as bad as ever, had not had it for two periods; fistula closed up, part bulging, pain intense, no sleep for two nights; sent to hospital. Incision and drainage of perineal abscess, gauze packing inserted. At 5 p. m. temperature 100° F., pulse 84. Hepar c. c.

Oct. 28th. Steady improvement after operation until

today temperature suddenly rose and kept irregular for days. This was no doubt due to Hepar 10m which had been given Oct. 27th. It stirred up latent conditions, lungs and kidneys showed marked irritation. We had an acute septic pneumonia with a temperature as high as 105°. For several days the patient was critically ill. Her whole condition began to improve under Pyrogen 30; this was given three doses a day at irregular intervals according to need.

At this crisis several physicians were called in consultation, all feared T. B. After the acute stage subsided and the lungs cleared up, a chest specialist examined her thoroughly and gave a negative report. At the end of this paper you will find a tabulated result of the urinalyses. At the time of the cystoscopic examination, which was very thorough, two surgeons who were present wanted to excise the fistula. I said "No." They also wanted to operate for the fibroid tumor; I gave the same answer. The albumen, pus, and granular casts, which were copious at one time, all cleared up under Pyrogen 30 and cc and Tuberculinum cc. The patient had lost weight until she weighed only 136 lbs. She finally made a splendid recovery and left the hospital in good condition January 9th, 1915.

#### *Urinalyses.*

Nov. 6th. Quantity S. S.; specific gravity 1022; albumen present, small quantity; urea 2.1%; microscopic examination, sodium urates; desquamated epithelial also epithelial from pelvis of kidney upper and lower layer of bladder. *Many granular casts*; many pus cells.

Nov. 7th. Quantity S. S.; specific gravity 1025; albumen about 1%; urea 2%. Microscopic examination: Sodium urates, epithelial cells from pelvis of kidney, also from upper and middle layer of bladder, pus cells.

Nov. 9th. Catheterized specimen; acid reaction; specific gravity 1030; albumen about 1%; urea 2.7%. Microscopic examination: large amount of sodium urates, no epithelial cells, pus cells moderate, granular casts.

Nov. 12th. Catheterized specimen; acid reaction; specific

gravity 1027; albumen a faint trace; urea 2.4%. Microscopic examination: Sodium urates, very few granular casts, very few pus cells, very few desquamated pelvic (kidney) epithelial cells.

Jan. 4th, 1915.  $\bar{3}$ II Cath. spec. Acid reaction; odor normal; specific gravity 1018; albumen, negative; urea 6%. Microscopic examination: Abundant calcium oxalate crystals of various forms, abundant cells from all layers of urinary transitional epithelium. No pus, no granular casts.

Dec. 14th, 1914. Cystoscopic examination: Bladder capacity normal, appearance normal except slight congestion at urethral orifices. Right catheterized all the way to pelvis; kidney absolutely normal, function very good. Left ureter catheterized No. 6 cath. obstruction near pelvis orifice. Inflammation of pelvis of kidney. Third effort was successful, urine full of pus and albumen. No T. B.

May 8th. Three weeks after this patient left the hospital she went back to her position as housemaid, her health is steadily improving and in many ways she is far better than she has been for years. Where would she be is she had been operated on both for the kidney, the fistula and, later, the fibroid?

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### A QUICK ACTION OF CUPRUM.

JOSEPHINE HOWLAND, M. D., H. M., UNION SPRINGS, N. Y.

Jan. 4, 1914. Dorothy Q., age two and a half years.

A man called at my door all out of breath and told me to come at once over to the block, there was a very sick child there. I grabbed my medicine case and went at once. Upon my arrival I found a young mother running around the rooms with a naked child in her arms. I said, "Put that child in bed, and cover her up." She was in a convulsion and they had just taken her out of a hot bath. After the mother had laid her down, the father pried her teeth open while I put a dose of Cuprum 44m on it. In about fifteen minutes her bowels moved "like shot out of a shovel," consisting of undigested food and water.

She came out of the convulsion in about one-half hour.

I then elicited the following symptoms:

Appetite poor for a few days, ate pie last night, not good any time. Thirsty by spells. Bowels always more or less constipated (enemas); hard, large stools; constipation worse for past six months; stool thin, like clay up to five months ago. Rubs and picks at her nose; cross lately; thin when a baby up to five months. In good flesh now.

I saw the child a few days later, and she was trying to help her mother wash. I tried to persuade them to have her treated for chronic disease, but the mother said the husband wouldn't consent. He thought he knew what was best for the child. (He had been a nurse in a hospital for a year). I never saw the child afterward.

#### *A Silica Case.*

June 12, 1912. Mrs. D. Upon my arrival as soon as the door was opened I got a strong odor from the axillæ of some one, presumably the patient. I was escorted upstairs to the room of the patient. She was standing in a restless mood, and I at once recognized a case of insanity. The Rochester doctors and State hospital (where she had been for two months) had failed on the case. At the State hospital they had tied her down in a bath tub of hot water for eight hours to quiet her nervous system. I talked to the husband for an hour or more trying to impress upon him that this was the only treatment that would cure her. He followed me out on the porch, and I talked there for some time. He finally said that he would talk to her people and let me know in a few days. I departed, saying to myself, "I suppose that is all lost wind."

I returned to Union Springs that afternoon. On Monday evening appeared Mr. D. with his sister and the patient. They took the next train back in about an hour, leaving the patient with me. I had little time to get symptoms, but elicited the following:

Brown hair; blue eyes; aged thirty years; height five feet,

six inches; weight one hundred and thirty-seven pounds. Mild insanity came on two years ago, lasted two months; came on again the last day of April this year, continued ever since. Thought it was due to overwork. Had two children, one six years old and one a year old. Menses did not appear until the baby was ten months old. Began to worry then fearing she was pregnant; appeared again two months ago just after this mental trouble came on; did not appear again until the 4th of July; lasted three days, flow scanty, pain before, bearing down pains with severe headaches in occiput before. Leucorrhœa before menses, like white of egg. Mind, talks of sisters, brother and mother, worries about them, thinks something is wrong with them. Bowels constipated (physic nearly every night). Urine all right. Sleep poor for some time, restless. Feels better outdoors, morning, moving about, cool room, winter; worse evening. Chilly in the morning. Sweats all over, worse axillæ, offensive odor. Feet warm, dry. Hands hot, dry. Ears, ringing in, slight deafness. Appetite poor. Cramps in calves of legs toward morning. Breath offensive. Pregnancy and parturition: Doctor did not remove placenta for three days after first child was born six years ago. Blood poisoning developed (Antitoxine). Throat, subject to sore throat in winter. Restless, talking to herself.

The case not being clear to me, I made guess prescriptions. She was given Sulf., Lye., Puls. changing the medicine every day. After Puls. she came to my bedside the next morning and said, "I haven't slept all night. Can't you do something for me?" I went right down stairs and got Lachesis and gave it to her. I thought this would at least take off the sharp edge of things. By evening she was some better, wanted to dress. (She had been wearing a kimona all the time before).

June 27. Mind: fears something is going to happen; worries for fear that something is wrong; sad and melancholy; talks of religion.

June 29. No better. Uneasy, talking to herself and crying by spells. She was given Calc. c., Phos., Bell., Sepia,

Natr. mur., Aur., Hepar, with very little if any effect. She never sat down at the breakfast table without crying. Mind, hears voices, thought her children were being stolen because she heard horses.

July 17. After breakfast she got right down on the floor in hysteria. I then saw the symptoms of Ignatia and gave it to her. That evening she slept on the porch for one-half hour, then went right to bed and slept pretty good. Before this she had not slept any in the day, and very little at night.

July 20. I took her to Auburn for the day. She talked intelligently and seemed to enjoy the day.

July 21. Moth patches which were on her face July 13th disappeared. Can mend and read a little. Not so restless.

July 28. Mind not so well today. Bowels terribly constipated in the evening, had to remove excrement with fingers which relieved. Said she felt better.

July 29. I told her husband to take her home for a week as she was homesick. Mind seemed to be all right when she bade me good-bye. Said she was coming back. I told her husband to write me on Wednesday, which he did, saying her bowels were so constipated she walked the floor and cried with pain. She took an enema which relieved her somewhat. This was August 2nd. I had studied the case for Silica, and on August 4th I gave her Silica 6m. Improvement began at once.

August 16. Decidedly better. Seems to be perfectly sane. No more Silica has been given. She has remained well ever since. I saw her the other day and she was very well, only she says she is too fat.

The symptoms upon which Silica was prescribed were: Mind symptoms: longing for relatives and home, sensitive, weeping mood; bowels, inactivity in rectum, with no power to expel stool. Offensive axillary sweat (double marked).

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## THE MEDICAL TREATMENT OF TUBERCULOSIS.

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

After having gone over the hygienic, physiological, and

psychological treatment of this scourge, we, as homœopathic physicians, believe that in employing our remedies for the cure of tuberculosis, we enhance the possibility of success a thousand fold. As an initial premise, I would like to state that we should never permit the line of demarcation between a curable and an incurable case, to be fixed by a diagnosis. This paper therefore, will not deal with the facts of diagnosis *per se*, but will closely and conscientiously follow the application of our remedies to individual situations or conditions found in those afflicted with the tubercular invasion. We have asserted, and stand firmly on the conviction, that more cases of tuberculosis ought to be cured, and would be cured, if those who profess to treat their patients homœopathically, would adhere to this system of therapeutics, and cease firing the blanks of so-called scientific medicine.

Of course we believe that change of climate, special establishments, proper diet, fresh air, oxygen treatment, electricity, and all the ramifications of the best personal hygiene, do good, for each of these may be a factor in the patient's well being, and have more or less effect upon the activity of cell life; we use them all.

In discussing the therapeutics of tuberculosis, let me quote briefly from a well known authority, "There are three mistakes which the physician cannot too carefully avoid: The first is to suppose the dose too small; the second great mistake is the improper selection, and the third is not letting the remedy act a sufficient length of time. The whole cure fails if the anti-psoric remedies which have been prescribed, are not allowed to act uninterruptedly to the end." Burt gives as distinct characteristic symptoms of pulmonary tuberculosis—1st, General atonic condition of the body; 2nd, emaciation; 3rd, debility; 4th, hæmoptysis; 5th, cough; 6th, asthma; 7th, hectic fever; 8th, night sweats; 9th, aphthæ; 10th, diarrhœa; 11th, pain; 12th, bed sores.

Tuberculosis always attacks the scrofulous, or psoric diathesis. The scrofulous constitution may be produced by poor nourishment, illy ventilated rooms, or by any agency which lowers the vital resistance. From this we see that the disease

is only found in depleted constitutions, whether inherited or acquired. In view of the fact therefore, that we have the **weakest constitutions to deal with**, it behooves us to count up all the "helps" before mentioned, diet, hygiene, climate, rest, exercise, and hold them strictly in hand, as we seek to modify or overcome each irregularity of development or physical deficiency of our patient.

When we come to therapeutics, the best remedy for a tubercular patient of course, is the one that most clearly fits the particular and special symptoms of a given patient, in whatever stage we find him, irrespective of diagnosis or prognosis. Granting that our diagnosis has been made and our general auxiliary directions settled, we may now address ourselves to the study of the remedy.

From Acalypha indica help should sometimes come. You see a patient in whom emaciation is progressive. If he "spits blood," it is pure bright red blood in the morning, with dark clotted lumps in the evening; an unusual and very characteristic reversal. There is a violent dry irritating cough at night not relieved by the expectoration of the bloody lumps. The Acalypha indica patient will also indulge in an occasional hemorrhage of obscure origin. You will find nothing in the pathology of the case to warrant the proceeding. In any disease, where the symptoms follow such general lines of similarity, the homœopathic prescriber must have his ear close to the ground to detect the faintest indication of peculiar individualization. Few cases throw out beacons of illumination. It is the small points of light, the often obscure and trivial symptom which will lead you here, as elsewhere, to the correct remedy.

We are not apt to associate extreme pallor with the consumptive, but when Acetic acid is indicated, you will have a very pale patient indeed. His complexion is waxy like alabaster. If a child, the eyes are sunken and there is a look of premature old age (like Abrotanum). In the febrile stages, the heat is intense, the skin hot and dry, but the peculiar point here is that your patient will refuse water during this stage. His thirst will be burning, insatiable at other times,

though the taking of large quantities of cold water neither affects the stomach, nor relieves the thirst in feverless conditions. With Arsenic, this unquenchable thirst will cause vomiting. In Acetic acid, there is cough, dyspnea, diarrhœa, and profuse drenching night sweats, but these sweats are not exhausting; a point which may be your first call for his remedy. Another marked and characteristic symptom is the emaciation of the upper part of the body, with the dropsy of the feet. Further you cannot induce your Acetic acid patient to lie on his back. Perhaps the burning in his stomach, of which he is apt to complain, is relieved by lying face down. In any case, that is a favorite and often assumed posture of repose. The Acetic acid cough, and expectoration of pure blood, or bloody mucus will not be guiding, only as corroborative items after you have run the remedy down.

Calcarea carbonica, more than any other remedy, confirms what has been said about generals and particulars. We all know this type of the leuco-phlegmatic temperament; the light-haired, blue-eyed, fair-skinned, weakly, timid person with his tendency to sweat about the head, his cold damp feet, his excessive fatigue on walking, especially climbing stairs. In babyhood he was fat and rosy. He has become a weak and emaciated adult. Should such an individual fall a victim to tuberculosis, his remedy is easily found. We are frequently able to tell this patient much about himself. He carries the story with him. His cough is dry or loose, and moist with more or less profuse expectoration, which early assumes a purulent character. This cough is relieved by lying on the back and aggravated by turning on either side. Cal. carb. acts profoundly upon the lymphatics, mucous membranes, skin, and osseous tissues. In pulmonary tuberculosis, we find the upper half of the right lung most often affected.

When Arsenicum is of value in tuberculosis, we will always observe the definitely marked Arsenicum symptoms. The frequent oppressive shortness of breath in any position of the body, causes intense anxiety. The patient will complain of loss of breath immediately on lying down in the evening, with whistling, wheezing and constriction in the trachea. The

cough is predominantly dry in organic diseases of an incurable nature. It is often excited by a sensation as if the fumes of sulphur were inhaled and is followed by increased difficulty in breathing. The expectoration is frothy saliva, frothy sputa, yellow mucus enveloped in or mingled with froth. The mucus may be streaky or speckled with blood. The pains in the chest are acute, sharp, sticking, with sometimes a fixed or darting pain in the apex and through the upper third of the right lung. Associated with these chest pains distressing nausea and vomiting may occur. The pyrosis is often unbearable. One symptom of the digestive tract is noteworthy, viz., the marked relief obtained by raising wind and greasy food after eating pork.

There is no difficulty in separating Arsenicum and Iodine, but the symptomatology of Ars. iod. and Ars. runs close together. You will find nothing peculiar in the Ars. iod. cough, but when you chance upon a thick yellow, excoriating expectoration resembling honey in consistency, let it recall Ars. iod. If you investigate further with this remedy in mind, and with this one characteristic to start you, you will observe that every discharge from the body is corrosive. If there is a diarrhœa, this peculiarity will show itself, but Ars. iod. will part company with Ars. in this troublesome condition, inasmuch as Arsenic's well known prostration will be absent. This diarrhœa will also occur only in the morning when moving about, and not at night. In tumors that suggest Arsenic iod. you will again run across the honey like fluid exuding into honey-like or honey colored crusts. The leucorrhœa is yellow, bloody, and especially irritating. Under Arsenicum it is frothy. The hours of aggravation separate the two remedies also. In Ars. iod. the headache and the cough are both worse in the morning. Many claim that the tubercular diathesis always suggests Ars. iod. We know that this combination is a powerful one, but for its proper and timely administration, you must know which of the pair is pulling the stronger. Arsenic in certain of its aspects seems to neutralize the Iodine, but as the peculiarities of the combine just pointed out, emphasize, Iod. comes in for a share of use-

fulness, and carries her own ear marks. Noticeable glandular enlargements takes us over into Iod. territory, as well as the characteristic emaciation. As before remarked it is a fine team and will often tide a tubercular patient over a very distressing part of his journey.

Iodine alone, has some very characteristic symptoms which should lead you to think of it in prescribing for a certain type of tuberculosis. But here again, it is a general picture of this Iodine constitution, which calls up the remedy. When you happen upon that picture in a patient suffering from tuberculosis, Iodine will occur to you. Having settled upon the extent of your pathological lesions; their location, and other kindred analysis, vital to the support of your prognosis, and the proper handling of your case; take up the therapeutic end with a free and unprejudiced mind. This dis-association will lead you to observe your patient with keener zest than you bestowed upon his pathology, because just here, and here alone, can real help be found. Such a study may bring to your attention the thought of sundry remedies never listed as curative agents for tuberculosis.

The great emaciation, with the intolerable mental irritability; the ravenous hunger and anxiety if food is not forthcoming; the hypertrophy and induration of glands; the pronounced and unaccountable weakness; all this spells Iodine. When such an analogy confronts you, further probing will very likely reveal a most characteristic cough. This is dry, and there is a peculiar itching low down in the lungs which appears to cause the cough. There is also a feeling of great weakness in the chest and breathlessness on going up stairs. The expectoration may be transparent mucus streaked with blood, or scanty in quantity, tough, slimy, saltish, sweetish, putrid, white grey, or yellow, tenacious, gluey, rusty or in advanced cases, fresh blood or even severe hemorrhages may take place. *Lycopodium* is suggested here, but the definite Iod. modalities draws the line of difference. To briefly recapitulate; Iodine has ravenous hunger, eats but steadily emaciates. The cough is dry with burning in the chest. You have a history of indurated glands. The iodine patient cannot bear to cover his head. Warmth in general irritates him,

warm air, a warm room. He objects to lying down, especially will he avoid lying on the painful side. Reverse and you will find the Iod. patient pronouncedly happy after a particularly full meal. He is forever seeking a cool place and cool air. He is better when able to leave his bed.

Kali iodatum, the Iodide of Potassium, a near relative, will at times assist you when strong Iod. symptoms come up in a mercurialized patient or in one who has had syphilis. This remedy also fits the growing youth afflicted with asthma. He has rheumatic pains about the chest. The cough is violent, racking, tearing, in character, worse from 2 to 5 A. M. like Kali carb. The expectoration is copious, greenish, or looks like soap suds. It is purulent, and accompanied by exhausting night sweats. This patient will own to a irresistible desire for the open air, and strange to add, with all his weakness, walking in the open air does not fatigue him. Like Fluoric acid, open air is a pronounced amelioration. The air at the sea shore, however, is an exception. This markedly aggravates all symptoms. After an attack of bronchitis, pneumonia, erysipelas, or any inflammatory affection, Kali iod. acts like magic. Working on the glands and connective tissues, it apparently removes the effete products left in the tissues. Diffused sensitiveness over parts affected, is a Kali iod. signal. If you find ulcers in a Kali. iod. patient, they will have hard everted edges. There is erostosis tophi—general enlargement of tissues by interstitial infiltration. The limb and bone pains are worse at night, like Mercury. This remedy will develop a coryza that is characterized by a fearful rawness, as if from ulceration. On the whole, Kali iod. digs deep. The mental sphere will show many phases of extreme ill humor. He is not a happy patient. Like Carbo veg. and Lyc. this remedy has flatulency and belching. All symptoms are aggravated by drinking cold milk. Many superficial things make Kali iod. wretched. If he has an attack of hives, he will assure you that he is burning up, and he will never permit this irritated surface to be covered. Heat of the body in various conditions, may be intense, but there will be no rise of temperature. A thorough study of Kali iod. in tuberculosis will surely repay you.

Phosphorus has so many peculiarities of make up, it is seldom difficult to recognize it. In passing, I will just remind you of this classic exterior, we all know so well. The tall slim individual with the fair transparent skin, and auburn hair which belongs to this complexion, the excitable, easily angered patient, who becomes so bitterly vehement in speech, but who always repents of his wordy explosions and forces your forgiveness. If such a patient becomes emaciated and develops a dry hard chronic cough, look out for breakers. Phosphorus has the hemorrhagic diathesis generally in her symptomatology. "Small wounds bleed much," you read in the text. The cough is dry with a constant tickling in the throat pit. There is hoarseness with this cough, with marked rawness in the larynx, trachæ, and bronchi; better in the morning, and worse in the evening, when only a whisper of a voice may be left. This condition is often accompanied by tightness and constriction across the upper third of the lungs. The expectoration may be bloody or muco-purulent, the removal of which shakes the whole body. Or it may be frothy, pale red, or rust colored, bloody, white, and tough, the cold sticky mucus tasting salty or sour. The Phosphorus patient is often subject to a chronic diarrhœa. The bowels must move as soon as any fecal matter reaches the rectum. The movement is profuse and pouring, the anus remains open. Phosphorus is worse in the evening, before midnight, cannot bear light odors. Further aggravations being, before and during a thunder storm, lying on the left side, going from warm into cold air, and from eating and drinking. The ameliorations, broadly speaking, are, after sleep, lying on right side, cold food or drinks, in the open air, if cool, and rubbing, or mesmerizing. Phosphorus is often a sheet anchor in the treatment of tuberculosis.

The well known generalities of Silicea, will place this remedy on your list for consideration when treating tuberculosis. With emaciation and a more or less pronounced suppurative process going on in the lungs, Silica, of course would occur to you. The night sweats are profuse. The well known characteristic of sweating so noticeably about the head and

chest in small children, together with an offensive foot sweat, as a rule calls for Silica, whatever the age of the patient, or whatever the disease from which he suffers. Silica belongs preëminently to the scrofulous rachitic diathesis. The patient is weak, chlorotic, with rheumatism back in his heredity. He is nervous and irritable, deficient in vital heat, even when taking active exercise, reminding you here of Sepia. The Silica sick headache may be chronic, and date back to the occurrence of some severe disease. The pain rises from the back of the neck to the vertex as if coming from the spine, locating in one eye, usually the right, relieved by pressure, and wrapping up warmly. In this relation, it is well to study Sanguinaria and Spigelia. Added aggravations of Sil. are cold drinks, uncovering, lying down, during menses, new moon. The Sil. patient is relieved by warmth, hot drinks, and food. The constipation of this remedy is peculiar. The rectum seems powerless. The presence of the fæcal matter is plainly felt, but as it nears the outlet, it slips back. Sil. is a great medicine, and when indicated in tuberculosis, will work deeply towards the restoration of physical harmony.

China the wonderful conservator and builder of the cerebro spinal nervous system, often has a part in the treatment of tuberculosis. It is indicated in conditions where great debility obtains from loss of vital fluids. The phthisis of debauchees and drunkards, who suffer from profuse hemorrhages, loss of vitality, and exhausting night sweats, is frequently benefited by China. The cough is dry, spasmodic, or suffocative. At night your patient will tell you that he feels as if he had been inhaling the fumes of sulphur. The expectoration is blood streaked, or pure blood, or it may be fetid pus; clear, tenacious, slimy, whitish or black, granular during the day or evening, with none at night, or in the early morning. This expectoration may have a taste of old cheese, and be horribly offensive. In the digestive tract, the familiar China symptoms of gas distension, unrelieved by belching, confronts you. Also excessive sensitiveness of the skin is marked. The China patient is intolerant of slight touch, though he welcomes hard pressure. Indeed, the chest is so sensitive,

you will often find auscultation and percussion extremely difficult to perform. These are "peculiarities" and China has a full complement for the careful observer.

We all know the patient, in whom the least exertion produces a red face. Ferrum met. has this idiosyncrasy. We will find Ferrum met. indicated in tuberculosis in the young of both sexes; people who are subject to irregular and unequal circulation of the blood. The red face just mentioned, also becomes very pale, but flushes at the slightest provocation of pain, embarrassment, emotion, or exertion. Ferrum is a furious "blusher." The Ferrum patient is peevish, irritable, forgetful, quarrelsome and excitable. Muscularly, he is weak and pitifully deficient in endurance. Even digestion suffers from this debility. The Ferrum stomach is a poor sluggard, and as you might expect from such an inefficient working apparatus, food passes through the alimentary tract, practically undigested, giving us the lenteric stool. This weak individual of course, is apt to have heart murmurs, another muscle out of running. The blood which goes through runs wild in the capillary effusions just described.

The old school were very prone in the past, to give Iron for a "tonic" when they saw pallor of the mucous membranes, especially of the buccal cavity. But administered in the crude form to the tubercular patient, we believe often worked mischief. The Ferrum cough is spasmodic, occurring immediately after meals, often to the point of vomiting. The expectoration at other times, is scanty, thin, and frothy. Ferrum people are habitually cold, like Cal. carb., Sil. and Sepia. Their hands and feet are always cold. In spite of the characteristic muscular weakness, Ferrum is better when walking slowly about. The marked aggravations are rest, beginning to move, after midnight, from fat food, and the abuse of Quinine.

The red strand of Stannum is the great weakness of the chest. The Stannum individual is so weak, he cannot cough, cannot read aloud, drops down suddenly, his legs are so weak they cannot support him. Stannum pains begin lightly, increase gradually to a very high degree, then decrease again as

slowly. The patient is low spirited, sad, feels like crying all the time, but crying makes her worse. (Nat. mur., Pul., Sepia). This mental state in a case of tuberculosis, is so unusual, and contrary to the mood which ordinarily animates the victim of this malady, that it should certainly suggest Stannum for study. Stannum has palpitation going down stairs, like Borax, and the reverse of Cal. carb. It has also nausea and vomiting in the morning from the odor of cooking food (Colch.). Under Stannum, using the voice produces weakness in the arms between the elbows and shoulders, which weakness gradually extends over the whole body. In laryngeal phthisis, with constant short irritating hacking cough and aphonia, and the peculiar Stannum chest weakness and emptiness, this remedy may serve you well. Often you will encounter another Stannum indication in the chest condition, when the short difficult breathing caused by the weakness of the respiratory organs, together with the great emptiness of the chest, exists *without dyspnoea*. The expectoration is thick, viscid, greyish, blood streaked mucous, adhering so tenaciously to the throat that the violent efforts to dislodge it excites vomiting. Stannum further has a hectic chill at 10 A. M. with numbness of the finger tips, or in the evening over the back. Heat from 4 to 5 P. M. is characteristic. Profuse sweat on the back, night and morning, debilitates the patient. This perspiration has a musty mouldy odor. Stannum should be compared with Pul. It follows Caust. and should be followed by Phos. Sil. and Sulphur.

Sulphur, a great central remedy, has well defined relations to nearly every drug we use. A king of anti-psorics in bringing about reactions, it is difficult to imagine any one disease to which, at some period of development, it might not apply. It is especially adapted to the tall lean stoop shouldered individual, in whom venous congestion is marked. Indeed it is rarely indicated unless some derangement of the circulation be present. The discharges from the body are acrid and burning. They burn the parts over which they pass, and have an offensive odor. The patient is restless and hot, kicks off the bed clothes at night. In relapsing complaints, when the

apparently indicated remedy fails, think of Sulphur. Women who suffer from weekly sickaches, with hot vertex and cold feet, are helped by this remedy. The early morning diarrhœa of Sulphur is also often encountered. In pulmonary troubles, talking fatigues and excites pain. There is rattling in the chest, worse after expectoration. The cough is dry, caused by rawness in the larynx. There is great weakness in the chest when coughing and reading aloud like Stannum. This is worse in the evening. Sulphur, Cal. carb., Lyc. or Sulphur, Sars., Sepia, frequently follow in the order given. Sulphur is similar to Nat. mur., Nitric acid and Phos. for stitches in the upper left chest, especially in insipient phthisis.

Samuel Hahnemann said that persons suffering from ulceration of the lungs could scarcely get well without the administration of Kali carb. There is a sensation of no air in the chest. The respirations are difficult and wheezing. The Kali carb. cough is dry, hard and exhausting, with the invariable aggravation from 3 to 5 A. M. Kali carb. has hectic fever and night sweats, complete aphonia with violent sneezing. Another pronounced symptom reads, "sensation of lump in throat like fish bone with hawking and scraping." Hawking is found under all the Alkalis, but the sensation of the fish bone in the throat as soon as he catches cold with the hawking, is found under no other remedy. Alumina, Arg. nit., Carbo. veg., Hep., Sulp., Nit. acid, all have the fish bone sensation, but the hawking is absent. Kali carb. also has complete aphonia with violent sneezing. In every case of catarrh of pneumonic origin, or when asthmatic cardiac or dropsical symptoms complicate the lung affection, Kali carb. comes up for notice. The chief aggravations are, after midnight, from 3 to 5 A. M., after eating warm food, before and during menstruation, after coition, or from involuntary pollution. Better from warm air and warmth in general.

Red sand in the urine, backache relieved by urination; constant sensation of satiety, great accumulation of flatus; fermentation in stomach and abdomen; sour eructations and vomiting; constantly taking cold at every change of the weather; intellectually keen but weak in muscular develop-

ment; upper part of body wasted, lower dropsical; right side remedy; weeps all day; worse from 4 to 8 P. M.; over sensitive, excitable when sick, especially after sleep (children); fan like motion of the alinasi; this familiar list of course throws *Lycopodium* on the screen, and many of the well known symptoms will be present if it is indicated in tuberculosis. The cough of *Lyc.* is hard, dry with painfulness of head and stomach. It is deep and hollow, and sounds as if the patient would bring up mouthfuls of lung. The sputa is stringy and yellow, or bright rust colored and easily separated. There is a feeling of tension as of a hoop about the chest. The lungs feel full of mucus. Iodine should be compared here, *Lyc.* acts best if given in a high potency, and at long intervals.

*Oleum jacoris aselli*—Cod liver oil is the only thing in which the old school has any confidence as a curative agent in the treatment of tuberculosis. Let us see what the oil contains. Dr. Jongh found the principal constituents of these oils to be oleate and manganate of Glycerine, possessing the usual properties, but they also contain Butyric and Acetic acid, the chief constituents of the bile, is fellenic cholic and bilifillinic acids and bilifulvin, a peculiar substance soluble in water, alcohol, or ether; Iodine, Chlorine, and traces of bromine, Phosphorus, and Sulphuric acids, Phosphorus, Lime, Magnesia, Soda, and Iron. The above list comprises quite a number of our remedies used in the treatment of tuberculosis. If Cod liver oil cures, it does so through the drugs it contains, all of which drugs however, could be used to better advantage if administered according to the homœopathic law. Supply the oleaginous properties by olive oil and give your indicated remedy, and the results will not disappoint you. Cod liver oil should not be administered indiscriminately during the persistence of acute febrile symptoms, congestion, hemorrhages, or in any acute form of disease, as it cannot be digested. Its sphere is to remove exhaustion and impart general tone. To be of use, digestion must be good. In some cases the oil agrees, in others it disagrees. In all instances where it is employed, stop rich and greasy articles of diet. The homœopathic in-

dications for Cod liver oil are various, but not very characteristic. It is preëminently a liver remedy, with marked soreness in the liver region. The cough is dry and hacking; it is a night cough with tough yellow white expectoration. There is soreness over the chest, especially on coughing, or there may be sharp stitches here and there over the chest. There is fever towards evening, with burning in the palms and chills running up and down the back. The cough is worse when the patient is exposed to cold damp weather.

Dr. Kent says that excoriating discharges, pulsations all over the body, and profuse bleeding from small wounds, are the three things that characterizes Kreosote. Let us add one more, the putridity of all discharges. In cases of chronic larngéal or bronchial catarrh, with hoarseness, and the hawking of bloody mucus, think of Kreo. Down on the lungs you will find a dreadful burning. The patient wants water to quench it. He will have attacks of severe coughing every spring and autumn, with expectoration of yellow green pus or blood. With this cough, dry and teasing, you will observe pronounced emaciation, night sweats, and great debility.

Kali mur. is contained in nearly all the cells and is chemically related to fibrin. It will dissolve white or greenish white secretions of the mucous membranes and plastic exudations. This gives the indication for it in catarrhs or croupous and diphtheretic exudations, and in the second stage of inflammation of serous membranes, when the exudate is plastic. When the cells of the epidermis lose molecules of Klai mur. in consequence of a morbid irritation, then the fibrin comes to the surface as a white or whitish grey mass. When dried this forms a mealy covering. If the irritation has seized upon the tissues, under the epidermis, then fibrin and serum are exuded causing the affected spot on the epidermis to rise in blisters. Similar processes may take place in and below the epithelial cells. These are practically the whole of the cardinal indications upon which Kali mur. has been prescribed. The great key-note of this remedy is whiteness of secretions, exudations, and eruptions of tissue. The

next is toughness, fibrinous exudations, too readily clotted blood, hence certain hard swellings may be reached by Kali mur. You may think of it in asthma where the mucus is white and hard and difficult to cough up. The cough is loud and noisy with wheeze rales in evidence. The sputa here again is white.

This list is but a partial one, and the symptoms given mere suggestions; but if we remember that the whole range of the *Materia Medica* is our hunting ground, we realize that we have a broad field for research.

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Dr. MacLaren (D. C.): I move that we adjourn until nine o'clock in the morning and not ten.

Motion regularly moved and seconded, carried.

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## THE HYGIENE OF PULMONARY TUBERCULOSIS.

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

One strong factor which induced me to write upon this ever present disease, was a lecture given by one of our friends of the other school, entitled, "Modern Methods of Treating Tuberculosis." These up to date methods, all non-medicinal, were so strikingly similar to our own very early directions for the care of our patients, I thought it might be a matter of interest and profit if we observed this similarity.

Time has so modified the ideas of the old school upon this subject, we will find that our first methods have become their last, and their last have become our first. Listen to these orders of the day. "Rest in bed during the fever." This is not new. We all agree. "Auto-inoculation may be produced by the proper amount of exercise." We may never have talked about "auto-inoculation," but we have always advocated exercising only to the point of beginning weariness, and never to actual fatigue. Auto-inoculation is a big word. Do you know exactly what it means? I do not, but I do know that "rest" spells decay. If exercise is desirable for

the development of the normal individual, the sick must do their required amount. If their exercise which starts a more active blood circulation, is auto-inoculation, all is well, but we must read the "Opsonic index to learn whether a positive or negative phase has been reached by this exercise." Again we say if your patient is improving under the exercise prescribed, something is doing him good, and vice versa, which fact is equivalent to having the patient read his own "index" for us.

In the matter of food, we are told, that "many patients are overfed." Isn't that strangely modern? How commendable to our research work, with its boasted new discoveries, to find out at the end of two thousand five hundred years, that you cannot build up a human organism if it has nothing to build with. Tubercular patients are seldom prone to constipation, hence we cannot use "clearing out" methods, or they would never have accused anyone of being overfed. The popular advice is three meals a day, and all of the easiest assimilated food. Feed between meals if hungry. Avoid all fried and greasy foods, pastries, etc. The young, the neurotic, women at the menopause, and those who have excessive bronchial secretions, for these a high altitude is recommended. Most cases need only slight changes in climate. The most desirable condition is peace of mind; fresh air, as opposed to foul; warmth and cold must be individualized." This is not strange, rare, or peculiar, only modern. What we have always said regarding the preferable climate for the treatment of phthisis, is distinguished by the five following attributes, named in the order of their importance. "1. Dryness as opposed to moisture. 2. Coolness, or cold, preferable to warmth or heat. 3. Rarefaction, as opposed to sea level pressure. 4. Sunshine as opposed to cloudiness. 5. Variability of temperature, as opposed to equability. To these five principal characteristics are added five subordinate ones as follows: 1. Marked diathermacy of air to be preferred to the smoky atmosphere of cities or the dense air strata of moist air currents. 2. Radiation and absorption of heat by rocks, and sandy loam, better than latent absorp-

tion by water and damp clay soils. 3. Mountainous configuration of country (quick drainage) contrasted with flatness and of level station. 4. Frequent electrical changes of atmosphere also moderate winds (except in quite cold weather) preferable to continuous stillness of air. 5. Inland altitudes contrasted with sea air."

The best climate for the tubercular patient is that in which is obtained the greatest freedom from mental and physical suffering, a climate that is adapted to the peculiarities of each individual case. In other words, the climate, like every other good thing for the patient, must be selected not for the consumption, but to meet the needs of the patient. The only general rule that can be given with any semblance of safety, is, that whether cold or warm, the atmosphere should be dry, example, wherever animal food lasts indefinitely when hung in the open air. In such a climate the tubercular patient has his best chance. Be it remembered however, that change of climate is not as essential as life in the open air. Persons prone to catarrhal affections of the mucous membranes of the respiratory tract, should be warned against wetting the hair before brushing and allowing it to dry by evaporation. Catarrhal troubles are rarely found in people who do not suffer from impaired digestion.

Care of the skin is a most important part of the tubercular patient's daily order of exercises. A sponge bath every morning with water which has stood in the room over night is one of the best preventative of colds from exposure to atmospheric changes. All baths should be taken rapidly and followed by friction rubs. Diet, like everything else pertaining to the care of the sick or the maintenance of health, must be individualized. It is impracticable if not impossible to prescribe a fixed diet that will agree with all patients. But when a diet is found, which perfectly agrees with the patient, and which contains enough of the necessary food elements for proper nourishment, stick to it. The person who obtains the most nourishment from the least food has the best digestion or has learned the difficult art of self nourishment. This accomplishment is of infinite value to the tubercular patient.

But the knowledge of what to eat, and how much, is not enough. Your patient must understand when to take food. The vitality of each and every bodily function must be conserved. Digestion of food should never be demanded of an organization worn by physical fatigue or under any severe mental strain. Gregg writing on tuberculosis says that "immunity must come from attenuated cultures." "Von Behring produced passive immunity in cattle with small doses of Tuberculin." "In fact the milk from these cows immunized the children who drank it." My query is how long were those cattle immune? How long were the children immune? But I have found no answer yet. Tuberculin is the only useful remedy claimed by the old school *and it is not "a specific."* Tuberculin is indicated in few cases. It is contraindicated in hemorrhage or fever. It seems to arouse the chronic in active cases. This sounds very familiar. A real echo of good homœopathic teaching, is it not? But when we come to the duration of treatment, this is what we hear. "Keep it up to the fullest point of toleration. Temperature reactions do harm." Did you ever listen to more contradictory statements. The first tells us to reach the highest point of safety; the next sentence warns us of great danger if we do.

"The mechanical methods advocated are pneumothorax by gas inflation. This controls hemorrhage. Do not use in early cases except in hemorrhage, nor in pneumonic phthisis, where there are many adhesions. Never use it in lower lobe lesions. In cases where there is fluid in the chest, do not remove only to the point of free breathing. This fluid produces artificial pneumothorax." This last injunction concerning fluid in the chest is interesting, but not instructive to any one capable of drawing logical conclusions. Does it not sound reasonable if you draw off the fluid allowing the lungs to expand, you only increase the surface of inflammation. Injecting to contract the lung capacity, can only be palliation at best. True it may slow down the expectoration, but it will induce more rapid structural changes in the combined surfaces.

Thus it seems that every radical agency for the mechanical alleviation of symptoms in this dread disease, has its limitation set. The future will doubtless reveal and develop much that is still hidden. The great dangers to avoid are the many will o' the wisps of false promises and premises which are bound to flash their brief radiancy before us.

## Bureau of Surgery

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### FOURTH SESSION.

9.10 A. M., JUNE 25TH.

Dr. Taylor: Meeting will please come to order.

Dr. Boger: I propose the name of Dr. Glen I. Bidwell, Hering Medical College, class of 1905, for election.

Dr. Taylor: You have heard this motion that Dr. Bidwell be named as a member of this Society.

Regularly moved and seconded and Dr. Bidwell is elected to membership.

I will appoint a committee consisting of Dr. Krichbaum and Dr. Boger to audit the report of the Treasurer.

Dr. Taylor: I will also appoint someone to take charge of the Bureau of Surgery as Dr. Sayre is not present. (Unanimously voted that Dr. Taylor take the Chair).

Dr. Taylor: The first paper will be "Clinical Cases."

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### CLINICAL CASES.

BY THOMAS G. SLOAN, M. D., SOUTH MANCHESTER, CONN.

1. A man of thirty has a synovitis on his wrist brought on by doing unusually heavy work. It is painful and swollen

and crepitation can be felt inside the tendon sheath. The condition interferes with his work.

He was given *Rhus tox.* 1m, one dose, and reported cured in five days and went to work.

Synovitis is not a very satisfactory thing to treat by ordinary methods. It practically gets well when it gets ready. External applications do not amount to anything. About all there is to do is to put on some sort of dressing and keep the part quiet until the inflammation clears up. However he was given *Rhus tox.* 1 m.m., one dose. In five days or one week there was absolutely no trouble.

2. A young man has had a follicular tonsilitis, beginning on the left side, going to the right and coming back to the left. He was given *Lachesis*, and *Lac. can.* The following day there was much swelling on the right side of his throat and it was evident that he had a peri-tonsillar abscess (quinsy).

At 10.00 a. m. he was given *Belladonna* 1m. At 8.30 p. m. he was worse, was chilly, had sticking pain, and the swelling had increased. He was given a c.m. of *Hepar sulph.* and the abscess broke sixteen hours later with complete relief.

3. On February 15 an Italian nearly severed his right thumb in a buzz saw; the bone was entirely cut through and the soft parts about two-thirds through. He was sent down for amputation. I cleaned the wound as thoroughly as possible with *Calendula* and put on a posterior splint without taking any stitches. By March the bone was uniting but the soft parts showed no signs whatever. I took one deep stitch and gave him a dose of *Silica* 10m. He was discharged three weeks later with a perfectly healed thumb.

This fellow was an Italian and the wound was right through the bone and some of the soft parts were left on the side. He was sent down from the mill to have it amputated. I never like to take stitches in these wounds because you so often get infection and then they have to be cut out and you are worse off than you were before. Every time I changed the dressing the wound or the soft parts would gap right open. There was absolutely no sign of healing. I took one stitch there,—

(there was no danger of infection after two weeks) took one stitch there and gave a dose of Silica. He was discharged three weeks later with a perfectly healed thumb. I think that was rather a good case because usually when the soft parts do not unite inside of two weeks, they usually do not at all, unless you do something pretty desperate.

4. An Italian of thirty-four who speaks little English has had a fistula in ano for five months. There are three openings on the right side and one on the left, all external. There is considerable thick discharge, and he has pain on walking. He also has a frontal headache, offensive foot sweat and rheumatism in his right shoulder. One can feel a mass of inflammatory tissue about three inches long to the right of the anus which is very tender.

He was given Sulph. c.m. and three weeks later as there was no apparent change was given Silicea 30 three times a day for a week, which caused an aggravation.

In six weeks more without any medicine there is great improvement, no pain, no tenderness, the opening on the left side and one on the right have closed, the discharge is very much less, and instead of a large mass of inflammatory tissue there are two very small lumps left.

5. A woman of seventy-two sent for me April 25 on account of a pain in her thumb as if there were slivers in it. I found it swollen and very sensitive to touch and gave her one dose of Hep. sulph. c.m.

April 26. Thumb less painful, but the back of her hand and wrist are much swollen and the pain extends up the arm. Temperature. 101°. This was 10 a. m. She was given Rhus tox. 200 qih. and at 5 p. m. the pain was about gone, but the swelling was extending upwards and the temperature was 102°. She continued the Rhus tox. q2h.

April 27. Practically no pain, but the temperature remained 102° and the swelling was worse. Rhus tox. 200 q2h.

April 28. Slept well last night. No pain, temperature 99° in the morning, 100° evening. Large blisters have appeared. Arm greatly swollen.

April 29. Inflammation has reached the elbow; axillary glands enlarged and tender, temperature 100°. Bryonia 200, five doses.

April 30. Swelling receding a little near elbow. Temperature normal. Pulse 88 (has been 100).

May 1. Skin more inflamed over arm and wrist, blisters larger and fuller. Bry. 200 (6).

May 2. No better, Rhus tox. 1m.

May 3 and 4. Improving.

May 6. No change. Rhus tox. c.m

May 7. Great improvement.

May 9. No change. Soles burn at night, puts them out of bed. Sulph. 1m.

May 10. Great improvement, swelling receding.

May 11. On back of forearm where the most marked swelling remained several openings appeared discharging pus very freely.

May 14. Still discharging. Back of hand which is still much swollen and where fluctuation is very evident, incised and discharging freely.

May 18. Discharge much less—serum, not pus.

May 25. Discharge has ceased.

This case is interesting from several standpoints. We have a woman of seventy-two with a rapidly progressing cellulitis, severe pain, fairly high temperature and markedly poisoned. After the third day she is free from pain in spite of a greatly swollen and inflamed arm.

After the fifth day her pulse and temperature are normal and she sleeps well and eats well, in other words, there is no more systemic poisoning.

Until the fifteenth day, any incisions would have been guess work, one could not have known where to find pus and any surgical procedure under ether at her age would have been undesirable. The discharge began on the sixteenth day and ceased on the thirtieth, draining two weeks. There were no painful dressings, packing, etc.

During this illness, a chronic constipation of over ten years

duration, in which time she has never had a movement without a cathartic, was absolutely cured.

It was getting redder and looked a good deal worse. I continued with Rhus tox. every two hours. Did not give her anything that day. Now that was a case of blood poisoning coming on in the arm of a woman of seventy-two who was breaking down and these cases are very serious things. Usually they are sent to the hospital and a great many incisions are made. In that stage of the game there was no localized pus,—you don't get anything. She would not go to the hospital, and I didn't see any surgical work there, so I asked Dr. Case to come out and see her and he suggested Bryonia, which he gave her.

About the time I gave her the Sulphur the swelling on the front of the arm began to clear up but on the back of the arm it seemed to be localized,—pitted on pressure. Two days after she had Sulphur, on the posterior forearm several openings appeared, discharging pus very freely. About the time I gave her the Sulphur the swelling seemed to be localized on the back of the arm and on the back of the hand. It did not show any tendency to break on the back of the hand, and I made an incision and got a great deal of pus. She had been failing mentally for a number of years, especially during this illness. She was restless, did not know what she wanted, and she was decidedly out of her head, and yet, after the third day, she had no pain at all; never had any after that. She is free from pain now, is normal, and yet she had a vicious looking arm. And the last, and most interesting observation is, that for ten years she had never had a movement without taking a cathartic. Since that dose of Sulphur her bowels had moved daily. In other words, during her acute illness, the chronic constipation of over ten years standing was absolutely cured.

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Dr. Krichbaum. This is the only time I want to talk today. I was much pleased with that paper, and with the doctor. It is very gratifying to know that a man who has come from the other school, has learned how to do the trick.

Taking his first case of synovitis, that was a remarkable cure. Right here, I would like to report that I cured a man of chronic contracted ligaments of the fingers and hand (an inheritance) with Causticum, one prescription. I don't want to talk about one dose, though in this instance it was one, because I do not believe we should be so frequently quoted as doing so many things with one dose. I had another rather peculiar case, an Italian, who could neither speak nor understand English. He had cut open his middle finger and taken out a piece of the bone. You could hold the finger up and see right through it. I kept him in the office for an hour waiting for an interpreter to come and make the fellow understand that I must amputate what remained of his finger. The friend arrived but I was only permitted to dress the wound to the best of my ability and dismiss my frightened patient. I assured him that he would positively lose his finger, a prognosis which he happily did not understand. Three weeks afterwards I saw him on a wagon, and he waived that finger at me. It got well.

Now for the doctor's third case, the cellulitis. I am reminded of the words in Scripture, "The Lord loveth a cheerful giver." To my mind, the doctor gave a little too much, and I would suggest to him, if he meets that kind of a case again, to give a low potency. In all suppurating conditions you will find that a very low potency from the 6th to the 30th will work better. That has been my experience.

Dr. Williams: To hasten suppuration?

Dr. Krichbaum: Yes, where you have it. I was glad Dr. Sloan had the courage not to commence cutting it open, and I commend him for it, but I do not commend him for his frequent giving. I think he was a little too generous in giving the remedy. The next day the temperature dropped to 98° after the administration of Bryonia, he should have, in my opinion, awaited developments.

Dr. Taylor: Are there any other remarks on this very excellent paper?

Dr. Bidwell: Just one thing about this pus in cavity business. I believe it is wrong to give a remedy to remove

pus from the cavity. It is all right where it is in the arm but you get pus in other places,—in the abdomen, for instance, and you do not know what is going to happen if you give a remedy. Right along here is where the blood examination counts. Give Silica with an abscess around the appendix,—where is it going to rupture?

Dr. Krichbaum: When you get to that point read the Organon.

Dr. Boger: Fortunately, or unfortunately, I don't really know which, we all have different experiences; perhaps it is better for the patient that such is the case. In expelling pus from a cavity I know of nothing more certain when it is indicated than Kali bich.

Dr. Bidwell: You have a place to turn it outside,—in the abdomen, you have not.

Dr. Boger: That is true. But Kali bich. will clear up the proper case wonderfully. Last spring a man came to me who had had an infected finger, after that healed up the sub-maxillary gland became affected and cellulitis followed. His whole neck was stiff and hard as it could be; head turned upon one side and the thing was positively hard all the way around. Under allopathic treatment for a month it did not change at all and he became alarmed, especially as they wanted to operate. The parts were very sensitive to touch in spite of being so hard. The fellow was chilly all the time; his work also took him into the water a good deal. He received a single dose of Hepar; in a few days a soft spot formed in the center; in a few days more it began to pout and I put the knife into it. The man made a complete recovery after a single dose of Hepar.

Dr. Williams: In the matter of pus or inflammatory conditions in cavities I think what Dr. Bidwell has said is in a measure true. At the present time I am associated with Dr. Muncy in his ear clinic. We have had twenty-six cases of mastoid this past winter which have been almost entirely treated by one remedy—Capsicum. In fact it is quite a joke now, that we have no operations for mastoid, and in the treatment of mastoid conditions we find that Capsicum will almost

invariably do the work in twenty-four hours provided, of course you have indications for it, and it seems as if we had indications for it in a great many cases. It is very interesting to see—in twenty-four hours the temperature comes down, the mastoid condition disappears, and drainage takes place through the middle ear and ruptured drum head.

This spring we had another very interesting case; abscess in the parotid gland, which fortunately for the child, an Italian, drained from the duct into the mouth. There was a constant flow of pus from the duct into the mouth. The child had been sent in by an old school physician and the family had been told that an operation would be necessary. That child has had exactly two doses of Silica, and the gland has come down to about the size of a small pea and the supuration has practically subsided.

Dr. Krichbaum: While en route to this meeting, I made an acquaintance on the train. Learning that I was a physician he asked my advice about his wife's case. The history of the case was as follows: His wife during confinement, suffered a complete laceration of the perineum, clear down to the rectum. Her attending physician, a homœopath, proceeded to treat this patient medically for the inevitable prolapsus following such a tear. You can imagine how much of a cure he wrought. The layman's question was, what would be your course in such a situation? My reply was by all means repair the damage done mechanically. It would be as absurd to prescribe a dose of medicine to remove one of these passing telegraph poles, as to rely wholly upon medicine in such a case. The man then went on to give me a little subsequent history. The patient was transferred to the care of an allopathic surgeon who upon examination found a slightly encysted ovary. He removed both ovaries for good measure and of course sewed up the tear. My acquaintance of the train asked my respected verdict of the two treatments. I told him the homœopath was a fool, and the allopath a criminal. To my mind the ovarian trouble was due to the drag upon the broad ligaments, which an early and successful repair would have obviated.

In paragraph three of the Organon, Hahnemann has given us more than a hint for the conduct of such cases. It is vitally important to know what are the obstacles to recovery in any given case and be able to remove them.

Dr. MacLaren (D. C.): I have had at least one undoubted case of pus in the appendix that I cured by using the remedy. Patient made splendid recovery after the preliminary symptoms subsided. Pulse and temperature subsided under Belladonna; the case developed area dullness and a peculiar Arnica soreness and she responded to the internal administration of Arnica with entire disappearance of all that condition.

Dr. Boger: This matter of draining pus from the appendix presents more phases than is generally supposed. It is very often a question of internal tension; if this is not great, you must remember the appendix may open up and let that pus into the bowel. It is all a question of knowledge and judgment. Men who practice with the knife are apt to think with the knife and if confronted with an infection are apt to do a little surgery before they get through. The conservative view of the thing is the best. A gangrenous appendix presents a different question, entirely, but pus in or around the appendix, or a pus abscess is an entirely different matter requiring much discrimination and often the knife. Phosphorus will do a great deal to absorb pus; that has been my experience, especially in mastoiditis.

Dr. Krichbaum: Be sure you are right and then don't let anyone else get ahead of you.

Dr. Farrington: This is an old "bone of contention." To start a discussion on appendicitis with pus cavity is almost like waving a red rag before a wild bull—though I believe practically all of those present take a rational view of the question. The difficult matter is to decide whether you have a simple abscess or incipient gangrene of the appendix. If the picture of the remedy is clear—if you can have no doubt that your selection is the simillimum, you are justified in giving it and treating the case "conservatively." But if you are not certain, I say call the surgeon, for you have no time

to correct your prescription and a second error may prove fatal. And another point: if the symptoms upon which you have based your prescription have no relation to the lesion itself, you can rest assured that your remedy will do good work. For instance in the case of a woman with swelling in the appendiceal region; as consultant I recommended *Carduus mar.* chiefly on the symptoms centering about the gall bladder. The appendicitis quickly subsided and the liver symptoms vanished as well. Again in a case diagnosed as "ovarian abscess" which a very competent surgeon said had to be operated on to save the life of the patient, *Lac. can.* acted promptly and efficiently. The chief indication was pain that alternated from one side to the other. I pointed out to the young physician with whom I saw the case, that although the lesion was on the right side, most of the pain and tenderness were in the apparently sound ovary, namely on the left side, and that we could therefore feel safe in waiting on the action of the remedy. The result confirmed this prediction.

Dr. MacLaren (K. C.): Dr. Charles Becker and myself had an interesting case. Knee, in a carpenter started in with a house maid's knee, and either I did not get the right remedy, or he used it too much, the region around the patella soon became painful and the knee joint became swollen and contained fluid. *Belladonna* was the remedy given. I had Dr. Becker in consultation on the case and he did not see any other remedy that would suit the case, any more than that one. Tapped the knee and the first time there was serum, pains were more severe, enough to bother the patient very much. Temperature never went above  $100^{\circ}$ . He looked very sick though. Tapped it again and got clear pus. Took patient down to the Provincial Hospital and there was found to be a pure streptococcus infection. I still gave him an occasional dose of *Belladonna* and let the case go on for another week, with a back splint on the knee. Swelling worked around to the outer side and towards the hip or the thigh and it looked as though it was coming to a head. Dr. Becker and I gave *Cocaine* locally and made two openings, one at

the right of the knee where it was going to break and the other in back; washed out the joint with saline solution, took off the splint. Dr. Becker left recommending a dose of Sulphur. Patient has a perfectly good knee today. No stiffness or anything of that nature.

Dr. Becker: You know, Mr. Chairman, Dr. Sloan's paper appears to bring out ideas of the homœopathic school held ever since its inception and they were corroborated wonderfully by the Russian-Japanese war. Up to that time military surgery was an open scandal. No care was taken to save the limbs and a man with a bad wound in the extremity was almost sure to lose it. The soldiers hated to think of a wound in the extremities because the surgeons found it easiest and simplest to amputate. They claimed that typhus fever and the old trouble, gangrene, would wipe out the wounded. But with the Japanese a new era was instituted in military surgery. It was so remarkable that at the time I was very much struck by it. Instead of probing and trying all sorts of agonizing stunts they cleaned and bound up the wound and sent the patient out into good comfortable hygienic quarters and the result was that they started a new record in recoveries and in getting their men back into the firing line quickly and I think the result has had some effect in the treatment of wounds at the present time. The wounded were treated in the airy tents instead of being closed up in warm, insanitary quarters as they used to be, and the result was they had recoveries that surprised the world. We are having trouble at present in Canada and Great Britain trying to prevent inoculation of our soldiers with typhoid serum and we are quoting the example of the Japanese and their results in obtaining such low typhoid mortality, their care of their camps and their water supply and everything, but we can get few to listen. But they must listen eventually for all want to guard against typhoid fever and Japan surely gave us a lesson there. They sent ahead, took charge of their springs and streams, guarded them against contamination and the result was that their low death rate was something that the world had never seen before.

Now with regard to letting things go. The tentative treatment has always struck me as being an excellent one and Dr. Sloan's paper was one after my own heart. Last winter I saw a little girl who was hanging on to a large sleigh and the sleigh skidded and her hand was caught between the side of the rack and a cement post and badly smashed. Three fingers were laid right open into the bones and the articular surface of one bone was hanging outside, by a mere thread. I put her under Chloroform, and cut that off, trimmed up the lacerated tissues that were hanging out, took a few stitches and didn't bind it up at all; I put a piece of cheese cloth around the hand and let the coagulated blood protect the wound. I watched it every day and the result was that the hand got along beautifully. I don't believe we make many mistakes by waiting. I think this has been the experience of the older men. In the days when we didn't know the cause of many troubles we had less mortality than now when we do know the cause and have more operations—appendicitis for example. I can remember when King Edward was lying ill under Treeves, the English surgeon, the American surgeons were criticising because of the delay in operating. Treeves waited patiently and eventually opened the appendical abscess and the king made a good recovery.

Dr. Bidwell: I seem to get in wrong here. I am no surgeon. I do not have two cases a year to operate on. The point I wanted to bring out in using Silica and Hepar sulphur they work promptly. We do not know what is going to be the result. If it does not go down to these places and raise the devil then you are lucky and when you give something like this to a patient and nature seems to be taking care of things you must expect it to work thorough and it usually does. Nature is going to bring or throw it off the easiest way. If we are fortunate enough to have it rupture in the gut and go out through the rectum, you are lucky. I saw two cases work that way. I was fortunate. On the other hand, I saw another,—belonged to a good prescriber, better than I could ever hope to be—and he was unfortunate. It

makes you sit up and take notice when you slip up in that way.

Dr. Becker: I hope I am not misunderstood. There is no doubt that there are a number of cases requiring the knife. I was talking in a general way,—I do not think I had your observation in mind when I spoke.

Dr. Stearns: I want to call your attention to *Calendula* when pus is found. I have found it a specific for scalp wounds that have become infected. It was first suggested to me by Dr. Edmund Carleton. A man was brought into the hospital after a drunk, who had a scalp wound that had been stitched up. The wound became infected and pus began to spread under the scalp and the interne was called up in the middle of the night, because the man was bleeding. To get the bleeding point, the scalp was laid open just to the left of the median line, from the forehead to the occiput. The pus had dissected so that the scalp fell down over his ear. I could not get it to heal. Among other things, I dressed it with *Calendula* (that was when I first went on the service) but week after week it didn't make any progress. Finally I asked Dr. Edmund Carleton, "Is there any remedy that is specific for this particular type of infection?" He said, "Give him *Calendula*." I ran some of the tincture up to the 8th, and gave it every two hours. I never saw anything change so fast. Within forty-eight hours the pus had changed to a slimy, stringy discharge and the scalp had begun to attach itself. After that whenever a case came in of that type I took out the packing and gave *Calendula* 8th and they healed up very rapidly. You know there are no symptoms in these cases, all you have is infection of the scalp and *Calendula* is a specific.

Dr. Taylor: Shortly before I came to this meeting I received a reprint from an old school doctor from Macomb, Ill., which is rather interesting to Homœopaths, and it shows the trend of the other fellow. It was in regard to appendicitis. I am very sorry that I lost that reprint; unfortunately I left it on my desk and it was thrown into the waste basket. The paper covers a series of over five hundred

cases of appendicitis treated in a hospital in Macomb, Ill. The mortality was very low—I do not just recall the exact figures—but the point that he makes is that they did not operate at all upon these cases unless it was necessary—say if an abscess formed, to drain the pus. They took this method several years ago of treating them rather than interfering surgically and if an abscess does form, open and drain it; carry them along and get them well. Do not operate unless it is really necessary. He described these cases in a series of over five hundred and his results were certainly very good. If any of you care enough about it write to the Macomb Clinic, Macomb, Ill. It certainly is interesting to us. Over five hundred cases and a very low mortality. So I repeat, unless you have to, unless you have an abscess there that has to be drained, do not operate. Popular opinion is now swinging the other way and the better men do not. There are many cases that should not be operated upon so they will swing back and get to our position after a while. Do not operate,—wait.

Dr. MacLaren (D. C.): That is something that is really helpful and tangible,—that every last man of us can carry away and carry forward for years into practice.

Dr. Sloan touched upon an idea that I want to boil down and elucidate a little further and that is this (and it is a pretty general principle all the way through in the practice of Homeopathy, that is a careful, intelligent practice of good Homeopathy, and this is the rule). We have got a vitality to deal with always. It is not how good a prescriber you are, it is not what potency you use, it is that one thing which the patient has, that wonderful human vitality. Here is the rule. The more definitely and clearly that vitality brings out the picture of the case the more surely you can depend upon the remedy and hang to it. The more obscure and indefinite these symptoms are, the more likely you are to have to refer to surgery or to other procedures, if called for. The more hopeful you can be with a clear cut case, clear picture of your symptoms, the more certain you are of getting good results from your remedy. I have seen absolutely fatal cases pre-

sent picture after picture of beautifully clear cut indications of the remedy and yet the vitality could not hold under the strain, would make a splendid response for an hour or so,—pick up, show a picture clear and bright and then fail you. And this is a pretty good rule for every one of us to carry with us, the more definite the picture of the remedy, the more you can depend upon the remedy alone.

Dr. Baker: I was very much struck by a remark an old school man made to me some time ago. He said, "I have learned that if you have masses of adenoid tissue affected you had better leave them alone. I do not mind opening up a single gland but I have learned better than to go digging around in the neck." I thought that was rather remarkable.

Dr. Taylor: The next paper is one of Dr. Carleton's and will be read by Dr. MacAdam.

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### THERAPEUTIC ENCROUCHMENTS UPON THE FIELD OF SURGERY.

SPENCER CARLETON, M. D., NEW YORK.

That which I have to offer for your consideration here today is not wholly new to such a body as this Society. Yet the extent to which the physician can at times supplant surgical procedure by purely medical means may not have come under the observation of some of you.

Among the first points grasped by the student out of our voluminous *Materia Medica* are the rough general indications, *Arnica* for contusions, *Calcarea* and *Symphytum* for hastening fracture repair, *Hypericum* for nerve injuries, *Staphisagria* for clean cut wounds, *Calendula* for ragged tears. To the list may be added *Ruta* for injuries to the eyeball, *Aconite* for foreign bodies in the eye, *Ledum* or *Plantago* for deep punctures, etc. These simple points are generally retained in the memory, and yet how seldom do we find the homœopathic physician, even the true "upholder of the Faith," utilizing them in daily practice beyond perhaps the *Arnica* for baby's

bumped head. If, however, for example, you have seen as I have a few doses of Calcarea promptly bring union for an aged patient in a fracture that all the surgical skill and care imaginable—even to wiring the fragments together—could not make unite, you will remember and utilize your generalities, you will be slow to turn over your case to the surgeon, and when you do you will insist that he shall not prevent your crowning his efforts with success with your remedies. In the short time available here and now it will be my endeavor to indicate all too briefly how much can be done by medicines in those cases too often considered wholly surgical or mechanical.

Medical treatment of neoplasms is more customary and its discussion would carry us too far afield. Naturally then we are led to consider chiefly traumatic conditions.

Some years ago I had the honor of announcing to the profession a number of cases of rupture of muscles cured by Kali carb. Without entering into details of the case, histories for which we have not time, suffice it to say that this indication has since been verified by others, with astonishingly successful results. In one instance, rupture of the quadriceps femoris at its insertion into the lig. patellae, most painstaking surgical treatment for nearly two months had given no repair. Competent surgeons pronounced the prognosis hopeless, the patient being over seventy years of age. Within ten days from the administration of Kali carb. repair was well begun and in a month union was perfect. After some practice function was completely restored, so that the patient not only walked but danced. He was an actor. In two instances restoration was established almost as promptly after suture of the muscles had utterly failed. In another case the remedy succeeded after all other methods had failed to reunite a rupture of the latissimus dorsi, with a gap almost exactly the size of my forefinger. The patient once more paddles a canoe, during which exercise, by the way, the accident originally occurred. Having had not a single report of failure of the remedy in this condition, I believe it safe to assert that in rupture of muscles whenever no disease conditions calling for other remedies exist Kali carb. will not only assist but often

perform the cure when surgery alone fails. That is a broad general indication, but some of my friends, like myself, have come to depend upon it just as securely as "Arnica for bruises."

In a neighboring suburb I gained considerable reputation as a "tonsil specialist." Among the many cases of enlarged tonsils and adenoids presented, something like 35% required prescribing for constitutional conditions according to the law of similars and in the customary way. In the remainder, however, there seemed to be no guiding symptoms. The whole history was negative, except the purely local and perhaps a few attendant general symptoms. At first I tried to prescribe upon these. But results were so indifferent that at last, almost in despair of averting the threatened surgical removal, I resorted to the little proven and at that time to me untried remedy; *Agraphis nutans*. On the meagre indication: "Adenoids and enlarged tonsils in absence of other symptoms" the results were most satisfactory. The overwhelming majority made rapid and permanent recoveries, those who drifted away or ceased treatment being included. Parenthetically let me add that I have yet to see the case wherein tonsils have been cut out that did not show some subsequent incapacity, debility, impairment of voice or reduced resistance to disease directly referable to the tonsillar removal. I have seen several fine voices forever ruined by it. One striking illustration of the effects will be worth your attention. A large strong athletic young man of twenty-five, who suffered from constantly recurring attacks of tonsillitis, compromised between the counsel of his allopathic adviser and me and had one tonsil removed. His attacks had previously been bilateral, averaging every five or six weeks in winter. For over two years immediately following the excision he had sore throats with greater frequency and always thereafter on the side of the removal. I cannot call the attacks tonsillitis, for no one could discover any remnant of a tonsil on that side. The remaining tonsil though enlarged was never sore or acutely inflamed. He had been a singer, but his voice permanently lost its quality. He was convinced

by his experiment that the knife is not the best or even good treatment for enlarged tonsils. He had not had medical treatment preceding the operation. Subsequently I found his case more intractable than most. This I attribute to the misplaced surgery. If then in this brief summary I have succeeded in giving you my conviction that the vast majority of cases of enlarged tonsils and adenoids are not difficult to cure medicinally, and that the results of surgery are open to severe and just criticism, how much better is the medical treatment!

Much has been written on the subject of Calendula, but those of you who like myself have seen it heal in ten days an ischio-rectal abscess that had been packed, cauterized, sutured, strapped, irrigated, insufflated and salved with much if not most of the materia medica for upwards of a year, will not despise the generality in the indication of "Calendula for suppurating wounds." Just what the physiological action of Calendula may be is a moot point. One thing seems certain, it raises the vitality of suppurating,—i. e., infected,—tissues, walls off abscesses, soothes inflammation, inhibits burrowing and auto-infection; in short increases the resistance of the tissues to infection. The empiricists of old extolled this drug, and we, recognizing that increased resistance,—immunity,—is the fundamental idea of modern medical science, should give this drug its due. Let me add it is just as valuable for clean aseptic incised wounds; not only as a prophylactic against infection but more properly to promote granulation and repair. The case cited will indicate its use in a condition commonly considered ultra-therapeutic but in reality ultra-surgical and truly medical. It would require a separate essay to point out the chief applications of Calendula in this sense. One further point, however, I am impelled to mention. How many of us realize the value of this drug as a *hemostatic*?

A patient in Denver suffering from an enormous sarcoma involving the left side of the neck, head and face, in my absence and contrary to my advice, had extracted a molar tooth which had been loosened by the tumor. The hemorrhage though slow and passive could not be stopped. Operation

was impossible. I was summoned to Denver only to find on my arrival that my telegraphic instructions to use *Calendula* had been ignored—ostensibly for lack of the drug. The hemorrhage had lasted many days and in the patient's generally weakened condition had become dangerous. Throughout one night the dentist had held the parts together with his fingers, but without avail. I packed the cavity with cotton saturated with *Calendula* and left it in place twenty-four hours. There never was any further hemorrhage. A word of caution in this connection. Many laymen and even physicians apply *Arnica*—a severe instant poison—after extraction of teeth with an idea of easing the soreness. The result is generally just the contrary, sometimes dangerous. Just try *Calendula* instead and watch the difference. The gums will usually be firm and insensitive enough the following day to enable the dentist to take his "impression." The same applies to contusions: no matter how extensive, if the skin is broken *Calendula* should be applied instead of *Arnica*.

The foregoing inferences for *Agraphis* and *Calendula* suggest another brief generality deserving of more attention in surgical or extra medical conditions. *Echinacea* has had a little proving. The symptom picture in most minds is of a low septic condition. The indication that served me was boils in successive crops. A number of drugs are prominent under this notably *Silica*, *Sulphur* and *Arnica*. But in the absence of constitutional symptoms, what is to be done? A vigorous young man pricked his thumb on a wild rose thorn deep in the Canadian forest where germs are supposedly non-existent. The tiny puncture healed promptly. Then the epitrochlear and later the axillary glands became tender and swollen. The latter developed into abscesses. He went home. The abscesses were evacuated and treated by a skilled surgeon. Leaving the axilla they became multiple, extending over the body. Scarcely would one heal before another would form. Treatment medical and surgical seemed unavailing. Strange to say, the temperature was normal and the patient apparently well except for the local discomfort. A large ischio-rectal abscess was particularly troublesome when I first saw the

case. I prescribed Silica and other drugs without effect. Then I thought of the generality under Echinacea:—"Crops of boils in various parts of the body." I gave it. The last abscess—ischio-rectal—discharged and healed in a few days. The others never matured and none formed afterward. Since then a number of cases have led me to place Echinacea on a parity with Silica and the rest for crops of boils or abscesses, particularly if, as in that case, there were no other ascertainable symptoms.

I had intended adding to the list of conditions commonly regarded as surgical but in my opinion more readily amenable to remedies: appendicitis, cataract and wounds of the eye, concussion and traumatic effusions of the brain, together with their illustrative cases, with the idea of indicating the variety and scope of such extra-medicinal possibilities. But inasmuch as the material already given exceeds the time intended these must be omitted.

In conclusion, my presentation seeks not the novel or spectacular, but I urge careful prescribers such as this Society preëminently represents not to be too ready to adjudge a condition surgical, or to pass too lightly over the generalities. Prescribing upon key-notes, "red-strand" single symptoms or broad generalities is not only a bad but a growing habit. To the members of this association, however, it is a negligible danger. On the other hand, may we, do we not sometimes go to the other extreme, seeking finer shadings and trying to patch together a fabric of tiny or trivial symptoms with repertory and dictionary, when the salient and determinant are before us? The danger of this symptom habit is perhaps worse than the other. At all events it is the foundation for the scoffing which we as a school so often receive. Usually we are accused of prescribing drugs for a bean in the nose. That is not always a joke though it is foolish. In my estimation the symptom habit, though perhaps of less degree, is folly of the same order. To cure the patient's symptoms the counterpart is to be found in the drug pathogenesis. In the latter the selection and ranking have been done for us with the utmost care. Its acme lies in the great generalities culled from the

experience of the masters of our art. Unless we analyze and arrange likewise all is confusion. In fine, we must first of all select and weigh our symptoms. Then, given the proper anamnesis, many of the conditions commonly regarded as incurable, surgical or mechanical, become amenable to medicinal treatment and better so.

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Dr. Taylor: Certainly a very excellent and interesting paper. I would like to have some discussion of it if anyone feels like starting it.

Dr. Stearns: I can confirm the use of *Agraphis nutans* for enlarged tonsils and adenoids. It is near a specific where there are no symptoms. I know of no symptoms for it except the condition, and of course if you have symptoms you usually find a remedy that helps. If you get so far and your symptoms have cleared and there still remains enlarged tissues, *Agraphis* will help. It is an excellent remedy.

The observation the doctor makes of infection that occurs in the wilds where germs are not supposed to be, is an interesting one. Some of the worst cases of infection occur among farming people in the country who are supposed to be away from all infections.

Dr. Krichbaum: The point made there of infection coming in the woods, brings to my mind what I have always contended, viz., that infection comes from within. It is in the patient. Take a man in the woods and feed him on stale beef, and black coffee and his vitality is bound to be low. To resist infection under such circumstances is almost impossible.

Dr. Boger: I had very instructive experience in removing tonsils. A young lady had her tonsils removed for recurrent tonsillitis; after that, whenever she took cold she got acute bronchitis. Every Homœopath knows what to think about that.

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#### ALLIUM SATIVUM.

C. W. BECKER, M. D., TORONTO, ONT.

One day while visiting a tubercular patient, a case that had

gone down hill rapidly in spite of the careful selection of remedies by another Homœopath and myself, I was asked would I object to the trial of oil of garlic. I knew nothing of oil of garlic but its technical name, oleum alii, and that it was being used to some extent in Toronto, but discouraged by our lack of success I said we would try it out. However after we began its use, meanwhile continuing the remedy as I thought the oil was, in all likelihood, a placebo in action, in the class of the onion poultice, etc. I decided to see what it was we were using and looked up the literature and after some investigation found that it had become known mostly through the work of a Doctor Minchin of Dublin who published in 1912 a book on the Treatment, Prevention and Cure of Tuberculosis and Lupus, with Oleum alii, giving clinical cases and results. And wading through this I was able to get these indications: Good only where tubercular exudate is discharging, not "shut away" as in the peritoneal cavity and occasionally in the chest;

Where breath and sputum are foetid as in cases of tuberculosis, bronchitis and diphtheria, in which latter he prefers it to the serum, claiming that before the serum could be given, that is in a few hours, the garlic would have begun to act upon the membrane;

A vesicant and rubefacient externally and useful in lupus and tubercular ulcerations.

When useful in phthisis improvement will show in from three to four weeks. And it is rarely if ever useful when obnoxious to the patient.

In looking over this we find little to help us, but I was impressed by the fact that in the literature emphasis was laid on this that where repulsive to the patient improvement could not be looked for.

It is so rare indeed in old school literature to find any attention paid to the dislikes or likes of the patient, to stay and consider whether there may be any relation between these and the response or failure to respond that garlic and its exponent in treatment at once rose in my estimation. He believed in its efficacy but he did not believe that it was a

specific and in noting its failures he noted something in his patients apart from the clinical conditions.

And this little bit of freshness—greens up in the parched desert of Allopathy. One gets so very weary of reading of cases treated and not of human beings, of being told of the characters and numbers of the bacteria or the reactions or the results of bismuth and barium meals and test breakfasts when we know that, important as these are and worthy of full recognition, most important is the patient who having bacteria or derangements resembling those of many others yet has in himself the peculiarities that stamp him an individual human being, to be considered as an entity, and to be studied not for what he has in common with other afflicted ones but for what makes him different in sickness as he differs from others in normal conditions.

In studying the symptomatology of *Allium sativum* we find it indicated in fleshy people, high livers, people with catarrhal tendencies, children that are slow in learning to walk, pale, drowsy, torpid children.

There is sadness, restlessness when alone, impatience, anxiety, a fear that he will not get well, that he can't stand the medicine, that he will be poisoned.

Vertigo with heaviness in the head, ocular vertigo, or in women associated with the oncoming menstrual flow, a dull pain in the occiput in the morning, while lying on the back.

Catarrhal conditions everywhere, ulcerations, much mucus, bronchitis and tuberculosis with copious and foetid expectoration, periodical asthma. Chest troubles are worse in the open air.

Rheumatism, muscular, worse motion, worse 8 p. m., worse changes in temperature and worst heat with muscular weariness and weakness.

Copious flow of saliva after meals, worse evenings and nights. Eructations burning. Flatulence, lancinating colicky pains stomach and bowels, affections of stomach and transverse colon, old fleshy people who have deviated from their routine safe diet.

We find it is complementary to Arsenic in catarrh and

asthma and while similar to *Lycopodium* in many symptoms, is antidoted by it.

We are cautioned as to the administration of this remedy during pregnancy. Noting its action on mucus membranes and on muscular tissue generally we can readily believe that there may be a danger attending its use at this time.

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Dr. Farrington: Was that the common yellow Italian onion?

Dr. MacLaren (D. C.): What we see in the market as white,—perhaps the red has been taken off.

Dr. Becker (Charles W.): *Allium sativum* is the red onion.

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## THE VALUE OF THE HOMŒOPATHIC REMEDY TO THE SURGEON.

HARVEY FARRINGTON, M. D., CHICAGO.

Every physician who understands the principles of Homœopathy and has learned to use his remedies with some degree of proficiency, realizes their efficacy in surgical cases, no matter what the condition of those cases may be. But unless he has the "courage of his convictions," when confronted with a desperate situation, he is apt to resort to crude drugs, vaccines and other measures which appeal more to the materialistic turn of mind, to which human nature is so prone. This is especially true of the man who specializes in surgery. Dealing in the concrete phases of disease, excising day after day, year after year neoplasms and diseased tissue, opening abscesses, setting broken bones, often with brilliant results, he is very apt to weaken his faith in the invisible, the dynamic, at least when it comes to a patient in extremis.

There are a few men of ability in our school who fully appreciate this and daily make use of the homœopathic potencies in their surgical cases. But the majority of so-called homœopathic surgeons differ little in practice from the men of the old school, except that they are usually more inveterate

druggers and in aping their old school brethren, often make use of agents that the latter have thrown overboard as useless or harmful. Yet, if you question their right to the name Homœopath, they are offended. More than once I have asked one of these men why he did not try a remedy now and then. The answer was, "I am a surgeon and you must admit that my work has nothing to do with Homœopathy," (which as a matter of fact was true), or, "I am too busy operating and have no time to study materia medica." Plainly this is begging the question; it has the ring of insincerity. If the surgeon is really convinced that a timely dose of some well selected remedy will forestall complications or control them should they arise and assist in promoting clean cut, rapid recoveries after operation, he could readily find the means of giving his patient the benefit of it. I admit that a man must have a certain form of mind to be a great surgeon, and quite another form of mind to qualify as an expert in homœopathic therapeutics. But anyone possessing an average knowledge of the materia medica may obtain excellent and gratifying results in the majority of conditions to which his surgical cases are liable, and in the more serious instances he can call to his assistance a good internist. But experience shows that he is more likely to depend upon powerful alkaloïds and the local application of antiseptics. It is a blot on **our school and our colleges** are chiefly to blame for it. They teach so little of Homœopathy, that the students do not understand its barest essentials. They are not *started right*—how then can we expect them to adhere to its principles when so many potent influences draw in the opposite direction? **The object of my paper** is chiefly to remind our surgical men of their duty in giving more attention to this branch of our therapeutics and to give a few instances of the results that may be obtained.

The subject falls naturally, under four headings:

- I. The value of constitutional treatment as leading up to and preparing for the operation;
- II. The value of the potency in emergencies while the patient is on the operating table;

III. The value of the remedy for immediate after-effects such as shock from the operation itself, from the anesthetic, from hemorrhage, vomiting or syncope, and the relief of pain and

IV. The value of the simillimum during convalescence.

It is recognized by all schools of medicine that every means should be employed to put the patient in the best possible condition before operation. The old school depend upon diet, hygiene and "tonics"; one containing iron or manganese or both in the weak and anemic; if the heart is weak, strychnia is certain to be an ingredient and so on. If the operation is considered urgent, he is hustled into the operating room and given a chance for his life while the attendants stand by with hypodermics in case of collapse! Another patient, who is worn out by pain and coincident loss of sleep, is given morphine in order that he may get the requisite amount of rest (?) to carry him through the ordeal. And yet, a careful study of the action of artificial stimulants will show that they are followed by more or less reaction in the opposite direction, with proportionate danger to the patient. For the "regulars" to make use of such means is excusable, as but few of them have Osler's keen powers of observation, but the Homœopath should know better. He has at his command a materia medica so rich and varied that there is scarcely a symptom complex that it will not cover and the swift, gentle action of its remedies will do no violence to nature. Moreover, the treatment of supposed surgical conditions for months or weeks previous to the time set for operation may bring with it some surprises. I could adduce numerous cases where a perfect cure with the entire removal of gross tissue changes resulted, but this belongs to another phase of the subject and some future paper. The following two cases, taken from my records at random, illustrate what can be done in preoperative treatment.

Case 1. Miss M. E. R., aet. 52. Under good homœopathic care all her life; in fair general health but suffering from vague occipital fullness, hot flushes, sluggishness of the bowels, etc. and a strange sense of tightness in the abdomen.

Her mother died of cancer at the age of 68. Her father earlier in life of some disease the nature of which she could not remember. She passed the menopause three years previously with but little trouble. Physical examination revealed the presence of a large tumor in the pelvis, apparently a fibroid on the uterus or an ovarian cyst. I referred her to a surgeon of my acquaintance in whom I had explicit confidence. In view of the size and position of the growth, he advised removal with the knife. Relatives persuaded her to employ an old school surgeon, however, so that the case was practically taken out of our hands. A complete hysterectomy was performed, bringing away a fibro-cyst weighing fourteen pounds. She bore the anesthetic well but suffered a good deal from gas pains, (having had the usual cathartics), but her convalescence was so rapid and through that she was the talk of the whole hospital. Now, six months after the ordeal she is well and vigorous, though still under my care for the occipital symptoms.

Case 2. Mrs. E. W. B., aet. 42, had been treated by me for appendicitis, pyo-salpinx of the right side, a uterine fibroid and many chronic conditions during the past fourteen years. The remedies were selected on the totality and had helped her greatly until within the past nine months or so she had started with periods of flooding. Occasionally she had spells of excruciating pain in the region of the ovaries, especially the right. Sulphur in various potencies relieved temporarily, but it was evident that she was going downward. The tumor was increasing in size and seemed to be involving the Fallopian tubes. Her mother died of sarcoma of the uterus and adjacent organs. I reluctantly turned her over to my friend Dr. J. W. Hingston, of Chicago, who operated on her last January. Sulphur was the last remedy that she had had up to within an hour or so of the operation, when a dose of Arnica high was given. Ovaries, tubes and all of the uterus excepting a small portion of the cervix were removed. Both appendages were tightly bound down by adhesions. The right ovary was scarcely more than a flattened mass of cicatricial tissue and the left also showed

considerable degeneration. There was a nodular tumor, fibrous in structure on the fundus, reaching through the muscular tissue in several places to unite with similar nodular masses within the organ, and microscopic examination revealed these to be typical adeno-sarcoma. Although she was on the operating table an hour and a half, there was very little nausea from the anesthetic and her convalescence was nothing short of phenomenal—it was the wonder of nurses, internes and clinicians. Although her strength has not returned as rapidly as in the case of Miss R., it should be remembered that her previous condition was far worse and for months she had had almost constant pain and frequent metrorrhagia. But there was this marked difference: while Miss R. suffered from pain and flatulence after operation, Mrs. B. had scarcely any and had no constipation after leaving the hospital. This was due chiefly to the fact that instead of the stereotyped “physic” the night before, her bowels were emptied by high hectal enemas and suitable homœopathic remedies were given after she returned to consciousness. As to her subsequent history, no one can tell. At present she seems to all intents and purposes well. It would seem that some time the malignant trouble will reappear. Whether it could have been prevented had she been in more skilful hands I am unable to say. Miss R. however was a patient of Dr. Ad. Lippe in her early life, and of Dr. H. C. Allen up to the time of his death. If we knew more I am confident that we could cure practically all these cases, even those tending to malignancy. You should remember the Arnica just before operation. Give it unless some other remedy is clearly indicated, and give it high. Routine prescribing as a rule is pernicious, but here is an instance where it is justified by the results.

Emergencies during operation are among the most trying that the surgeon has to meet. He will prevent a fatal outcome in many instances if he has his wits about him and is able to choose his remedy quickly. For sinking of the vital forces he would think of such remedies as Camph., Carbo veg., Arsen., Lach., Laur., Veratr. alb., and possibly the

Arnica, if symptoms again call for its exhibition. Uremic or other factors may require him to go outside of this list. If the anesthetic is the exciting cause, and the patient stops breathing, he may lower the head, dilate the rectum or whip the soles of the feet, etc. but give a remedy indicated by the symptoms. On returning to consciousness the patient may need Camphor, Ipecac, Nux vom., etc. Hemorrhage may be more quickly and permanently controlled if the usual *mechanical* measures are followed by such remedies as Ipecac, Bellad., Lach., Hamamelis, Millefolium, Phos., Crotalus horr., etc.

In general the same remedies are called for in after-effects. For shock after a surgical operation, the remedy par excellence is Stront carb. Aside from shock, nausea and vomiting most frequently demand attention. Phosphorus, Arsenic, Ipecac, Bryonia, Nux are remedies to be kept in mind, and if Chloroform was used, especially Phosphorus, Bismuth subnit. and Chloroform (in a high potency), according to indications. A common symptom after laparotomies is distension of the bowels with gas. Sometimes it comes on very rapidly with coldness and sinking and I have seen at least two patients die because the surgeon failed to leave proper directions with the attendants. Carbo veg. is perhaps more frequently the remedy, but China, Lycopodium, Terebinth and Raphanus must not be overlooked.

The relief of pain is perhaps the most difficult of all for it requires a knowledge of a wide range of remedies. And yet there are certain ones that are needed more often and which may be readily mastered by a little extra burning of "midnight oil." Thus Staphysagria will usually control pain at the seat of operation, especially in the incised wound. Hypericum is to be preferred if nerves endings are involved, as after an operation on the rectum, especially if it has been dilated a la the orificialist. But for pain in the stump after amputation, Hypericum, Allium cepa, Asafetida and Ammonium mur. should be studied. Moreover, stitching pains point especially to Aconite, Belladonna, Bryonia, Kali carb., Spigelia; burning pains to Arsenicum, Apis, Carbo veg.,

Phosphorus, Sulphur; bruised soreness to Arnica, Apis, Baptisia, Bellis per., Nux vom., Rhus, Pyrogen, and so forth. The man who knows how to use these few will find little opportunity for his hypodermic syringe.

Infection, that bugaboo of the surgeon will lose much of its terrors if only he will take the time to consider Hepar, Silica, Lachesis, Rhus, Echinacea, and Calendula, not only locally but internally. No other substance has been discovered, which can equal this juice of the common marigold as a healer, especially in jagged, torn wounds, oozing pus. Even the old school are using it though their results are not as satisfactory as ours, for they persist in extracting from the dried plant. Calendula seems to have the power to stimulate the natural processes of repair. Some of our Homœopaths in the war zone are demonstrating its value in scalp wounds where the pus has burrowed extensively through the loose subcutaneous tissue. To reach this with antiseptics would mean the scalping of the poor victim. But taken internally, Calendula at once changes the nature of the discharges and the wound begins to heal. One would think that the whole medical world would hail such a discovery as a godsend—but it is too bigoted and will continue to smear the outside with strong germicides—it will continue for years to come, to hunt the *microbes* while the patient is dying of the *disease*. What would the “ordinary” surgeon have done in the following case:—

Mrs. J. M., aet. 37, a patient of Dr. Hingston's. Both subjective symptoms and physical findings clearly pointed to pyosalpinx of both sides. She was emaciated, her skin was yellow and she was running a temperature of about 101.5°. The doctor had called me in consultation twice in the hope of curing this woman with medicine. At the time set for the operation the doctor had an infected hand and was obliged to call to his assistance another surgeon. There was a large abscess on the right side with extensive adhesions the breaking up of which, though done with the greatest care, ruptured the thin walls of the sac and turned its contents into the cavity of the abdomen. The patient was naturally

very weak after the prolonged siege and after returning to consciousness, rallied but slowly. But there seemed nothing alarming until the fourth day when Hingston called me to see her. Signs of septic infection had caused him to reopen the wound and now pus was welling up from somewhere deep in the abdomen. To reach the focus would mean another operation of unknown length, and absolutely, the patient was too weak to stand it. The outcome looked very dubious indeed. We decided not to venture any further interference but to trust to remedies alone. Sulphur, given on the symptoms and also because it had done more than any other remedy before the laparotomy was performed, was followed by Arsenicum and Silica. Convalescence was slow, but uneventful. The drains were removed in about a week and the wound healed shortly afterward. Under the usual cruder methods this woman never would have recovered; it would have been impossible to reach the source of the pus with antiseptics and she was too weak to withstand further anesthesia, and handling of the abdominal viscera.

During convalescence treatment must again revert to the constitution and naturally a wide range of remedies must be drawn upon. Much can be done even if the operation has been ill-advised. Frequently symptoms reflex from some pathological lesion that has been corrected, continue to trouble the patient. A well selected remedy will usually afford relief. The following is an excellent example of this.

Early last March (1915) an official of one of our mail order houses asked me to call and see one of his stenographers who was obliged to give up her work on account of spells of abdominal pain. I found a girl of about twenty years of age. The pains, located in the region of the appendix, were dull, almost constant, and marked by occasional spells of stitches or shooting pains, sometimes extending down the anterior crural nerve of the same side. Frequent spells of vomiting, with or without nausea, sour eructations—worse after pork or fat things. Much thirst. Flushes up the back of the neck to the head. Constipation, no urging, stool in hard balls. Headache on waking in the morning, better after

rising and getting about. Sweat on the palms of the hands. Menses every three weeks, profuse, dark, clotted, accompanied by chilliness and tearful mood. Mentally she was apprehensive, nervous, easily startled, inclined to weep and craved company. Five years ago she was operated on for appendicitis. She was apparently well for two years or more when the above mentioned spells began—at first slight and at long intervals, then nearer together. She went to the surgeon who had operated and was told that adhesions had formed and that she must undergo another operation. She went to the hospital on June 30th, 1914, and the adhesions were broken up, giving her complete relief for about two months. Since then the spells had gradually increased in severity until now she had had to stop work.

After a careful examination I told her that I agreed with her surgeon and that the only possibility of relief was the knife. It seemed impossible to me that symptoms due plainly to a mechanical cause would be amenable to medicine. She was greatly discouraged and it was not until the latter part of April that she mustered up courage to undergo another ordeal. May 4th I was called to see her again. It seems that two secondary hemorrhages, two weeks apart and consequent formation of blood-clots in the wound had prevented healing by first intention and prolonged her stay in the hospital. This time there was only few days respite when the same old symptoms came back. I reviewed them with her carefully and found that the "vomiting" was really a gulping up of mouthfuls immediately after a meal and that the food was usually unchanged. I gave her one dose of Ferrum met. (the Dmm of Swan, since that was all I had with me). The effect was almost immediate. From being almost bedridden in a short time she was able to get back to work. On May 28th she reported that she was feeling much better in her general health, but that the vomiting and local pains—which in my estimation were due to adhesions, had recurred in moderate degree. Three doses of the Ferrum, this time B. & T.'s 200th two hours apart were all that were necessary; since then there has been no sign of them. No

matter what the future of this case may be, it is a triumph for Homœopathy and even if it may not convince the most skeptical, it should at least cause him to look into the subject of *The Value of the Homoeopathic Remedy to the Surgeon.*

Dr. Taylor: You have heard the reading of this excellent paper. Now let us hear discussion.

Dr. Krichbaum: I want to emphasize one point, not that it will do the Society any good, but because it will do me good, and that is, in case of operation get your patient in as good condition before operation as you possibly can. Defer it as long as you can if the patient is improving, for two reasons, the patient will recover very much more rapidly, as in some of these cases reported, and the mental effect is more lasting. Any patient, under any circumstances, that is operated upon, unless they come out of it a physical wreck, is always improved by operation. That is the mental effect of it. It brings them right up for awhile, gives them hope, and the quicker the recovery is the more hope you have instilled in them, and the longer they will go on in incurable conditions, such as cancer.

I said that they would be happier longer even in an incurable condition. They will not succumb as quickly as they otherwise would. They probably die quicker from having the operation.

Dr. Boger: A patient had gastric ulcer for the third time. Each attack was marked by hæmetemesis and the ordinary symptoms of gastric ulcer. This last attack was a recurrence after eight years. When I got there she had vomited a wash bowl pretty near full of blood, mucous, water, etc., and was in a state of collapse. Ipecac stopped the vomiting at once, and she went on for three or four days doing very nicely then came to a stand-still and a relapse threatened, but China averted it; she did very nicely again for a couple of weeks. Then there were severe indications of another relapse and I gave her Sulphur, when still further improvement followed. At the end of a couple of months I repeated the Sulphur but without effect and an entirely new lot of symptoms which I

knew meant a fresh hemorrhage followed. A careful review pointed to Ferrum. She received it and started to improve right away and in about ten days she broke out profusely with eczema. She has been improving ever since, but she wants to put salve on that eczema.

Dr. Stearns: I would like to know what to do immediately after a major operation. Patients always have an uncomfortable night the first night. Most surgeons give them Morphine to quiet them. I used to try to prescribe different things but I have come down now to this. As soon as they are off the table I begin to give them Arnica from the 30th to the 200th every fifteen minutes, then lengthen the intervals from half an hour to two hours. Then in forty-eight hours I stop and it seems to help them. Purely empirical, but it seems to be a procedure that causes them a great deal of comfort and usually prevents the necessity of having an anodyne.

Dr. Boger: Walton of Cincinnati believes very strongly in Aconite. Booth of Boston also gives Aconite after a surgical operation especially for the abdominal pains during the first twenty-four hours. Dr. Stearns will find Aconite high works better than the 30th.

Dr. Stearns: I know that Aconite is the most satisfactory of anything that I have ever tried, and I am asking for information. I am sorry that I have not more opportunity to try it. Since I got settled in the office I have had very little surgery. When I was in the hospital I might have done that but I tried Hyoscyamus, Staphisagria in special conditions with very marked benefit. Woman had tooth, in bad shape, pulled, ulcerated and Staphisagria gave her great relief but she had a good many nervous symptoms and Arnica did not help at all.

Dr. Hayes: I have had several very satisfactory results with relieving gas pains, constipation and the effects of several nerves and tissues, especially after abdominal operations, with Staphisagria. I think there are a number of verifications of that in our transactions.

Dr. Stearns: The point is that whatever you do in the

way of medicine must start in as soon as the patient gets off the table. I think the effect is more satisfactory.

I used to hear Dr. Edmund Carleton say: "Wherever there is tearing of the tissues, use Staphisagria." In preparing his cases of old cervix lacerations for operation he gave Staphisagria. Also wherever there had been stretching of tissues. It oftentimes prevented operation for when they got round to operate there was nothing to operate for. It relieved the nervous condition, the tissues seemed to firm up and fill in.

I recall a case that Dr. Edmund Carleton told about. He was called up in the night on a case of aneurism; called up in the middle of the night to amputate a leg, patient couldn't stand it any longer. He said, "It went through my mind 'strangled nerves' (?) Cham., Coffea"—just the way he expressed it.

Dr. Taylor: If there is no other discussion I will ask Dr. Farrington to close.

Dr. Farrington: I have nothing further to say except that we should urge our surgeons to pay more attention to the homœopathic potency in their work and to give up Strychnia, Digitalis, Morphine as well as the use of cathartics in a routine way. The judicious use of the high rectal tube will be found quite sufficient in most abdominal operations, and there is neither the weakening effect on the patient, nor the subsequent reaction in to the condition of constipation which is sometimes very trying while the patient is still in bed, and as a rule there is very much less trouble with gas pains.

Dr. Stearns: Surgeons do not recommend cathartics any more.

Dr. Farrington: I think that is true of the medical profession as a whole.

Dr. Taylor: I want to take this opportunity to thank the Chairmen of the various bureaus for the very efficient work they have done. You know the success of any meeting depends upon the work of the chairmen and it means a vast amount of work. The splendid work, for instance, on the part of our good brother, Dr. Becker. See the work he has

done among our brothers on the other side and the great array of good papers which the other chairmen have brought us here. I am certainly very grateful to them for the splendid service rendered and I am sure you all are.

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### A MISTAKEN BENEFIT.

W. S. HATFIELD, M. D., CINCINNATI, O.

The broadening views of the common people are beginning to be felt in regard to the universal abuse of the knife. Each generation adopts some method of procedure regardless of the benefits which may be derived from the same.

As the years have passed, there have arisen, theories, mistaken theories, regarding the cure of disease. Some are of the opinion that all diseases can be cured by the use of the knife. While some consider that operations upon the different parts of the body, any part of the body may lead to the relief and cure of the supposed condition which they consider an entity. In their minds, the excessive growth wherever it may be situated, is the cause of the ailment, and by its removal the system will regain its former healthy tone.

Others consider that all disease conditions arise from the abnormal growths in the throat—in the head. Nature's wise provision, the tonsils, should be removed. Others begin and confine their operations upon the nether end. In their minds, all diseases can be removed by operations upon the rectum. There are still others who can see naught else than a dislocated spine as the cause of all the trouble; not forgetting the man or woman who pommels and pounds, stretches the nerves, as he or she supposes, thereby relieving the system of the so-called entity.

There are others who in their mistaken energy endeavor to rout the devil by excessive heat. And still there are others who can see, as it were the disappearance of the fell enemy through prayer and supplication. The god they worship is on the job and he it is who gives chase to the tyrant disease.

Thus, we observe a few of the many methods by which the phantom disease is dispelled from the system.

But of all those mentioned, none causes so much distress and leaves the system in such a dilapidated condition as surgery, because they cannot replace that which they remove. They cannot repair the damage which results to the nerve distribution.

The nervous system, complete in itself, is beyond the comprehension of man. Every portion of the human body is under the control of that most valued adjunct to nature's perfect control of the human body.

Perfect harmony depends upon the unity of action of all the different agencies which nature supplies for the control of the human body. Those who should know, little realize that that which they endeavor to remove (the abnormal growths and other products of disease) are simply the result of the action of disease upon the vital force.

Life is subtle and unknowable. So also is the disease power which distunes the vital force. Therefore, any agency which we might employ to aid the vital force to dispel the equally mysterious disease force, must of necessity be of like character.

With this knowledge, it is without reason that man should presume to interfere and destroy the perfection of nature's handiwork. Without consideration, man intrudes within the sacred precinct of nature's perfection, and proceeds to destroy that which should be held in profound reverence.

Perfect harmony is one of the most exacting laws of nature. Even among the heavenly bodies, there is naught else but the closest relationship. Every individual planet has marked out for itself its own path, its own rapidity of motion. Each epoch of time finds each individual heavenly body in juxtaposition to every other heavenly body without the deviation of a second of time, as nature has decreed from the beginning.

All nature must needs be governed with precision. Not alone as concerns the heavenly bodies, so also everything pertaining to the earth, within the earth, upon the earth and

round about it. The elements are likewise governed by the same law of precision. All pressure must be equalized. The heat and the cold, the moisture and the dryness, the growth of every living thing, mineral, vegetable or animal. The solid rock is governed by law. The blade of grass is subject to the immutable laws of that power we know as nature.

In animal life, we see exemplified the intricacies and precision which astound mankind. The groveling worm is perfection itself, in its kind. The beast of the forest is supplied with nature's own supervision. And no less, is man himself the subject of nature's most perfect law of construction. The brain cell, the construction of the bone, the fibre, the nerve, each glandular system, every portion is supplied and is governed by that law known as nature.

The presumption of man is the greatest hindrance to nature's perfect harmony. He presumes to regulate that which nature has perfected. The blood, the purity of which, in its perfection cannot be questioned. That precious fluid burdened with her load of impurities, which she, as it were, carries and disposes of at the proper stations of exit. In like manner, distributes the needful nutrition and ever needed oxygen to the most minute parts of the system.

The nervous system, equally as important, bears its burden in the economy of the body. It must needs supply sensation, keeping in touch with every part of the body, instantly transmitting to the nerve centers any irregularity, any needful help, marking out, as it were, a plan of preservation, restoration, and even if necessary, destruction of any part.

It is within the realm of reason that man should respect nature's perfect supervision of that which has been brought to the height of precision. Any intrusion whatever, is without reason and only detrimental to the perfect harmony which nature has established.

The courage of our own convictions is needful to battle against the inconsistencies and the prevalent idea that through the use of the knife all disease conditions can be eliminated.

Peradventure we endeavor to forestall the havoc which

follows in the wake of that which is supposed to be progressive medicine, we are impaled upon the hook of public opinion, and are the target for derision and all manner of abuse, simply because we do not train with the common herd in the thought that naught else is good but that which emanates from the brain of some one who may be considered in the light of a leader.

Bring to bear upon the minds of those who would be led into the trail of blood, who can see naught else but the stains of blood upon the banner which the term progress and advancement.

As time passes, we see occasional evidence of the pricked conscience of some of those who have waded deepest in the crimson stream. They see, far too late, the carnage they have wrought. They see in their wake the wreckage of their handiwork. Some few have observed that their life work has been a detriment to mankind. They have seen that that which they have accomplished has been at the expense of human loss. They have failed utterly in their life work to be a benefit to the human race.

While these few have seen their error, the vast majority still proceed in their efforts to erect for themselves a name in the annals of medical history and the accumulation of that which, in the eyes of the world, appears to be the brightest pinnacle of fame, the accumulation of wealth.

It is always granted that the use of the knife is necessary under certain conditions; but the universal slaughter and the consequent maiming, is beyond the pale of reason.

In the furtherance of right and the full appreciation of the justness and perfection in nature's evolvement of man, we are confronted with his egotism and self-opinionated ideas of that which, in the mind of nature, has been held as the crowning glory of her production. Let man consider that because of the perfection of nature's production, he should hold in highest esteem the value of her efforts to maintain the purity of the blood, and the intricacy and most wonderful mechanism which constitutes the most perfect formation known as the human body, every portion of which must be held in the

highest esteem, and there should be, without consideration, no cause whatever for the intrusion of man within that earthly tabernacle, which should be the undisputed possessions of the soul, during the time of the earthly possession of that which should be brought to the highest perfection of health and allowed undisputed possession without the interference of man.

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### REPORT OF CASES.

C. E. ALLIAUME, M. D., UTICA, N. Y.

Case 1. Mrs. N. F., aged 57. This patient's abdomen had been gradually enlarging for ten years accompanied by an ordinary amount of discomfort.

She had various physicians for various slight ailments and for the past two years had been treated by one physician for abdominal trouble which had caused an enlargement equal to the size of a full term pregnancy. She received no relief. Her allopathic physician had told her she had no tumor and that he would cure her in a short time.

Because of her friends' advice she decided to consult a surgeon so she was brought to me for a diagnosis.

I found a large cystic tumor of the right ovary and advised operation. She was operated on March 24, 1915. I removed nine quarts of fluid from the sac of the tumor and then removed the sac which was thick and tough as leather. It was a tumor of the right ovary and had been there for years.

I found the appendix in a very abnormal condition, it being bound down by firm adhesions with a classical Lane's kink and Jackson's membrane present and I removed these adhesions and the appendix at this time. With the aid of the proper remedies she made an uneventful recovery and in three weeks she was about the house in a very much better condition and with a much smaller waist to her dress than she had had in ten years.

There was no special technique about the operation, the case being presented to emphasize the value of a correct

diagnosis and also that the case when it came to me was strictly surgical. The tumor sac and the adhesions between the different viscera could not be removed in any other way.

Case 2. Mrs. B., age 35. Had suffered for many years with headaches which had gradually grown worse in spite of her having been treated by two homœopathic physicians. There seemed to be no definite symptoms, the patient complaining that her whole head felt so confused and full and as if she would go insane. By carefully going over the case, I found an exquisitely sensitive right ovary, bound down by extensive adhesions and considerably enlarged.

This was the only thing I found which could be the cause of her headaches. Her headache was so severe at times that her voice was altered and her speech almost inarticulate. I found the ovary, tube and broad ligament almost purple with engorgement.

The day after the removal of the ovary, this patient felt absolutely well, her head free from all discomfort and she has remained normal since.

Case 3. Mr. J. F., aged 23. This was the most fulminating case of pneumonia I ever saw. There was a profuse epistaxis for the first three days as well as mouthfuls of pure, bright blood every time he coughed. Ferum phos. and later Phos. cured his pneumonia in a few days.

The pneumonia was left sided and lobar, the whole lung being affected and this was accompanied by a pleurisy with effusion. The pleurisy was treated by Bry. and later Sul., which relieved the symptoms but the effusion turned to pus and there was a bad empyrena. I resected about two inches of the seventh rib in the mid-axillary line and removed a large quantity of pus and two large solid masses of fibrin, and each as large as a man's fist. The case recovered fully, the drainage ceasing about three weeks after operation. Nothing would have cured this man but the operation, along with his medical care, for nothing could have absorbed those large solid masses of fibrin.

## Bureau of Obstetrics

HARVEY FARRINGTON, M. D., CHAIRMAN.

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Dr. Farrington: I have had five papers promised for this Bureau and it is probably fortunate that they did not all materialize for after the long session, we are all very tired. Of course I won't say anything about Dr. Krichbaum's paper but we will get it in the transactions.

The first paper is by Dr. Baker.

### A CASE OF ECLAMPSIA FOLLOWING GRIPPE.

HENRY B. BAKER, M. D., RICHMOND, VA.

Mrs. J., primipara, thirty years of age was taken with an attack of grippe at about the seventh month of pregnancy. Up to this time she had been very well and had had an unusually comfortable pregnancy. The urine had been closely watched, but showed no signs of disturbance. She developed a case of grippe which ran a mild course for four or five days and she felt so well that she got up contrary to orders. I saw her the day after this and she did not appear any the worse for it. I had examined the urine the day previously and found nothing wrong with it, and there were no other signs of impending trouble that I could detect.

Owing to the fact that this patient's pelvic measurements

were small and that a sister had had trouble during labor a short time previously I was watching her very closely.

That night she was taken with an occipital headache which the family failed to notify me of, thinking that it was a symptom of the grippe. The next morning they called me and told me that she had a very severe headache and that her vision was blurred.

I went over at once and found her in a convulsion which was the third one that she had had. A physician who happened to be in the neighborhood had been called in and was giving her Chloroform.

As she was a primipara with a small pelvis we decided to do a Cesarian section, and rushed her to the hospital where the section was done and a three and one-half pound baby delivered. The mother stood the operation very well and made an uneventful recovery, and the baby is now a fine healthy boy.

While this patient was being prepared for operation she was catheterized, and the urine found loaded with albumen, though there had been no trace of any two days previous.

Now that appears to be a very simple case. I watched that woman closely, I had every reason to do so. I had lost her sister because she had a very small pelvis and a very large child, and of course I was looking for trouble with the next one. I had measured her carefully and she had a very small pelvis but still she had a normal one. The day before I saw absolutely nothing to make me uneasy. Of course I should have been notified of that headache in the night. The next morning things were very different. Urine almost solid with albumen.

In regard to the Cesarian section. I think that is a conservative operation in these cases. That woman would have undoubtedly died if we had tried to do it by natural methods. I think we cannot be too careful when any acute condition comes up in the later months of pregnancy. Pregnancy is a condition where things are very uneasily balanced and I think this case shows how slight a line there is. I say it was a case of grippe. I suppose it was, but it was mild.

In any case of eclampsia of course the first thing to do is to get the case delivered, and unless you have a pretty large pelvis and can deliver very quickly, the Cæsarian section is the safest method. While that case was in the hospital they brought in another very similar to it. They attempted to deliver her by natural means and she went under ground.

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Dr. Farrington: This kind of a case is a "bogy" to the old school and to the new school too, for that matter, and it is always interesting to see good cures made. Does anyone wish to discuss the paper?

Dr. Reel: I would like to say a word on the subject of careful examination of urine before hand, and convulsions, with the urine loaded with albumen, following delivery.

The case in question was a colored woman, very large, roomy pelvis, the fifth pregnancy. She had a living child but had miscarried with the others, and this was her fifth pregnancy. Everything was apparently all right until about two hours after delivery when she developed convulsions. I had gone from the hospital so they called me when I got home and said that she was in convulsions, and I went down again. I gave her first Apis, there was a consultation of physicians there and that was agreed upon as the best remedy to give her at that time. There was complete suppression of the urine for fifty hours, she was catheterized but we got less than an ounce. She developed Opium symptoms and received Opium and began passing urine very freely. Convulsions lasted about twenty-four hours with intervals of possibly one-half hour apart. She began passing urine very freely after the Opium, as much as 230 ounces in twenty-four hours. She cleared up entirely and was discharged perfectly well, in the course of four weeks, from the hospital.

Dr. MacAdam: There is probably nothing more terrifying than to see convulsions develop right out of a clear sky such as Dr. Baker described. To examine the urine day after day, carefully and conscientiously, to see the patient go on, happy and well, and then to see her suddenly, with no warning at all develop the most terrible convulsions, this shakes the nerve.

There is one instrument by the use of which we may have some premonition of what is coming, when the urine is clear, and that is the sphygmomanometer. You must take the blood pressure in these cases. The pressure goes up before the convulsions take place.

Dr. Stearns: I want to emphasize what Dr. MacAdam has said about the use of the sphygmomanometer in these cases. I recollect a case I had about a year and a half ago. It was not my patient in the first place. She was visiting us socially, I knew she was feeling badly and I knew she was pregnant. I took her blood pressure. It was 295. I gave her Phosphorus, which was her remedy, and the pressure was lowered in the first forty-eight hours, when she went back to her own physician. That was a case of Bright's. Whether this brought it on or whether it was the culmination of the case I do not of course know, but she was dead in about a year. The blood pressure would go up to 235, I think it got below 200 after the remedy.

Dr. Reel: I neglected to say, in speaking of my case, that examination of the urine showed absolutely no albumen up to the time of delivery. After the small quantity of urine was passed of course it was loaded with it but as I have already said up to the time of delivery there was absolutely no trace of it.

Dr. Boger: Dr. Reel's case is very instructive, eclampsia after delivery is perhaps more fatal than before it. I am reminded of Jhar who speaks of Ignatia holding the first place and Hyocyamus next. That Opium was successful in her case largely confirms what Jhar says—because there is a close relation between Hyocyamus and Opium. Personally I have had cases of this sort where a single dose of Strychnia turned the trick.

Dr. Bidwell: It is sometimes surprising what you do get in these cases. There are more things in our profession than we can ever hope to understand and I believe the mental condition has a great deal to do with these things sometime. Two years ago we had eclampsia cases, in the hospitals, many of them. Many of the cases we were unfortunate enough never

to see until we were called to deliver. There was one particular case I remember where the girl was particularly bad and it was caused from fright. Ignatia was her remedy. Delivery was normal; urine taken was absolutely free from albumen, you know you can get eclampsia with quite low urea, and still have no albumen. They called me up over the telephone (I had not seen the delivery which was perfectly normal, when it came along). When they took the baby in to be nursed the first time, the girl commenced to cry, and had, what you might say, an hysterical seizure. That is what they thought it was. They called me on the phone and said that the girl had had an hysterical convulsion. I was a little bit leery about the hysterical part of it but I told them to give her Ignatia. She went on and had hysterical convulsions for about four hours. Opium followed the Ignatia but she did not develop any albumen in the urine until about eight hours after delivery.

Dr. MacAdam: What was her blood pressure?

Dr. Bidwell: At that time we did not know. We did not take her blood pressure I am sorry to say; that was before they were taking blood pressure quite so often.

Dr. Dienst: I listened to an argument on this point some-time ago and we all realize, I think, how handicapped a physician often is when called in to deliver a woman, of whom he has known practically nothing. If albumen is the result of pressure, it is said that you need fear no convulsions, but convulsions appear largely where there is a tendency to nephritis, perhaps not much, and in a case of pregnancy, the history of the woman should be taken prior to the time she became a prospective mother. There is something there that will lead you to suspect the on-coming of eclampsia and will help you to avoid it, provided you have time to do so, and the most serious cases are those where there is a constitutional tendency to albumen. But the albumen from pressure will be relieved after the child is delivered, will be relieved spontaneously, hence the great importance of going into the history from infancy. In fact, except in one instance, I have had no cases of eclampsia, no experience in this line at all, but in this

one instance where I feared a great deal of trouble, I went into the history of the mother who had had trouble in giving birth to her children, and spent a long time on that case, and to my amazement when I was called at seven o'clock in the morning found patient in labor, I certainly did feel like the little boy with chills running up his spine. Everything was over before nine o'clock, however, and everything went all right, but that woman had care and treatment for a good many troubles other than pregnancy.

Again, I want to emphasize the necessity of following up a case during pregnancy.

Dr. Farrington: What do you mean by pressure?

Dr. Dienst: Pressure of the foetus.

Dr. Becker: In going into the history of a case of pregnancy, that is the family and personal history, if I find there is no Bright's disease in the family and the patient herself has never had scarlet fever, then I pay little attention to the case until I am required. I free my mind from all worry, and I cannot remember any case where I have had any trouble. But if I come across a case that has had scarlet fever I am always on the look-out for subsequent trouble. We very often have to combat indications as they arise in these cases. You generally find albumen in the urine, but when eclampsia comes on, often we know absolutely nothing of the previous history of the case. We are sometimes called in suddenly to attend a patient whom we have never seen, who has probably been under some other man's care; we have no history of the case, as happened to me once. Woman perfectly unconscious of a visit I made her on one Friday night. Sunday morning I was called again and the woman had convulsions. The os was well dilated and I proceeded to deliver and she still had convulsions. I sat with her about thirty-six hours, the most tiresome wait I ever had and she recovered. Sometime after this, I met with another case, was driving into a new town, and was called on by a person to run up and see the wife of a prominent man of the town, who was in convulsions; it was then four o'clock in the afternoon and she had been

having them since nine in the morning and had been unconscious for about six hours.

Her medical attendant was out of town with an other case, and they asked me to look after her. I told them I would do so in his absence and until his return. She had one convulsion after I got there. They told me she was having them every half hour. I said we would sit down and wait. Then the next convulsion appeared on time. I immediately began administering Chloroform and in four hours I let her come to gradually and she had no more convulsions. She was still unconscious and continued so until four or five o'clock the next morning. When her medical man came in I told him I was looking after the case for him so as to disabuse his mind of any impression he might have that I was an interloper. He said he wanted to go home and get his evening meal. I said to myself that if he thought more of his evening meal than he did of the case, that was his look-out, and as the husband of the patient objected very much to being left alone, he asked me if I would stay during this other man's absence. I was a new man in a new place and I told him I could. About nine o'clock the other doctor came in and said he had a call to make in another town. In the meantime I had been talking of going and the poor husband was up in arms immediately. Said he was not going to be left alone. The result was I was up all that night. During the first three hours he insisted upon my taking the case but I said, "No, let your own professional man come on as the patient is better." I went off, after the woman responded to a question, I asked her, at about five o'clock in the morning.

About nine o'clock I was aroused with a letter saying that they had dismissed the other man and wished me to look after the case. In an hour or so I went around to the doctor and told him that I had refused the case several times. He told me that he also had a note, asking him to drop out. They had put it very nicely, saying that he had more work than would allow him to look after this case. He said they were bound to have a change and I might as well take it. I

said, "But I want you to understand that I have refused this case several times and if you had remained during the night, I think the case would have still been yours." Whether the practice was good or not, the treatment, he told the husband afterwards, was the very worst that could have been given. However it saved the woman.

I got very sick of another woman with eclampsia. Twice she had a convulsion after a long anaesthesia with Chloroform. I gave it very lightly—just enough to hold the convulsions in check. For twenty-four hours I gave it constantly. She made a good recovery.

Dr. MacLaren and I were together in another case. This was in the days when Dr. MacLaren was new in Toronto and not as busy as he is now. I had a little more to do and I took advantage of his good nature and he sat with the case. It was a horrible case. Another man had delivered her; she got very bad and when we took charge she had the worst attack of jaundice I ever saw. I decided there was a complication of liver and other troubles, causing the intense jaundice. However she managed to get through under Dr. MacLaren's care.

I also had another case, I had been treating a man with interstitial nephritis, a young man; he had a great deal of albumen in the urine, and when I returned to the office one day I heard that the father had come in to talk the case over. Father said there was no use in his son's seeing a doctor, he was going to die. I found the young fellow in convulsions. I proceeded to give him Chloroform, quietly and constantly; this was in the evening; in the morning he was quiet, and the last I heard of him several years after, that was twenty-five years ago, he was still living, though not well.

But to revert to my obstetrical cases. That first case immediately boosted my obstetrical practice, and once you get an obstetrical practice, you generally get a pretty good general practice as a result. People who had previously been on other men's lists asked to be put on mine, and my list began to swell very appreciably. I had as many as three con-

finements a day as the result of that one case; in fact, I prided myself that I had all the obstetrical cases in that community.

Dr. Kenneth MacLaren: I had a case, say three years and a half ago, and I was there three days and two nights, giving Chloroform all night. About every two hours I would slow up on the Chloroform and allow the patient a chance to revive, and she would slowly come out of the Chloroform and become restless, begin to toss around in bed, and the convulsive movements would commence. Whenever she would come out of it, we gave her a drink of water; she was very thirsty. Finally, Dr. Becker, after consultation, advised giving her Arsenic and in a few hours she regained consciousness and became perfectly normal. I think it was about twelve hours in all before consciousness returned. About a week after that I think it was, she became acutely maniacal, swore and carried on in a most unbecoming manner, and Dr. Becker put her on Hyoseyamus, and she was normal again in a few hours.

Dr. Stearns: One point, regardless of the predisposing cause, or what is back of the eclampsia, the immediate cause is the toxæmia. It is due to the absorption of some poisoning, either from the placenta or from some part of the birth of the child which has something to do with the birth of the child, and should be eliminated from the body as quickly as possible. That matter of jaundice might be due to this toxæmia.

Dr. Becker: This had developed before she was very ill.

Dr. Boger: Have you not found jaundice in those cases where the liver was very much enlarged?

Dr. Becker: Oh yes—but I never had any case just like this.

Dr. Farrington: If there are no further remarks Dr. Baker may have something to say in closing the discussion.

Dr. Baker: Nothing essential. I have had however several cases where the albumen was due to pressure as Dr. Dienst has said, and I have put them on a pretty slim diet.

One thing that I would like to emphasize, and that is the

fact that Dr. Stearns has mentioned, that these cases are due to the toxic effect of some poison, and you want to put the system in condition to eliminate it as quickly as possible. That is why I said that quick delivery has been and is best. I would do the Cesarian section provided I had a good surgeon and good hospital facilities were available.

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### SOME THOUGHTS AND RECOLLECTIONS ON OBSTETRICS.

BY W. J. HAWKES, M. D., LOS ANGELES, CAL.

When asked by the Chairman of the Bureau of Obstetrics to write a paper for him, I was surprised at the reason he gave for calling on me away out here on the Pacific Coast for a paper for his bureau, viz.: That the subject seemed to be so unpopular he couldn't get any one to write on it!

To me it is the most interesting of all subjects that come before a physician for his consideration. And so it should be. It is the study and care of nature's highest creature—woman—in the performance of her noblest function—the bringing of a new human life into the world. It is the sympathetic study of woman in her most sacred relationships of wifehood, expectant motherhood, motherhood. To the good physician and good citizen what subject can be more interesting or sacred?

From a strictly professional viewpoint, the period of gestation is, especially to the homœopathic physician, of great interest, because of the fact that latent disease tendencies are more prone to show themselves in various forms than than any other period of a woman's life. Thus is given to the skilful and observing physician valuable opportunities for noting the hitherto hidden signs of latent disease tendencies, and, by administering the curative remedy thus made apparent, removing them.

But it is not my purpose to deliver a philosophical, humanitarian or any other kind of homily on this occasion; I will

devote my essay to giving some of my experiences in the field of obstetrics, with illustrative cases; and some opinions, based on a large experience, about certain matters concerning midwifery.

#### MY FIRST CASE.

I will never to my dying day forget my first confinement case! I had been in my preceptor's office *less than two months*, and most of that time riding about the country with him. Those were the good old days when the custom was for a medical student to spend the first year of student life in the office of a physician who was recorded in his *alma mater* as his preceptor.

I knew absolutely nothing about any part of medical matters. I had never opened a book which in the most remote manner even hinted at medicine or child-birth. Ignorance—dense—on all such questions was my mental state. The night the call came was a stormy one, the rain coming down in torrents. I was sitting by the fire reading Gray's Anatomy. My preceptor was lying on a lounge asleep. He had been working hard all day, and besides had been using certain liquid stimulants out of reason. The consequence was he wasn't in the mood or condition for such a job on such a night, and he knew it. Therefore, he decided to send a substitute, and I was it! The first intimation I had of my fate was his saying: "Will," (that was my pet name) "by (George, or something), you must go and attend Mrs. Woodson." (You see, I remember even the patient's name! In fact I can see every piece of furniture and every face in that room on that eventful night). My mind was surely in a receptive mood! To say that I was "scared stiff" would be putting it altogether too mildly; I was paralyzed! Please remember what I said before about my black and rayless ignorance of such matters, and an approximate appreciation of my state of mind and nerves may be yours.

I screamed at him that I knew *absolutely nothing* about child-birth or its *modus operandi*! He said, "It don't make a dashed bit of difference; bring your chair over to the

lounge and I'll give you a lecture on the subject!" And I did, and he did; and I remembered every word he told me, but found out (nearly to my undoing) that he forgot some important points.

However, I went, in fear and trembling and the rain, taking the doctor's colored coachman and team along. I wanted to have an anchor to windward, as it were, in case of squalls—or the absence of them. I followed instructions; found the "coco-nut," as he described it, and had begun to feel a little confidence and courage, with my "index finger on the projecting part," as I had been told in my first lecture on obstetrics. My mushroom confidence and courage were of short duration, however, and my hair and goose-flesh began to rise again. To my horror I began to feel, instead of the "nut," something like a bladder getting more and more insistent, while the head seemed to disappear! My instructor had neglected to tell me anything about the "bag of waters," and I didn't know what disaster was imminent. It even occurred to me that the child's brains were coming out! I excused myself and began to write a note on a powder paper to the doctor, to have him come at once, as I feared something dreadful was happening. Before the note was finished, however, I heard a "pop," and a grunt from the patient, followed by the cry, "there doctor, the water's broke!" A light broke on me. I knew something to be expected had happened. I put that note into my mouth and masticated it thoroughly and resumed my place at the bedside. Everything thence went along without hitch. The child was delivered, cord tied and placenta carefully deposited somewhere, and I had washed my hands and was putting on my coat as proud as a peacock, when the patient called out, "Doctor, you've forgotten the bandage." Now my teacher had forgotten to mention the bandage! And I didn't know which it was to go on—the mother, the child or the old man! But my wits came to my aid, and I said, "We usually left that for the nurse, but if she liked I would put it on." It proved to be a "made" bandage, so that a glance showed me whom it was for and where it was to go, and soon had it in place—

to the best of my knowledge and belief! And I left the house a much relieved and proud young man. I will add that that was the most effective and valuable lesson on the theory and practice of obstetrics I ever had, and was the most indelibly impressed upon my memory.

The funny part of it all was—and a great joke on my preceptor—the family always asked for me instead of him when a physician was needed thereafter! I “had pulled her through so finely,” she said. Of course they didn’t know that I was a callow, know-nothing, near-student. Their feeling in the matter shows on what scant foundation peoples’ faith in a physician often rests.

#### MY MOST PATHETIC CASE.

My second, and the most pathetic in my experience, was that of a young woman who had lived with her parents in humble circumstances in a little house across the alley from where my preceptor’s stable was located. I had often seen her talking, laughing and otherwise “fooling” with the doctor’s colored coachman. She was an unusually healthy, wholesome and good-looking girl. The coachman was a fine specimen of his race, of color like a mulatto.

The girl later married a nice, manly mechanic and they seemed very happy. In due time a call came from the stork, and I was sent to attend as *accoucher*. It was my second case as a student. The first was a mulatto, by the way. Without eventful occurrence the child in due time was delivered. My first thought when I saw it was that it was a “blue baby.” (I had been reading up feverishly on obstetrics since my first fright on that score, and had read about “blue babies” and their cause). It was so very dark in color. But it was worse than a “blue baby,”—it was a *black one!*

The mother for a time earnestly denied relations with the coachman, but finally admitted to me in confidence the truth. The husband’s case was pitiful. He told me with tearful eyes that he was so fond of her that were it not for “that little nigger” he would stay with her. He said if it had only died at birth and was out of sight forever, he would forgive and try to forget.

I have often wondered since if it would have been *very* evil of me to have committed a sin of omission in some essential matter at the birth!

She wasn't a bad girl. We cannot know how much she was to blame, if essentially at all. It may be said that she could not plead temptation—that he was a black. But remember Desdemona! Othello was blacker than the coachman!

All-in-all it was, as I said at the beginning, the most pathetic case, by far, that I ever heard of or experienced.

#### MY MOST RIDICULOUS CASE.

The report of my most ridiculous case of obstetrics embodies a confession of the most gullible credulity on the part of a physician who had had an obstetrical practice unusually large during a period of over forty-five years, and who had attended probably two thousand cases. Yet I am far from being ashamed of the affair in its *tout ensemble*, for I was born with, and yet retain, profound respect for women. And my impulse is to believe what I am told until facts or reason and reflection make me doubt.

Nearly a year ago a young lady was introduced to me by people of the highest character in whom I have implicit confidence, and whom I respect in the highest degree. They were so intimate with the young lady that they called each other by their first names. The young lady showed refinement and culture in every word and act to an unusual degree.

The history of her ailment, as I got it from them and her, was that she had been ill for several months. Irregular menstruation, leucorrhœa of a dark, ropy and offensive character, and very profuse. Also chronic and stubborn constipation. She had been a pampered only daughter, and had lived regardless of hygienic rules, especially as to diet. She had been addicted to overeating of unwholesome food.

I learned that before coming to me she had stomach trouble and nausea, especially in the morning. Vaginal examination disclosed a uterine mouth and neck that looked like a

spongy unhealthy mass covered with a grayish-yellow secretion. The patient was so nervous and sensitive it was only after a long time and repeated trials and some scolding on my part, that I was able to make the examination. Nor was it "put on" for effect, although subsequent developments might point that way.

I treated her during two or three months and had cured the constipation and to a great degree the leucorrhœa. Her general health was greatly improved. She menstruated at least twice quite naturally, but not regularly.

She complained later of a "sensation of a ball moving about" in the abdomen when she turned in bed, and was growing larger about the abdomen in a general way. Ordinarily I would have suspected pregnancy; but, in addition to all the circumstances as related above, she jested about these facts and told of the case of a married friend with similar symptoms, who thought she was pregnant, but gave birth to a "mole," or the product of a "false conception"; so I could not allow myself to entertain such a thought. I even felt that it would be an insult to suggest such a thing. I finally determined to make a thorough investigation in order to ascertain, if possible, the nature of the cause of her enlargement. I found no obstruction to the passage of the sound. The first examination with the sound showed the depth of the uterus to be four and one-half inches. A month later the sound measured five and one-half inches. I was puzzled, and called a surgeon in counsel. He at once pronounced her pregnant! I was dumbfounded, but still would not allow myself to believe it could be so, especially as there was no indication whatever of such a condition in her outward appearance. Nor had repeated introduction of the sound caused the least disturbance. All this time, and up until the morning of actual labor, she did not manifest the least uneasiness of mind. On the contrary, she joked about the whole affair! And remember, she was a highly intelligent and cultivated woman between thirty and forty years of age!

Finally, one morning at six o'clock a lady friend of hers who lived in the same aristocratic boarding house, telephoned

me that my patient was suffering "much pain of a cramping character," and urged me to see her as early as possible. I concluded that the growth, whatever it was, was going to be expelled! I telephoned the surgeon requesting him to leave his itinerary for the day at his home, as I expected to need him for some kind of surgical work! I did not even then realize the nature of the trouble. Nor did I hasten, but reached the bedside in an hour. After the friend had telephoned and before I left my house, *the patient herself* called me on the 'phone asking me to come as quickly as I could!

She was alone in her room, having urged her friend to go down to breakfast. I found her in labor! I learned that she had got up out of bed and gone downstairs and telephoned me after the waters had broken! Within a few minutes after I arrived a boy was born, and gave one lusty cry and then was quiet. I, of course, thought the whole household had heard. I took care of him and laid him aside, and then hastily took care of the mother, who seemed happy, and actually boasted about what an easy time she had! I know this will seem incredible, but the whole affair from beginning to end was in the highest degree incredible. I then slipped quietly down to the telephone and called for her friend who had introduced her to me, and for a reliable nurse, and waited till the friend arrived. Then I called an ambulance. Leaving instructions with the friend how to manage things when the nurse and ambulance came, I left to meet them at the friend's home, where she had angelically determined to take them.

To make a long story as short as possible, I will say that they got both mother and child out of the house, into the ambulance and away without a soul in the boarding house having the least knowledge or suspicion of what had taken place! The patient afterward laughed about it as a good joke—her having shaken hands while on the stretcher, the baby under her arm, with the landlady, without the woman knowing anything about it. They all thought she was being taken to a hospital for some kind of an operation!

Neither mother nor infant showed the least injury from

their uncanny experience. The mother was up and dressed in ten days.

In this case I was fooled by the woman, and she in turn was misled by me. I am even now convinced that she did not believe up to the hour of labor, that she was pregnant. Evidence: She had made no preparation whatever for the advent of an infant; not a stitch of clothing was ready for it; absolutely no measures for prevention of exposure of her shame, although living in a large and fashionable boarding house in a neighborhood where resided several of her rich relatives. I was fooled by the long list of remarkable circumstances which I have related, and she was in a measure misled by my not recognizing the condition; and we were both misled by recurrence of the menses.

I attribute her practically painless and brief labor and general good health at term and afterward, to the long-continued and careful course of treatment during practically the whole period of gestation. Not the least remarkable fact in this connection is, that she wore the same corsets through it all!

It was a miracle of prompt action and good luck that the whole affair was not public knowledge!

At the risk of too much longitude to this paper, I cannot refrain from giving the sequel: I learned the name and latest address of the man in the case, and located him a thousand miles away. I wired him that the lady was very ill and needed to see him as early as possible; but got no reply, although I urged an immediate reply by wire. I sent later a longer night message, without telegraphic response. We had about given up hope of hearing from him, when one day a week after my first telegram the gentleman walked into my office! He was the most surprised man I ever saw when I told him he was the father of a fine boy! He had not had the faintest idea of the nature of his lady's ailment! But he seemed pleased, and as soon as matters could be arranged they were married while she was still in bed! The minister (I even furnished him!) knew nothing of the

baby! On the whole, notwithstanding my credulity, I am quite proud of my part in the whole strange affair.

#### MY LATEST CASE

Illustrates the psychological phase of obstetrical practice, and confirms me in the belief I have long entertained—that the pains of normal labor are not so severe as they are made to appear. I was consulted by a young wife from the east and engaged to attend her as *accoucher* on the occasion of the advent of her expected first born, about two months previous to her expected confinement. She was young and small and healthy, and happy and active. Tests found her normal in all particulars. About a week earlier than the date set, I was called about five o'clock in the afternoon. When I arrived I found her in labor and in a state of great excitement and fear. Her husband was out of town, her nurse could not be found, a young physician of the neighborhood and a total stranger to her, was with her. A young girl sister was the only other person present. No preparations whatever had been made. The patient had been out in an automobile house-hunting till four o'clock, feeling as well as usual. So there was no real reason for her fright and excitement. When I found the bed had not been prepared and asked her to move from one side of it to the other, so I could spread some heavy sheets of wrapping paper, which were fortunately at hand, in lieu of a rubber sheet, she declared she was too weak to move, and "took on" at a great rate. Of course I knew she could not step in perfect health and strength from a machine and walk upstairs at four o'clock, and be too weak to roll over at five o'clock! She was simply *scared* into helplessness by the bunch of untoward circumstances which included a strange and more or less nervous young doctor in whom she had no confidence. I laughed at her and told her to get up and sit on a chair until I made up her bed; that she wasn't really weak and would soon be all right. The effect was magical; she did as I told her, immediately ceased all outcry and complaint, got back into bed

unassisted, and didn't make another sound of distress. On the contrary she laughed and chatted between the pains until in an hour a fine healthy child was born without further aid from me. The nurse did not arrive until everything was over.

Now, suppose she had been allowed to go on being frightened and had been given Chloroform or the "twilight sleep" or some other absurd or dangerous treatment to do away with pains which were chiefly imaginary, would she or her child have been as well off? All she or any other in like circumstances needed, was the confident assurance of her physician in whom she had faith, that she was all right and that there was nothing to fear, and that the pains were natural and wouldn't amount to much anyway.

Of all the wrong and dangerous fads of "scientific" obstetric practice, the "twilight sleep" abomination is the worst. I have so believed and said from the first, and am glad to read that it has about had its day. Those who have used the practice most freely are now condemning it most severely. Indiscriminate use of Chloroform was bad enough, but that wasn't a circumstance compared with the other as to evil results.

When a physician has professional charge of a woman from the beginning to the end of pregnancy, and does his whole duty by giving medicinal remedies when indicated by changing symptoms, and intelligently directing her daily life in accordance with hygienic laws, diet, exercise, etc., the pains of labor would be reduced to a minimum.

Labor pains, as we observe them, are unnatural, and the result of artificial and unwholesome living during uncounted generations. The naturalist, or one who has much to do with wild animals, will tell you that giving birth to their young causes them little inconvenience or pain. It is so even with domestic animals, except where they have been pampered or abused by civilization. It is inconceivable that a wise Creator would arrange it otherwise, and he hasn't!

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Dr. Krichbaum: I want to talk about a case which came

up in my experience. I was called at five o'clock in the morning, found the expectant mother with very intense pains continuous and severe. I made an examination, and discovered dilatation the size of a dollar. At six o'clock, I repeated the examination, the patient making a great deal of fuss over the procedure, claiming that the slightest touch was fearfully painful. At seven o'clock this condition still obtained, no progress in dilatation being made. I now prescribed Coffea. The pains kept right on but an examination at nine o'clock, still showed no advance. Then I began to study out what was the next remedy. I gave her Platinum. By nine thirty the patient was sound asleep. I now proceeded to tell the nurse, who of course decided that she was being treated to an exhibition of "twilight sleep," what I had given the woman and why I had given it. At twelve o'clock the pains returned, and a little later a girl was born, almost painlessly. It was one of the most satisfactory cases of obstetrics I ever had, because it convinced that nurse that there is something in Homœopathy.

Dr. Farrington: Is there any further discussion?

I know of five absolutely painless labors, four of which were my own patients from the beginning and under constitutional treatment. The fifth was a patient who, strange to say had been under Platinum for a year or two, and came into my charge shortly before confinement. Although there was a breech presentation, labor lasted only three hours, and you know a breech is considered slow. I questioned the patient very closely; she said she had absolutely no pain. She has, since then had six other children and some of them with a great deal of pain.

I thank you all for your kind attention and will declare this Bureau closed.

Dr. Becker: It may have been short but certainly it has been one of the most interesting bureaus we have had, in my experience.

## PUERPERAL INFECTION.

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

This is a subject of the utmost importance to the general practitioner, who cares for the few or many cases of obstetrics occurring in his own families, as well as to the specialist in obstetrics, with a large hospital practice.

The generally accepted verdict of course is that the infection in question, is the result of an invasion of micro-organisms into the maternal tissues. Lesions thus caused, may vary widely even in cases clinically similar. Such a lesion may be a puerperal ulcer, puerperal vaginitis, endometritis, parametritis, salpingitis, peritonitis, pyæmia, phlegmasia, alba dolens, etc., etc. We are now pretty thoroughly convinced however, that this list of disasters is caused by the same order of bacteria who work their mischief in all wound infections. They are old friends. This being the case puerperal infection is a wound infection, and puerperal fever a re-absorption fever, and not a mysterious irregularity of the puerperal state. If we stand on a demonstrable premise thus far, we must go further, and throw about our patients the highest order of protection. I might at this point, tabulate and bracket a long list of the organisms chiefly engaged when these complications occur in the lying-in room, but they can all be studied in text books. This paper is non controversial, and probably non-scientific, as the science of bacteriology is understood and taught today, but we Homœopaths have a little science of our own to use in these desperate situations. If we drag this in by the back door, and not by the grand front stairway of popular academic teaching and practice, so much the more to our credit, when we win the fight.

Early and effective recognition of the various means by which these morbid agents may gain entrance into the woman's economy, is of particular importance, since we are unable to measure our patient's own powers of resistance, we take no chances. Obvious sources of infection are, first, general uncleanness of hands, instruments, etc. We cannot be too particular in this regard. Both doctor and nurse should

be able to rule out all danger from such agents. The patient herself presents another and much more complicated foci of infection, different phases of which are frequently overlooked. To enumerate, copulation during the latter days of pregnancy; self inoculation from the patient's fingering her genitalia or making internal examinations; contact with secretions from wounds, whether from external or internal organisms; from the eruptive diseases carried by those who have come in contact with such disorders. It is claimed that in rare cases the decomposed animal organic material which causes child-bed fever, when absorbed, is produced within the patient herself. This contention if correct, would be a rather difficult situation to control. Other authorities state that the various micro-organisms under discussion, are generated and found in the vagina of the healthy pregnant woman, and are stirred into activity by outside interference. Still another writer contends that the normal uterine cavity is free from micro-organisms, both in the pregnant and non-pregnant state. This conflict of expert opinion, leaves us where it always leaves us, vitally concerned with the patient herself.

To state a few of the concrete pathological lesions which obtain when puerperal infection becomes a fact. The commonest form is an endometritis. This may be of the septic or putrid variety, each type presenting a group of more or less characteristic symptoms. In cases of septic endometritis, after everything has gone smoothly for a few days of the puerperium, the patient suddenly experiences some malaise, with headache, well defined chill, and a temperature that shoots up to 103 or higher. Tenderness in the lower abdomen occurs with general rigor. The lochial discharge is increased and is partly bloody, partly purulent in character. When the case is purely septic the discharge is devoid of odor, also if the temperature runs very high, the discharge may diminish or disappear altogether. "You need not expect a foul smelling lochia in sepsis of this kind," says one writer. Another point of importance in diagnosing septic endo-metritis is the faulty involution of the uterus. When

the process extends beyond the uterus, the symptoms vary according to the structure involved.

Putrid endo-metritis has the same initial chill and fever but the patient's condition does not seem so serious. The main difference in the two varieties is to be noted in the character of the uterine discharge which in putrid cases, is abundant, very foul smelling, and frequently has a frothy appearance on account of the number of gas bubbles which it contains. These cases are usually less serious. Cases of mixed infection are due to pyrogenic as well as putrefactive organisms. Occasionally we find localized ulcerations about the vulva or somewhere in the vagina, when such ulcers and an endo-metritis combine, we will probably get a sub-initial rise in temperature for a short time, followed by recurring chills. This may continue for a period, without any local manifestation, but sooner or later careful abdominal palpation will reveal a mass on one or both sides of the uterus, due to pus formation within the folds of the broad ligament. The abscess may be limited to the broad ligament itself, or may extend along the connective tissue upon the anterior portion of the pelvis up to the neighborhood of Poupert's ligament. In other cases again, it extends backwards towards the retroperitoneal region or it may even involve the Fallopian tubes and end in a defined salpingitis. Pyosalpinx, be it remembered, also trails after abortions occasionally.

When the infection is due to the virulent streptococci the endometretive implication is usually very slight, and practically the first sign of infection appears in the peritoneum. The symptoms are marked rigor, continuous temperature, rapid weak and thready pulse, together with tympanitis and intense pain which extends all over the abdomen. In pyemia, the chill does not occur so early and the temperature fluctuates. Hectic fever, chills, high fever, remission, you will be treated to these in nearly every case.

When we come to consider septicemia, we will find that in a certain number of cases, the infection is so virulent that the organisms do not have a chance to become localized in any one organ for both they and their toxins are found in the cir-

culating blood with often slight implication of the uterus. Such cases are of course, the most desperate, the patient frequently dying within a day after delivery.

Phlegmasia alba dolens next confronts us. In a small number of patients afflicted with this disorder, the thrombotic process involving the pelvic veins may extend to the femoral veins on one or both sides. This accident as a rule, does not arise for about two weeks after the birth of the child. Its first symptom is pain along the femoral vein, which may in thin individuals be felt as a hard sensitive cord. At the same time œdema appears in the feet, and extends upwards, or this swelling may first be discovered in the thigh. The pain is often severe and may last for months. Certain deviations occur in this trouble, noticeably the early chest pains, which are attributed to arrested thrombi in the pleural vessels giving rise to isolated areas of pleurisy.

Instances of obscure infection may take place before the birth of the child. This condition is designated as intrapartum infection, and is apt to appear in slow labors in which the membranes have ruptured at an early period. If the temperature rises to 101 during labor, we should always think of complications and hasten delivery.

To repeat my early advice, I may again sum it up in the one word, cleanliness. Since puerperal infection is wound infection, and is due to introducing something into the uterine cavity, it goes without questioning, that the most scrupulous asepsis immediately before and during labor, is the chief factor upon which we rely to protect our patient. Upon this we all agree, or should agree. It is the only sensible course to follow. I need hardly add that this necessity for super-cleanliness applies to nurse as well as physician. The nurse should be forbidden to make vaginal examinations, and the doctor should avoid them whenever possible. Also never prescribe vaginal douches unless the vaginal secretions present marked evidence of abnormality. Homœopathic physicians, to their credit be it said, are generally unanimous in forbidding this pernicious procedure. Personally, I am of the opinion that this said douch has caused more cases of puer-

peral infection, than any other one cause, or perhaps to put it stronger, all causes put together. The routine vaginal examination to detect cervical tears, with the view of their immediate repair, also cannot be too strongly condemned. Such examinations during the early months of pregnancy, especially in primipara, to detect any abnormalities in the vagina which might interfere with delivery, are of course, not included in this prohibition. Examinations to ascertain the "position" should all be done by external manipulation. I mention this because I happen to know quite a few physicians of the other school, who practice and preach frequent vaginal examinations "to determine the position." Such meddling interference certainly brands any man who advocates it. On the other hand, I have also heard physicians severely criticised for not making these examinations. The writer always makes a vaginal examination, as soon as labor has progressed fairly well towards the second stage. At this point the vaginal walls are covered by uterine secretions sufficient to insure protection. An examination during the third stage, is not advisable, unless you encounter hemorrhage, or an adherent placenta. I also advise immediate repair of perineal tears, unless contro-indicated by profound exhaustion on part of the patient. Infection cannot take place unless the mucous membrane is torn.

Now as to treatment. Our homœopathic remedies are always indicated, and will work when correctly chosen. I shall not enumerate any. In the mechanical or surgical sphere, I wish to offer some protests. Fight shy of the curette. First in the most severe cases, there is usually absolutely nothing in the uterine cavity which can be removed, and the employment of the curette here, only does harm, by breaking down the leucocytic wall which serves to protect or prevent the invasion of the deeper layers of the uterus by offending bacteria. On the other hand, where there is much débris, removal is much more easily effected by means of the finger than by the curette. In dealing with cases of puerperal endometritis, after securing some of the uterine lochia for examination, if anyone wishes to specify the kind of

“bugs,” explore the cavity with sterile finger and if you find particles adhering to the walls, clean out. The uterus should then be douched with two or three quarts of calendulated water. Surgically, if abscesses appear, they should be opened and thoroughly drained. Never use bi-chloride or carbolic intra-uterine douches, as they do not reach the organisms they are thought to wash away. By the time of the initial chill, the diseased process is beyond penetration by liquids. The only good a douch can do is to wash out débris which has been left behind after use of finger or curette.

To recapitulate, let asepsis and not anti-sepsis be your guide and the summit of your ambition for your patient in particular. As for your own preparation, don't do too much scrubbing with a stiff brush. See to it that there are no points of infecting centres on your hands. Never employ a nurse about whom hangs any suspicion of gonorrhœa, to attend to the lying-in, or any other patient for that matter. In the conduct of your case, be cautious. Don't rush the labor and never fail to keep your eyes and ears open to discover the homœopathic remedy before delivery. Examine the placenta carefully, and the results will pay. The marked success which attends our school in obstetrical work, is, I believe, due largely to our faith in nature and the marvelous efficiency of our remedies to supplement nature when needed. God forbid that any doctor should grow so wise as to imagine that he can outdo or better nature's plan. At least ninety per cent of our failures are due to ill advised interference with a perfectly natural procedure. Watchful patient waiting is here indicated as in no other sphere of professional work.

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Dr. Taylor: We will now listen to the report of the Committee to audit the Treasurer's report.

Yearly receipts . . . . .	\$561.40
Expenditures . . . . .	441.47
	<hr/>
Leaving a balance of . . . . .	\$119.93

We, the undersigned committee to audit the Treasurer's report find it correct.

(Signed)

C. M. BOGER,

P. E. KRICHBAUM.

Dr. Taylor: You have heard the report; what will you do with it?

Moved that same be accepted. Carried.

The Secretary would like to know what price you want to fix on the later volumes of the Transactions. Does anyone want to buy copies of these later Transactions?

Dr. Krichbaum: I don't see how the Society can consistently sell them for less than the Associate membership dues because we are placing a premium on joining the Society. A great many members now of the Society say, "Well, I will not go because I get the Transactions and I will read them anyway; I know what they are doing, and I will save carfare." A great many more will think, "I can buy them at less than it would cost me to join, I shall certainly not become a member," and I move that the Transactions be sold at not less than \$3.

Dr. Case: When I was secretary of this Society the Transactions were sold at \$3.00 per volume and I think that is cheap enough. The cost is more than that I believe. I certainly would not sell them less than that.

Put to vote and regularly moved and seconded that the Transactions be not sold at less than \$3.00 per volume.

Dr. Patch: Why not vote that the old Transactions,—to about 1905, be sold at fifty cents per volume?

Dr. Taylor: Any remarks?

Carried.

Dr. Krichbaum: I have something else to say about the Transactions. I have five or six complete sets that have never been turned over to the Treasurer, stored away in my house, and I would like to know what the pleasure of the Society is with regard to them. I believe they voted once that I should keep them. I do not object at all but it seems to me that the Society's interests are divided. We do not want

to put all our eggs in one basket. There is a complete set and the only set than can be complete because the volume of 1886 is short. We have plenty of others and that is the reason why these odd volumes are to be sold out at fifty cents apiece; they are broken sets. Anyone can obtain one at fifty cents but they will not be able to get all the volumes, certainly they cannot get the one for the year 1886.

Dr. Taylor: What is the price set on this complete set?

Dr. Krichbaum: Forty-five dollars I think.

Dr. Patch: Of course there are a lot of these Transactions in the hands of Dr. King; volumes that accumulated before my election as secretary. There are also some in the hands of Boericke & Tafel for sale.

Dr. Powel: There are only a few.

Dr. Patch: I would suggest that these Transactions be stored somewhere under supervision.

Dr. Boger: Has anything been done about the use of these old volumes for missionary purposes?

Dr. Taylor: A committee was appointed to look after that.

Dr. Patch: In accepting the responsibility for these Transactions I had in mind the danger from fire. I have now about three hundred volumes; of course we use every precaution against fire, but it might occur and I feel uneasy about them. I should like to see them stored in some fire-proof warehouse.

Dr. Krichbaum: We will risk them there with Dr. Patch. You know I had to build two rooms once to keep them in. We had to move out to make room for them and we want you to get to the same place.

Dr. Boger: Are Boericke and Tafel supposed to be continuously supplied with these volumes?

Dr. Powel: I think there were five sets sent to them. Every year they take account of stock in July and report to me the number they have sold and pay us for them. I received from them last year \$4.50, but the year previous I do not just now remember the amount, but it was probably \$25. They have very few left. I do not remember off-hand the

number of books we have sent them, but I know they have very few left.

Dr. Boger: Hadn't we better keep on sending?

Dr. Powel: Not if they are all to be kept in one place. They were sent Dr. Patch so that orders could be filled through him.

Dr. Boger: But they have a few in stock to sell?

Dr. Powel: I think they have. I can see them and probably we can ship more to them.

Dr. Taylor: That is all in the hands of a Committee.

Dr. Powel: I would like to have them all shipped to Dr. Patch.

Dr. Patch: I would like to make a motion that we reserve and sell these volumes only to active members of the Association.

Dr. Boger: Second it.

Dr. Taylor: You have heard the motion that these complete sets be reserved and sold only to active members of the Association? Are there any remarks?

Dr. Krichbaum: I would like to move that some of these old Transactions be sold at fifty cents per copy. They could be turned over to Boericke & Tafel or anyone else for sale and then we will be cleaned up on that point.

Dr. Patch: I think there is a good deal of solid *Materia Medica* in the old Transactions that is valuable.

Dr. Taylor: This whole matter has been and may be safely left in the hands of the committee and they are to decide whatever in their judgment they are worth. Personally I think they could be very well sent to Boericke & Tafel since they are to do missionary work. They will send whatever they have to spare to Boericke & Tafel.

Dr. Patch: I would like to ask if it is the wish of the Society that we continue to publish the Directory?

Dr. Boger: I move that it be printed every other year. We certainly need it occasionally.

Dr. Stearns: Does it add to the expense?

Dr. Patch: A little; personally I have always felt doubtful as to its utility. I do not feel that the Society should

spend money to make a Directory of non-members and I think our membership list covers pretty nearly the same ground as the Directory.

Dr. Stearns: I have had occasion to use it not many times a year, but when I do need it, I need it badly.

Dr. Patch: The International Directory contains all the names of the foreign members and the A. M. A. Directory and Polk contain all the American names and it is almost impossible to ascertain whether these men are true Homœopaths or not.

Dr. Taylor: This cost about \$15.00 per year, isn't that about right?

Dr. Patch: It averages more than that, probably nearer \$20.00.

Dr. Krichbaum: It is one of my pets. I use it, not frequently because I don't have to, but when I want it, I want it and I think it is absolutely necessary. Some one comes to us and says, "I am going to such and such a place; can you give me the name of a good doctor there"; they may not be good but they are reported to us as good Homœopaths. I always use the members of this Society first, if I can find any; if not, I take the next best man.

I move that it be printed every year and more and more of it, for it is the best part of the Transactions.

Why can we not write to the members and ask them to pay \$1.00 for the privilege.

Dr. Patch: I have written and written and written to the names in the Directory who are not members of the Association and have actually told them that they ought to be ashamed to have their names there, not being members of the Association, unless they do pay; it has not resulted in many members.

Dr. Boger: I say put it in once in two years.

Dr. Patch: If it is to be in at all it is easier to do it every year.

Dr. Stearns: I should hate to see it dropped.

Dr. Krichbaum: I move that it be put in every year.

Dr. Farrington: Would it not be easier to print a short

list of those who are not members? We have the names of those who are members in the list of members and they are under various headings in various states so that if we print a short one—only one or two pages, of those who are not members in outlying districts, it would save a lot of trouble and expense.

Dr. Krichbaum: I accept the amendment to print the names of non-members as far as we can get them.

Dr. Taylor: Are there any more remarks? You have heard this motion?

Seconded and carried.

Dr. Taylor: Now the original motion as amended? All in favor of that?

Dr. Patch: The Chairman of the Committee on changes of by-laws submits a certain amendment (which will be submitted later) to be acted upon next year.

Dr. Dienst: Mr. Secretary, I would like to announce that the Society of Homœopaths will meet at two o'clock at the Hotel Imperial and that we would be very glad to welcome you all there.

Dr. Taylor: One thing that has escaped our attention for the moment and that was the matter of this hospital in France.

Dr. Patch: I have very little to say except that we know that Drs. Hoyle, Burford, and some of our good men on the other side, are putting their whole time, energy and money for the cause of these poor suffering fellows in France and they have asked the associations in this country to help in any way they can and it seems a pity to disband without even a sympathetic word for them.

Dr. Krichbaum: I move that this Association sends \$100 as coming from the Association and I know that \$25.00 of it is coming from me.

Dr. Taylor: You have heard the motion?

Dr. Powel: I will contribute what I can toward the balance of the \$75.00.

Dr. Boger: Does that mean that you have \$25.00 of the Association money at home?

Dr. Krichbaum: It means that I have \$25.00 to put towards \$100.00. But it must come from the Society, in the name of the Society.

Dr. Baker: How would it do to have each individual member give so much a month and then we would have a regular contribution going over there? Even if a small amount, it would count, and they would have something to count on.

Dr. Krichbaum: The only difference is that I have \$25.00 now and won't have it next month.

Dr. Taylor: Any further remarks? All those in favor signify in the usual way? Carried as a vote. Just one thing more, who will have charge of it?

Dr. Powel: Dr. Patch.

Dr. Taylor: It is regularly moved and seconded that this matter be left in the hands of the secretary, Dr. Patch. Any remarks? Carried.

Dr. Patch: It is understood that this Society gives \$100. Of course you all realize it will be necessary for all members to contribute as much as they are able to this cause, especially considering the condition of our Treasury.

Dr. Taylor: If no one has anything more to offer here, no suggestion to make before final adjournment, we may as well adjourn.

Dr. MacAdam: I move that we adjourn. Carried.

## List of Members

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\*Associate Members.

*Italics*, Honorable Seniors.

- 1913 Aitchison, Florence N. H., 1430 Berwyn Avenue,  
Chicago, Ill.
- 1914 Aldrich, Henry C., Donaldson Bldg., Minneapolis,  
Minn.
- 1899 Alliaume, Charles E., 219 Genesee St., Utica, N. Y.
- 1913 Almfelt, Gustavus A., Grosvenor Bldg., Kenosha, Wis.
- 1905 Augur, George J., Matsushima Kon, Minami Koga,  
Ch. 18 Bon Chi, Konda Ku, Tokio, Japan.
- 1903 Austin, Alonzo E., 8 E. 58th St., New York City.
- 1910 Baker, Harry B., 1 E. Grace St., Richmond, Va.
- 1907 Bassett, Alice H., 520 Beacon St., Boston, Mass.
- 1887 *Baylies, Bradford Le Baron*, 418 Putnam Avenue,  
Brooklyn, N. Y.
- 1909 Beals, Herbert, 188 Franklin St., Buffalo, N. Y.
- 1907 Becker, Henry, 1330 King St., West, Toronto, Can.
- 1915 Becker, Charles W., 349 Sherbourne St., Toronto,  
Can.
- 1909 Beckwith, Edwin B., 8030 Emerald Ave., Chicago, Ill.
- 1880 *Berridge, Edward W.*, 193 Gloucester Terrace, Hyde  
Park, London, England.
- 1915 Bidwell, Glenn I., 809 South Ave., Rochester, N. Y.
- 1901 Bishop, Minnie R., Chicago Beach Hotel, Chicago, Ill.
- 1905 Bloomington, Frances E. D., 6132 Kenwood Ave.,  
Chicago, Ill.
- 1905 Boger, Cyrus M., 225 7th St., Parkersburg, W. Va.

- 1909 Boggess, William B., 4919 Center Ave., Pittsburg, Pa.
- \*1913 Bowes, Charles P., Greenville, Texas.
- 1914 Brown, Plumb, 503 State St., Springfield, Mass.
- 1906 Burgess-Webster, Margaret, 1703 Chestnut St., Philadelphia, Pa.
- 1909 Calhoun, John C., 3126 Perrysville Ave., Pittsburg, Pa.
- 1906 Carleton, Spencer, 28 Covert Place, Flushing, N. Y.
- 1890 Case, *Erastus E.*, 902 Main St., Hartford, Conn.
- \*1913 Cattori, Leon, Locarno, Switzerland.
- 1904 Campbell, John B., 435 Putnam Ave., Brooklyn, N. Y.
- 1911 Chaney, Edwin N., 1151 Santee St., Los Angeles, Cal.
- 1912 Clark, Byron G., 251 W. 75th St., New York City.
- 1888 Close, *Stuart*, 248 Hancock St., Brooklyn, N. Y.
- 1887 Cobb, *Harriet H.*, 16 Barber St., Medway, Mass.
- 1910 Coffeen, Eugene, 4426 Racine Ave., Chicago, Ill.
- 1904 Coleman, Daniel E. S., 101 W. 78th St., New York City.
- 1909 Cowley, William, Center & S. Highland Ave., Pittsburg, Pa.
- 1881 *Custis, J. G. B.*, 912 15th St., Washington, D. C.
- 1912 Davis, Frank S., 25 Elm St., Quincy, Mass.
- 1892 Day L. A. L., 29 E. Madison St., Chicago, Ill.
- 1913 Dienst, George E., 26 S. River St., Aurora, Ill.
- 1891 Donald, Alexander, 690 Endicott Ave., St. Paul, Minn.
- \*1913 Downs, Elwood E., Mullica Hill, N. J.
- 1885 Drake, *Olin M.*, 1767 Commonwealth Ave., Boston, Mass.
- 1887 Eaton, *Samuel L.*, 340 Lake Ave., Newton Highlands, Mass.
- 1910 Emmerson, George C., Marshall, Mo.
- 1908 Farrington, Harvey, 5000 Dorchester Ave., Chicago, Ill.
- 1902 Fellows, Antoinette K., 5498 Cornell Ave., Chicago, Ill.
- \*1913 Geiser, *S. R.*, The Groton, 7th & Racine Sts., Cincinnati, Ohio.

- 1911 Gillespie, W. B., Rockville, Conn.  
1904 Gladwin, Frederica E., Roger Williams Building,  
Philadelphia, Pa.  
1881 *Goodrich, L. A. Ren Dell*, 93 Lake Place, New Haven,  
Conn.  
1907 Green, Julia M., 1738 N. St./N.W., Washington, D.C.  
1911 Griffith, John B., 43 Chestnut St., Lewiston, Pa.  
1904 Guernsey, William J., 4340 Frankford Ave., Phila-  
delphia, Pa.  
\*1914 Haas, A., Hanover, Germany.  
1907 Hallman, Victor H., National Bank Building, Hot  
Springs, Ark.  
1910 Hardy, Eugene A. P., 333 Bloor St., W. Toronto,  
Canada.  
1913 Hatfield, Walter S., 22 W. Seventh St., Cincinnati, O.  
1902 Hautiere, Rosalie de la, 1620 G. G. Ave., San Fran-  
cisco, Calif.  
1905 Hayes, Royal E. S., 314 W. Main St., Waterbury,  
Conn.  
1901 Hess, Amelia L., 1911 Mt. Vernon St., Philadelphia,  
Pa.  
1892 Hoard, Volney A., 691 East Main St., Rochester,  
N. Y.  
1908 Hoehne, Evelyn, 481 Washington St., Milwaukee, Wis.  
1898 Houghton, Henry L., 176 Commonwealth Avenue,  
Boston, Mass.  
1901 Howland, Josephine, 543 Court St., Rochester, N. Y.  
1886 *Hoyt, William*, Hillsboro, Ohio.  
1900 Huffman, Joseph E., Orange, Calif.  
1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo, N. Y.  
1904 Hutchinson, John, 441 Park Ave., New York City.  
1903 Ives, S. Mary, 198 College St., Middletown, Conn.  
\*1913 Keeney, Adaline, The Dalles, Oregon.  
\*1913 Keese, J. Mumford, 314 Summit Ave., Syracuse, N. Y.  
1899 Kendall, Edward J., 206 Fine Arts Building,  
Detroit, Mich.  
1905 Kent, James T., 108 N. State St., Chicago, Ill.  
1906 Kimball, Samuel A., 229 Newbury St., Boston, Mass.

- 1901 Klinetop, Warren B., Charles City, Iowa.
- 1899 Krichbaum, Philip E., 35 Fullerton Ave., Montclair,  
N. J.
- 1891 Leggett, S. L. Guild-, 603 W. Genesee St., Syracuse,  
N. Y.
- 1910 Lehman, S. W., Dixon, Ill.
- 1905 Leverson, Montague R.
- 1910 Lewis, Tillius B., Hammond, Ill.
- 1906 Lewis, Margaret C., 4027 Spring Garden St., Phila-  
delphia, Pa.
- 1907 Llewellyn, H. S., La Grange, Ill.
- 1905 Loos, Julia C., E. Liberty, Pittsburg, Pa.
- 1906 Luff, Joseph, 121 Electric St., Independence, Mo.
- 1904 Lutze, F. H., 403 Jefferson Ave., Brooklyn, N. Y.
- 1913 MacAdam, E. Wallace, 17 E. 184th St., New York  
City.
- 1915 MacLaren, D. C., 141 Laurier Ave., Ottawa, Canada.
- 1915 MacLaren, K. A., 504 Dovercourt Road, Toronto,  
Canada.
- 1909 Madden, Alvin C., Kechi, Kansas.
- \*1913 Maloney, L. H., Savanna, Ill.
- 1889 *McIntosh, F. L.*, 178 Commonwealth Ave., Boston,  
Mass.
- \*1914 Mersch, Edmond, Chaussee de Wavre, 177 Bruxelles,  
Belgium.
- 1913 Miller, R. Gibson, 10 Newton Place, Glasgow, Scot-  
land.
- 1904 Morris, Frances M., 520 Beacon St., Boston, Mass.
- 1907 Mullin, John W., 918 West St., Wilmington, Del.
- 1906 Newton, Carrie E., 36 Holyoke St., Brewer, Maine.
- 1890 *Oakes, Charles H.*, Livermore Falls, Maine.
- \*1914 Ohdedar, G. N., Lucknow, India.
- 1912 Parker, Mary, 83 Brattle St., Cambridge, Mass.
- 1892 Patch, Frank W., Woodside Cottages, Framingham,  
Mass.
- 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W.  
Scotland.
- 1913 Pierson, Farrand B., 1127 Dean St., Brooklyn, N. Y.

- 1887 *Powel, Franklin*, Madison St. & Fifth Ave., Chester, Pa.
- 1895 *Powel, Milton*, 375 West End Ave., New York City.
- 1909 *Powel, William R.*, Roger Williams Building, Philadelphia, Pa.
- 1905 *Putnam, Carolyn E.*, 207 East 31st St., Kansas City, Mo.
- 1914 *Quackenbush, A.*, 143 Nepean St., Ottawa, Canada.
- 1904 *Rabe, Rudolph F.*, 616 Madison Ave., New York City.
- 1915 *Reel, Ida*, Virginia.
- 1910 *Richberg, Eloise O.*, 2227 Calumet Ave., Chicago, Ill.
- 1910 *Roberts, Herbert A.*, 90 Myrtle St., Shelton, Conn.
- \*1913 *Roemer, J. F.*, Waukegan, Ill.
- \*1913 *Rudorf, Paul*, Hinsdale, O.
- 1880 *Rushmore, Edward*, 420 Park Ave., Plainfield, N. J.
- 1913 *Sayre, C. Edward*, 6438 Drexel Ave., Chicago, Ill.
- 1913 *Schmidt, H. C.*, 6059 Hollywood Ave., Hollywood, Calif.
- 1900 *Schwartz, Herbert W.*, 222 Bluff, Yokohoma, Japan.
- 1914 *Secondari, Guisepppe*, 70 Piazza Caprettari, Rome, Italy.
- \*1914 *Seymour, Bina*, 573 State St., Springfield, Mass.
- 1911 *Sloan, T. C.*, 299 Main St., Manchester, Conn.
- 1880 *Smith, Thomas Franklin*, 264 Lenox Ave., New York City.
- 1913 *Speiden, Edgar*, 3523 14th St., N. W., Washington, D. C.
- 1881 *Stambach, Henry L.*, 15 West Victoria St., Santa Barbara, Cal.
- 1913 *St. John, Edward T.*, 60 W. 139th St., New York City.
- 1891 *Stanton, Lawrence M.*, 207 W. 56th St., New York City.
- 1910 *Starcke, Andrew H.*, 1115 Grand Ave., Kansas City, Mo.
- 1904 *Stearns, Guy B.*, 180 W. 59th St., New York City.
- 1904 *Stevens, Grace T.*, 32 Bedford Terrace, Northampton, Mass.
- 1886 *Stover, William H.*, Tiffin, Ohio.

- 1886 *Sutfin John H.*, 604 K. C. L. Building, Kansas City, Mo.
- 1889 *Taft, Mary F.*, 303 Walnut St., Newtonville, Mass.
- 1900 Taylor, Edwin A., 7 West Madison St., Chicago, Ill.
- 1908 Thornhill, Gabriel F., 76 South Main St., Paris, Texas.
- \*1914 Todd, Helen B., 47 Lindsey Ave., Meriden, Conn.
- 1913 Tomhagen, J. A., 2425 N. Hermitage Ave., Chicago, Ill.
- 1912 True, Richard S., 419 Boylston St., Boston, Mass.
- 1909 Turner, Maurice W., 127 Harvard St., Brookline, Mass.
- 1910 Walker, Frank C., 10 Milk St., Nantucket, Mass.
- 1910 Wallace, Paul B., Tomah, Wis.
- 1902 Waring, Guernsey P., Alhambra, Calif.
- \*1913 Webb, Henry P., Elmer, N. J.
- 1913 Weir, John, 47 B Welbeck St., Cavendish Sq., W., London, Eng.
- \*1914 Wijetunge, Vincent, "Golconda," Colpetty, Colombo, Ceylon.
- 1910 Williams, Clara H., 822 Wood St., Wilkensburg, Pa.
- 1907 Williams, Dudley A., 223 Thayer St., Providence, R. I.
- 1910 Wilson, William W., 72 Valley Road, Montclair, N. J.
- 1910 Winans, Theo H., 117 E. Promenade St., Mexico, Mo.
- 1912 Woodbury, Benjamin C., 43 Middle St., Portsmouth, N. H.
- 1891 Yingling, William A., 806 Market St., Emporia, Kansas.
- \*1913 Young, Chester W., Philadelphia, Pa.

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#### HONORARY MEMBERS.

- 1911 Anshutz, Edward P., 1011 Arch St., Philadelphia, Pa.
- 1911 Ehrman, George B., 30 E. 70th St., Cincinnati, Ohio.
- 1911 Nash, Eugene B., Port Dickinson, N. Y.
- 1912 Tyler, Margaret L., Linden House, Highgate Road, N. W., London, England.
- 1914 Starcke, Barnard, 2511 Bales Ave., Kansas City, Mo.
- 1915 King, J. B. S., 1402 Masonic Temple, Chicago, Ill.

## DECEASED MEMBERS.

- 1905 Adams, E. T., Toronto, Canada.  
1880 Allen, H. C., Chicago, Ill.  
1889 Arrowsmith, W. L., England.  
1880 Baer, O. P., Richmond, Ind.  
1907 Baker, H. H., Chicago, Ill.  
1889 Balch, E. T., Santa Barbara, Calif.  
1880 Ballard, E. A., Chicago, Ill.  
1889 Banerjee, B. N., Calcutta, India.  
1880 Bayard, E., New York City.  
1881 Bedell, R. H., New York.  
1914 Bell, James B., Boston, Mass.  
1915 Bowie, A. P., Uniontown, Pa.  
1881 Brown, T. L., Binghamton, N. Y.  
1881 Bruns, T., Boston, Mass.  
1902 Burd, Emma D. S., Yonkers, N. Y.  
1881 Butler, C. W., New Jersey.  
1886 Campbell, Alice B., Brooklyn, N. Y.  
1881 Carleton, E., New York City.  
1883 Carr, A. B., Rochester, N. Y.  
1887 Carr, G. H., Galesburg, Ill.  
1889 Dever, I., Clinton, N. Y.  
1882 Dunn, G., England.  
1882 Ehrmann, Benjamin, Cincinnati, O.  
1882 Ehrmann, Frederick, Cincinnati, O.  
1881 Fellger, A., Philadelphia, Pa.  
1899 Fincke, Bernhardt, Brooklyn, N. Y.  
1902 Fisher, Arthur, Canada.  
1880 Foote, G. T., Marlborough, N. Y.  
1893 Fowler, S. M., Florida.  
1885 Gee, William S., Chicago, Ill.  
1903 Graham, M. E., Rochester, N. Y.  
1904 Grant, R. C., Rochester, N. Y.  
1881 Gregg, Rollin R., Buffalo, N. Y.  
1891 Gregory, E. P., Bridgeport, Conn.  
1892 Harvey, A., Springfield, Mass.  
1881 Hatch, H., Washington, D. C.

- 1884 Hawley, W. A., Syracuse, N. Y.  
1881 Haynes, J. R., Indianapolis, Ind.  
1907 Hewitt, Myra, Wisconsin.  
1885 Hockett, Z., Anderson, Ind.  
1906 Holloway, J. C., Galesburg, Ill.  
1882 Hoyne, T. S., Chicago, Ill.  
1883 Ingalls, F. W., Kingston, N. Y.  
1896 Jackson, F. M. W., Emporia, Kansas.  
1915 James, Walter M., Philadelphia, Pa.  
1887 Keith, T. S., Newton, Mass.  
1880 Kenyon, L. M., Buffalo, N. Y.  
1882 Lawton, C. H., Wilmington, Del.  
1890 Ledyard, W. E., California.  
1880 Leonard, W. H., Minneapolis, Minn.  
1880 Lippe, Adolph, Philadelphia, Pa.  
1881 Lippe, Constantine, New York City.  
1884 Lowe, J. N., Milford, N. J.  
1885 Martin, Leslie, Baldwinsville, N. Y.  
1883 McNeil, A., San Francisco, Calif.  
1914 Miller, Z. T., Pittsburg, Pa.  
1891 Morgan, A. R., Waterbury, Conn.  
1913 Nichols, Charles F., Boston, Mass.  
1892 Payne, F. W., Boston, Mass.  
1892 Payne, J. H., Boston, Mass.  
1880 Pearson, Clement, Washington, D. C.  
1883 Pease, G. M., San Francisco, Calif.  
1888 Pierce, W. A. D., Philadelphia, Pa.  
1882 Poulson, P. W., San Francisco, Calif.  
1885 Preston, Mahlon, Norristown, Pa.  
1885 Reed, W. L., St. Louis, Mo.  
1914 Reed, H. H., Halifax, N. S.  
1881 Robert, J. C., New Utrecht, N. Y.  
1908 Roberts, Josephine, Chicago, Ill.  
1881 Schmitt, Julius, Rochester, N. Y.  
1885 Seward, Stephen, Syracuse, N. Y.  
1881 Smith, C. C., Philadelphia, Pa.  
1908 Sparhawk, S. H., St. Johnsbury, Vt.  
1884 Stow, T. D., Mexico, N. Y.

- 1887 Thurston, Rufus L., Boston, Mass.  
1904 Vivien, R. P., Canada.  
1893 Villiers, A., Dresden, Germany.  
1881 Wells, L. L., Utica, N. Y.  
1880 Wells, P. P., Brooklyn, N. Y.  
1906 Wesner, M. A., Johnstown, Pa.  
1881 Wesselhoeft, W. P., Boston, Mass.  
1882 White, F., England.  
1873 Whitehead, T. K., England.  
1880 Wilson, T. P., Michigan.  
1890 Winn, W. J., Cambridge, Mass.

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