PROCEEDINGS

OF THE

THIRTY-SECOND ANNUAL SESSION

OF THE

International Hahnemannian Association

HELD AT

ATLANTIC CITY
HOTEL BRUNSWICK

JUNE 21, 22, 23, 1911.

OFFICERS FOR THE YEAR 1912.

John Hutchinson, New York City,	President.
Carolyn E. Putnam, Kansas City, Mo.	Vice-President.
Wm. R. Powel, Philadelphia	Treasurer
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The transactions of the last year's meeting makes a volume of 243 pages. Copies for review were sent to the leading homoeopathic journals.

The present membership of the Association consists of 22 Honorable Seniors, 109 Active members and 48 Associate members. J. B. S. KING, Secretary.

Report accepted and referred to Board of Publication.

President:—We will now hear the Treasurer's report.

TREASURER'S REPORT—P. E. KRICHBAUM.

DISBURSEMENTS.

Dr. King, Stenographer	$100.00
Dr. Putnam, Expenses Kansas City, 1910	35.00
Kansas City Meeting, Dr. King, Stationery, Stamps	27.78
Stamps for 1911	16.00
Printing Transactions	370.00
Express and Dray on Transactions	7.50
Lettering 10 Certif	5.00
1 dozen Mailing Cases for Certif	.50
Express on extra Bundle Transaction	1.50
300 Labels for Transactions	3.50
12 Months Storage on Part of Old Volumes	12.00
Total	$578.78
Balance on hand, June 20, 1911	$260.73
	$839.51

RECEIPTS

Balance on hand, June, 1910	$314.01
Sale Transactions	23.50
Dues Collected, 1911	502.00
Total	$839.51
Balance	$260.73

President:—I will appoint an Auditing Committee as is the usual custom; this committee will consist of Drs. E. E. Case and Wm. R. Powel.

P. E. Krichbaum:—I want to resign as Treasurer, and it would be an accommodation to me if I could be relieved as soon as possible by the appointment of a Treasurer pro tem.

Dr. Grace Stevens was appointed as a Committee on Attendance to keep a record of the numbers attending each session.

E. Rushmore:—I move that all visiting physicians be accorded the privilege of the floor. Seconded. Carried.

Moved, seconded and carried that the sessions during the meeting be from 9:30 to 12:30. From 2:30 to 6, and from 8 until any convenient time.

Secretary:—I have here a letter from Dr. Geo. B. Ehrman resigning his membership.

Julia C. Loos:—I move that the resignation be accepted. Seconded. Carried. Session adjourned.

SECOND SESSION. JUNE 21ST, 1911. 2:30 P. M.

The first business was the report of the Auditing Committee.

REPORT OF THE AUDITING COMMITTEE.

The Committee reports that the accounts of the Treasurer and vouchers thereof have been gone over by its members and found correct.

E. E. CASE,
W. R. POWEL.

Report accepted and referred to the Publication Committee.

The President appointed Wm. R. Powel Treasurer *pro tem.*

P. E. Krichbaum:—As I am now relieved of the duties of Treasurer, something should be done with the stock of our transactions; we have a large stock on hand. It might be a good plan to have a committee go through them and select the best things in them for reprinting in a book form and then to sell the rest for old paper, or they could be printed in homoeopathic journals. I do not see any use in piling up old stock.

F. W. Patch:—I see the necessity of a continual introduction of new blood into a society of this kind. We should take active measures to add desirable new members and I think that the old numbers of our Transactions would be valuable for that purpose. A committee should be appointed to devise some means of doing active propagandic work by a wise and intelligent use of these valuable volumes. I move that a committee be appointed consisting of three members to consider the question of utilizing our old volumes of Transactions and bringing our work before the profession. Seconded. Carried.

President:—I will appoint upon this committee Drs. Patch, Boger and Powel. If there is no more business at this time, we will go on with the scientific bureaus. We will open the Bureau of Materia Medica of which Dr. Margaret Burgess-Webster is Chairman. In accordance with the usual custom all visiting physicians are accorded the privilege of the floor.

BUREAU OF MATERIA MEDICA.

DR. MARGARET BURGESS-WEBSTER, Chairman.

Plumbum by Margaret C. Lewis.

Discussion by Julia Minerva Green read by the Secretary.

General Discussion.

Teucrium Marum Verum. by Wm. R. Powel.

General Discussion.

Hecla Lava and Bellis Perennis. by P. E. Krichbaum.

General Discussion. Session adjourned.

THIRD SESSION. JUNE 21ST. 8 P. M.

THE PRESIDENT'S ADDRESS

Mr. Chairman, Fellow Members of the International Hahnemannian Association, and Guests:

Although it is usual in a presidential address to review the year's work and make proposals and recommendations for consideration later by the Society, yet as the matters I would speak of are all provided for in other ways, I prefer to invite you to examine with me a subject with which all Homoeopaths should be familiar, and I am glad to say some are, namely, the relation between the spiritual teachings and the medical philosophy of

SWEDENBORG AND HAHNEMANN.

More than three years ago this spring, at the request of the Royal Swedish Academy of Sciences, the King of Sweden and his government asked permission of England to take the body of Swedenborg back to his native land. The request being granted the earthly remains of Emanuel Swedenborg were, on April 7th, 1908, removed from the

vault under the altar of the Swedish Church in London, where they had rested nearly a century and a half, carried on board the Fylgia, the largest war-ship of the Swedish navy, and with great honor and solemnity conveyed to Sweden. Here they were deposited (on May 18th, 1908) in the Cathedral of Upsala, in which several Swedish kings, archbishops, generals, and many prominent scientists, including Linnæus have their last resting place. Swedenborg's Sarcophagus, which was unveiled by the King last November (Nov. 19th, 1910), being placed opposite to that of the great naturalist.

Last summer the *International Swedenborg Congress* was held in London. From the report of its Transactions I shall quote freely. The Congress was attended by about four hundred representatives from England, Scotland, Ireland, Wales, from the United States, from Mexico, from the three Scandinavian nations—Sweden, Norway, Denmark—from Holland, Belgium, Germany, Austria, Switzerland, France and Spain, and also from India, Canada and Australasia.

Part of the address of the President of the Congress was as follows: "We are here honoring Swedenborg, probably from different points of view. There are some who regard him as an illustrious and far seeing man of science; others who honor him as a luminous and original philosopher; and a still larger number who look to him as an enlightened seer and a Heaven-directed theologian. But we all agree that he was a many-sided man, one of the profoundest students of his century, and all recognize him as one of the great geniuses of his age. But whether you look at Swedenborg as a poet, as a philosopher, as a man

of science, or as a theologian, you find in his career and in the successive ranges of his studies and investigations a remarkable series of well-defined gradations. He advanced from stage to stage, but every stage was preparatory to its successor. * * * He was unspoiled by fame. The favor of kings and princes never impaired his modesty, and the recognition of the splendor of his achievements never excited his vanity. He never claimed priority in discovery, though others have often, with perfect justification, done this for him; and this modesty was characteristic of him throughout life. * * * He strove always, indeed, for the practical, and perhaps many here present will be surprised to hear of the extent of his powers of invention. The list of his discoveries, descriptions of which he always wrote down carefully, is almost unparalleled; and as a man of science his range of study extended from mathematics and physics to astronomy, mineralogy, chemistry, metallurgy, anatomy, physiology, geology and natural history. As a philosopher he studied all the systems known to his time; and his own contributions to the study of different branches of philosophy were both far-reaching and original. Then he was a politician, an economist, a practical student of currency and finance, and in all these subjects he achieved distinction."

This gives a general outline of Swedenborg's attainments; but more interesting and to the point was the testimony that the essayists at the Congress bore, one and all, to Swedenborg's anticipation of natural truth in his scientific works.

The Congress met in three sections—Science, Philosophy and Theology. Addresses were made by such men as

Professor S. E. Henschen, Professor of Clinical Medicine, Caroline Institute, Stockholm, who represented the Royal Swedish Academy of Sciences; by Professor O. M. Ramström, Professor of Anatomy in the University of Upsala, who gave a paper on "Swedenborg on the Cerebral Cortex as the Seat of Psychical Activity." Then came an essay on "Swedenborg as a Cosmologist," by Rev. Prof. Tansley, B. A. of New Church College, London; and one on "Swedenborg on the Ductless Glands," by Dr. David Goyder, Consulting Physician, Bradford Royal Infirmary. A paper "On the Motion of the Brain, with Special Reference to the Views of Emanuel Swedenborg," by Dr. A. Rabagliati, of Bradford, England, was next on the programme, followed by two addresses, the first on "Swedenborg on the Spinal Cord," and the second on "Some Important Accordances Between Swedenborg and Modern Physiologists," by Dr. Max Nenburger, Prof. of the History of Medicine in the University of Vienna. These were among the papers in the first section of the Congress.

In the second section, Philosophy, the papers were no less interesting and illustrative of Swedenborg's natural faculty for contemplating facts already discovered and eliciting their causes. As Prof. Nenburger said, concerning Swedenborg, in his lecture before the Congress of Scientists and Physicians, at Hamburg, 1901, "in addition to his profound knowledge of anatomy and physiology, he was able from neglected, empirical material, to draw conclusions which reach to the very heart of the subject, and penetrate much deeper into its nature than do the soulless deductions of the correct representatives of the 'exact sciences.'"

We can well give a few minutes of our time to the

consideration of the anticipations in natural science, of which a few examples will suffice, contained in

SWEDENBORG'S SCIENTIFIC WORKS.

The *Opera Philosophica et Mineralia* (1734), is in three large folio volumes, the second and third of which are strictly practical works, one on iron and the other on copper and brass, and are evidences of Swedenborg's ardent devotion to the duties of his office as assessor of the College of Mines.

The first volume, bearing the sub title *"Principia Rerum Naturalium"* or *"The First Principles of Natural Things, Being New Attempts toward a Philosophical Explanation of the Elementary World,"* is an effort to explain the generation of the elements, the creation of matter and the nature of the occult forces playing within nature, and has been spoken of as "a production indicative of profound thought in all its parts, and not unworthy of being placed by the side of Newton's mathematical "Principia of Natural Philosophy."

The publication of Swedenborg's *Principia* gained for its author great reputation, and his friendship and correspondence were eagerly courted by all the philosophers of his day.

The *Principia* is said, by those who have studied it, to give, among other things, the place of our sun and solar system in the milky way, and the method by which the fact was observed. This was discovered later by Sir William Hershel, but Swedenborg's *Principia* was published four years *before* Hershel was born (on Nov. 15th, 1738).

Again before the scientific world had learned of the translatory or progressive motion of the stars along the

milky way, their divergent streaming out at the northern end and their convergent streaming in at the southern end, it was clearly set forth in the *Principia,* as was the doctrine of the cosmical arrangement of stars, attributed principally to Kant ("Natural History of the Heavens," 1755) but published by Swedenborg when Kant (born Aug. 22nd, 1724) was a boy of ten years.

The nebular hypothesis, credited somewhat to Buffon (born Sept. 7th, 1707), but especially to La Place, appeared in Swedenborg's work fifteen years before Buffon (in 1749) published his theory, and fifteen years before La Place was born (on Mar. 28th, 1749), and over sixty (62 years) before La Place offered his theory to the public (in 1796, "Système du Monde").

However much these theories have been modified since Swedenborg's time the honor of their discovery and announcement belongs to him.

On Magnetism the *Principia* is also rich in original thought and discovery. In facts relating to the magnetic equator and the magnetic poles, their positions and relative attractive force, Swedenborg was nearly a century ahead of other scientists; he also takes precedence in his statements regarding the cause of the aurora.

Lastly, chemical truths, unknown till years after, are contained in the *Principia,* published in 1734. Thus in regard to the atmospheric air, Swedenborg said, that, if it be pure and dry, it is composed, in general, of two constituents; these are in unequal proportions; the element greatest in quantity (N., 79.19 parts, or by weight 76.99) is the extinguisher of combustion, while the element least in quantity (O., 20.81 parts, or by weight 23.01) is a con-

stituent of water as well. In relation to water Swedenborg also told correctly that it is a compound substance and the particulars and quantities of the two elements, of which it is constituted, are correctly given (O., 88.9; H., 11.1 by weight). As it was not till 1772-74 that Priestley's celebrated experiments in regard to air were made, and as the whole world thought and spoke of water as an element up to 1783, when the discovery was made almost simultaneously by Watt, Priestly, Cavendish, and Lavoisier, that water, like air, is a result of the combination of two gases, therefore in the first instance Swedenborg's statements (in relation to air) antedated the discoveries of Priestly nearly forty and in the second (in regard to water) about fifty years; besides they were published when Priestly was only one year old (born Mar. 13th, 1733).

The *Principia* anticipates many other truths of modern science, such as the atomic theory, and the identity of electricity and lightning, but it is not necessary to add illustrations.

Swedenborg's *Economy of the Animal Kingdom* (1740-41) treats of the blood, and the organs which contain it; the coincidence of the motion of the brain with the respiration of the lungs; and, in addition, of the human soul. His demonstration of the motion ("animation") of the brain agreeing with the respiration of the lungs is noteworthy, because it rests on his having shown, one hundred and forty or fifty years before science discovered the fact, that the motion of the brain is synchronous with the respiration, and not with the action of the heart and the circulation of the blood. This, when we come to think of it, was really a most remarkable achievement. If we were asked to name

another man who had been able to anticipate scientific discovery by anything like this length of time, what would be the answer?

Whoever has made himself acquainted with Swedenborg's wonderful constructive imagination in other departments of science will not be surprised that his views as to the physiology of the spinal cord agree with the results of the latest researches and that they are in harmony with a correct conception of the structure of that organ. In his description of the spinal cord, those familiar with the subject, will find many highly ingenious anticipations of results of modern research. Especially interesting are the remarks on the course of the cerebellar fibres, on the fibres proper to the spinal cord itself, on decussation,—when we consider the present hard-won knowledge of the pyramidical tracts,—of the direct cerebellar tract, of the commissuræ dorsalis spinalis, etc. It must, therefore, be regarded as a most remarkable phenomenon that Swedenborg, without the necessary aids, solely and simply by means of his mental vision, so correctly reorganized some of the fundamentals of the tectonics of the spinal cord, a power not given to any of his contemporaries.

His work on the *Animal Kingdom* (1744-45) refers solely to the human body, it being the microcosm or representative of all inferior systems, and covers in general, the abdominal and thoracic organs and the skin.

In the *Animal Kingdom* Swedenborg treats of the Ductless Glands. The medical man of today on reading this work will be surprised at the close acquaintance with the subject that Swedenborg exhibits and he will also discover that Swedenborg anticipates the knowledge of these glands

which has been gained by the profession in the last fifteen years, in fact it seems certain that there are other "anticipations" with which physiology will later agree.

Worthy of especial note is what is said of pituitary body, particularly in the work on *The Brain.* Swedenborg there calls it the "arch gland complement and crown of the organs of the chemical laboratory of the brain," because "chiefly, as it resides in its celebrated curulian chair, it receives the whole spirit of the brain, and communicates it to the blood, to which it thereby imparts a special quality, upon which quality, compared with its quantity, depends the life of the whole of its kingdom." While the results of experiments, on animals, regarding the function of the pituitary gland are somewhat contradictory, yet the conclusion seems sustained that the gland produces certain substances of great importance for metabolism, which substances it passes into the blood.

In the *Economy* and *Animal Kingdom* Swedenborg announces his intention to examine, physically and philosophically, the whole anatomy of the body and lastly of the soul, and of its state in the body, "since this knowledge (of the soul) will constitute the crown of my studies."

But neither by geometrical, nor physical, nor metaphysical principles or studies was he to succeed in reaching and grasping the infinite and the spiritual, or in elucidating their relation to man and man's organism.

Much more than this, that is most interesting, might be quoted to show how Swedenborg was made ready for his introduction into the truths of the other world. Late in life he wrote to Oetinger that "he was introduced by the Lord first into the natural sciences and thus prepared."

"Through science and philosophy Swedenborg advanced to higher things. From a knowledge of the body he ascended to a knowledge of the soul. While studying the phenomena of nature he was ever looking to the God of Nature. Years before he began to write on distinctly spiritual subjects he had expressed himself as follows in a philosophical treatise: 'The end of reason can be no other than that man may perceive what things are revealed and what are created.' "

Living and working in this spirit, Swedenborg reached the confines of mere earthly knowledge. Then, he tells us, he was permitted to cross the boundary line between the natural and the spiritual where he found the world of causes (D. L. W., 88-90; T. C. R., 75, 375-2).

His teaching in this relation is that nothing whatever exists on earth whose cause, and therefore origin, is not in the spiritual world (D. L. W., 339), and consequently things on the earth are in correspondence, i. e., in relation, with things in the spiritual world under the law of cause and effect.

Thus, for example, "all noxious things in both the animal and vegetable kingdoms and also the noxious things in the mineral kingdom" typify certain evils (evil uses) and falsities existant in the other world in the world of spirits and in the hells. In the spiritual world diseases occur in the form of evils and falsities because these states, i. e., states of evil and falsity, take away health from the internal, or we may say, from the mental or spiritual man (A. C., 6502). Consequently it logically follows that all diseases in this world are the result of evils in the other world, to which evils the diseases are related as cause and effect (A. C., 5131, and 5711 et seq.).

Though diseases on earth are the effects of spiritual causes, nevertheless this is no hindrance to their being healed naturally by medicine (A. C., 5713).

Plants, animals, and minerals exist in the spiritual world because of the spiritual principle that they "are of use," thus a spiritual usefulness in that world. In the natural world they exist, by correspondence, from the same spiritual principle, only here their usefulness is on the natural plane, and manifests itself, in general, in two ways. First, taking plants only for illustration, when they are of a good correspondence, i. e., representative of good things, a good usefulness results from them. The colors, beauty and pleasant odors of plants and flowers serving to refresh and recreate the mind, the shade of trees giving protection from the intense heat of the sun, the nourishment that vegetables and fruits give as food, and the healing of the body by medicines made from them are examples of good uses of plants. On the other hand if the plants correspond to, i. e., are the effects of, bad or evil things in the spiritual world an evil usefulness results, as for example, man is killed by the poisons extracted from those plants which are representative of evils (A. E., 1214).

Thus by "evil uses" is meant those things which assist or help in doing evil, while by "good uses" is meant those which assist or help in doing good. Those referred to here are animals of all kinds and vegetables of all kinds which appear upon the globe; of both these kinds the ones which benefit man are "good uses," while those which import mischief to man are "evil uses" (D. L. W., 336).

As diseases on earth are effects of causes (evils) existant in the spiritual world and as noxious minerals, vege-

tables and animals on earth are also the effects of evils in the spiritual world, representative or in correspondence with them, i. e., the cause and effect relation, therefore we may conclude that diseases, and noxious minerals, plants and animals are of like origin (A. E., 1212; D. L. W., 336), though of different or various forms or final results (ultimates) in this world.

Further teaching, bearing on this subject, that evil is restricted by its consequences and punishes itself (A. C., 696; 6071), that therefore evil is cured by evil, as for example in temptations (S. D., 2874), and that the representatives of evil uses are serviceable in absorbing malignities and thus may be used as remedies ("thus also to cures," D. L. W., 336-343), suggests the origin of the Homoeopathic Law. This is again stated, more in detail, when describing the life in the world of spirits,—that the spirits and angels there are acquainted with disease from correspondence, that they have medicines which correspond to those diseases whereby also they are cured, everything being of spiritual origin, (S. D., 6035). Diseases there, as already explained, being evils and falsities which take away health from the internal, i. e., the mental or spiritual man.

The relation of these teachings—these truths—to Homoeopathy seems self evident, particularly when we consider the following deductions:

First:—That evils of the body, diseases; inflow from spiritual evils as causes.

Second:—That evil minerals, plants, and animals have evil uses; and

Third:—That evils restrain and correct evils.

Therefore we may conclude

Fourth:—That by correspondences evil minerals, plants, and animals will act as medicines under the Law of Similia Similibus Curantur.

Consequently the Homoeopathic Law may be thus stated—the exhibition of a medicine made from the noxious mineral, plant, or animal corresponding to the evil causative of a particular disease will cure that disease.

It is not to be expected now, we cannot tell what may come in the future, that the selection of the appropriate medicine (simillimum) can be made according to the Law, for any natural disease, otherwise than through provings and consequent congruence of symptoms of patient and medicine. In fact this is probably the only orderly way to select a medicine.

This brings us to the consideration of the part played in the development of Homoeopathy by

HAHNEMANN.

The way having been prepared by Swedenborg in scientific things Hahnemann followed, we may say, as a matter of course, for he had been, through his life and training, especially qualified for the unfolding and completion of one part of Swedenborg's work on the natural plane.

When one reads, in the story of Hahnemann's life, of his impelling desire for knowledge; of the instruction in "thinking" by his father; of the years at the Elector's school at Meissen, where, because Hahnemann's father could not afford to keep him, the teachers instructed him free, for the last eight years, that he might "indulge his propensity for learning." When one reads also that during this time, when not quite twelve years old, Hahnemann was intrusted with the teaching of elementary Greek to the

other children; and how the master, as Hahnemann tells in his autobiography, "in his private classes with his boarders and myself, listened, attentively and lovingly to my critical exposition of the old masters, and often preferred my meaning to his own"; and besides this when one reads of Hahnemann's knowledge and teaching of languages and translating English books in order to support himself, all the while keeping up his studies; of his experiences at Vienna; of the work and associated study in the library of the Governor of Transylvania; of his professional practice in several small towns and finally at Dresden, at which place, because of the town-physician's illness, he enjoyed unusual opportunities for observation and practice. When one reads of these things, in detail, he cannot but be impressed with the fact that they all show Hahnemann's great love of study and determination to make the most of every opportunity, but they also suggest something more—an impelling force back of it all, more than the ordinary desire for knowledge.

At the time of Hahnemann's translation of Cullen's Materia Medica (1780-90), he was poor, had a growing family, and nothing to depend upon, but the money from his translations. To his translating he devoted the whole of every other night, while by day he continued his investigations in chemistry and medicine, for his discoveries in chemistry and his wonderful knowledge of medical subjects were attracting the attention of the scientific men of his time.

As Dr. Bradford says, "Hahnemann was not the first to try drugs on the healthy organism * * * the first portion of the "Organon" is devoted to citations from medical writers in whose experiments the law of similars is clearly

foreshadowed, several *almost* reached the practical deductions from this law. Hahnemann alone possessed the necessary medical and chemical knowledge to follow out and develop the vague ideas of his medical fathers. The years of study in the vast libraries were beginning to bear fruit. The law was there, had been from the first; the mind especially prepared to grasp that law was needed."

Such is the relation of Swedenborg and Hahnemann. The underlying theories and principles in the world of causes being thus unfolded by Swedenborg, Hahnemann gave the results to the world of effects.

While Hahnemann was without direct knowledge of the heavenly origin of the principles which he discovered and promulgated, yet he perceived intuitively, their great importance and use to humanity. Hence we do not wonder, that, with the humility of true greatness, he said "my discovery is God's gift to me for the benefit of mankind!"

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Economy of the Animal Kingdom, Swedenborg. Translated by Rev. Augustus Clissold, M. A.

Animal Kingdom, Swedenborg. Translated by James John Garth Wilkinson.

The Brain, Vol. II, The Pituitary Gland, Cerebellum, Medulla Oblongata. Translated by R. L. Tafel, A. M. Ph. D.

Arcana Cœlestia, Swedenborg.

Apocalypse Explained, Swedenborg.

Divine Love and Wisdom, Swedenborg.

Spiritual Diary, Swedenborg.

The True Christian Religion, Swedenborg.

The Life and Letters of Dr. Samuel Hahnemann, by Thomas Lindsey Bradford, M. D.

Drs. Wm. R. Powel and R. R. Rabe were appointed by the Vice-President as a committee on the President's address. Session adjourned.

FOURTH SESSION. JUNE 22ND, 9 A. M.

BUREAU OF MATERIA MEDICA, CONTINUED.

Medorrhinum by Julia C. Loos.

General discussion.

Myrica Cerifera by R. F. Rabe.

Discussion by E. E. Case.

General discussion.

Clinical Sketches by L. M. Stanton.

General discussion.

President:—Before opening the next bureau, there is some business to transact: we will hear the Committee on the Transactions who are ready to report.

REPORT OF COMMITTEE ON TRANSACTIONS.

Wm. R. Powel:—The Committee recommends that not

more than twenty-five extra copies be printed; that is enough to supply all the members and only twenty-five over that number. The members of the committee have had some conversation with representatives of the firm of Boericke and Tafel and it is a possibility that that firm might be induced to dispose of the old copies of the Transactions at a reduced price. In this way they would reach a large number of physicians who need them and would be in use. The few complete sets, of course, could be held intact. This arrangement would give all members opportunity to get missing volumes to complete their own sets.

In regard to propagandism Dr. Boger has suggested a plan which might be put in practice. He says that although the Association has not a great amount of money to spend, yet it could give something for that purpose. A small amount spent in a way to bring results is better than a large amount injudiciously spent. One of the requisites for keeping up the interest and work of this Association is that there should be a more or less constant influx of new blood. Dr. Boger suggests that in order to do this that we establish a travelling scholarship plan, by means of which a limited number of worthy young men and women could be taken, each for the period of a month, into the offices of the different members of the Association and if possible, given their board while they are learning the practical application of homoeopathic principles. Their expenses should be paid by the Association. The business part and practical details of the plan should be in the hands of a permanent committee. The offer need not be limited to homoeopathic colleges but could be taken advantage of by any young graduate that really desired to learn Homoeopathy.

It was moved that that part of the report referring to the Transactions be adopted.

R. F. Rabe:—If the Transactions could be placed in all homoeopathic colleges and in large public libraries it would effect a great work.

E. P. Anchutz:—I am not authorized by Boericke and Tafel to purchase the books but I think that they could be taken on commission and sold at a fixed price. The fact would be advertised in our various publications.

R. F. Rabe:—Frequently old school men come to our college for instruction in Homoeopathy. In our college, such are put in charge of the materia medica men and Drs. Sterns, Coleman and myself have always made them welcome. It is only a small per cent of any class that will amount to anything as Hahnemannians and such men will persist in the principles that they are taught. These men are apt to take an interneship which lasts for a year or a year and a half. Then they must earn a living and they naturally gravitate to large cities. We have turned out a number of the most conscientious homoeopathic prescribers. It is a pleasure to see the quality of work that they are doing. Much of the good we do by Dr. Boger's plan will depend upon the kind of men and women that we select to bestow the scholarships upon.

President:—I think that Dr. Rabe has correctly stated the proportion of men in a class who will turn out to be Hahnemannians.

E. Rushmore:—The Committee should have the plan more definitely formulated, before we can act intelligently upon it. I have been doing such post-graduate work in my office for twenty-five years and have made many homoeo-

paths out of students and I have paid them for the time that they were with me. I move that this Committee be continued to report again this evening. Seconded.

R. F. Rabe:—I would like to amend that the committee be instructed to formulate a distinct and definite plan as to how much money and how much time is to be allotted to each one. Amendment seconded. Carried.

It was moved, seconded and carried that two more members be added to the committee.

The President appointed Drs. John Hutchinson and R. F. Rabe on the committee.

BUREAU OF SURGERY.

H. L. HOUGHTON, Chairman.

Indications for Surgical Interference Presented by the Observation of the Action of Homoeopathic Remedies by R. F. Rabe.

Discussion by Drs. P. E. Krichbaum, Baillie Brown, Stanton, Boger, Morgan, and Rabe.

Medical Afteraspects of Surgical Cases by E. W. Patch.

Discussion by Drs. Sloan, Bowie, Rabe, Loos, Sterns, Hayes, Houghton, and Patch.

Veterinary Homoeopathy by C. M. Boger. Discussion by Drs. Bowie, Rabe, Close, Turner, Roberts and Rushmore.

FIFTH SESSION. JUNE 22ND. 2:30.

Report of the Board of Censors read by Dr. C. M. Boger and the members named therein elected to membersip.

C. M. Boger:—Mr. President, I move that we create a class of members to be known as Honorary Members and as this involves a change in the by-laws I present the motion in writing. Seconded. Carried.

C. M. Boger:—Now, I move that we suspend the rules long enough to elect two men to Honorary Membership. Seconded. Carried.

Drs. E. P. Anchutz and George B. Ehrman were then elected to Honorary Membership.

C. M. Boger:—I move that the matter as to who should be Honorary Members be left to the Board of Censors with power to act so far as it refers to selecting names from the present list of members. Seconded. Carried.

Secretary:—I move that Dr. E. B. Nash have all dues remitted to date and put upon the list of Honorary Members. Seconded. Carried.

R. F. Rabe:—I move that the discussion be limited to three minutes for each speaker for this session. Seconded. Carried.

The Indicated Remedy in Surgical Cases by Carolyn E. Putnam discussed by Drs. E. P. Anchutz, Morgan, Rabe, Rushmore, Krichbaum, Stearns and Freeman.

Paper on Surgery by Grace Stevens discussed by Drs. Turner, and Rabe.

Surgery not always the Last Resort by D. E. S. Coleman.

Homoeopathic Treatment in Surgical Cases by W. L. Morgan read by R. F. Rabe.

Accidental Amputation of Fingers by Julia C. Loos.

Bureau closed.

Report of the Necrologist E. Rushmore. Referred to Board of Publication.

Supplementary Report by Stuart Close. Referred to Board of Publication.

Secretary:—I move that we now hear a paper written jointly by Drs. Hutchinson and Powel, belonging to the Bureau of Philosophy, as Dr. Powel is compelled to leave after this session. Seconded. Carried.

Paper by Drs. Hutchinson and Milton Powel. Discussed by Drs. Close, Rabe, Rushmore and Case.

BUREAU OF CLINICAL MEDICINE.

RICHARD BLACKMORE, Chairman.

The President asked Dr. E. E. Case to take charge of the Bureau in the absence of the Chairman.

Clinical Symptoms by A. P. Bowie. Discussed by Drs. Hayes, Rabe, Loos, Boger and Cheney.

Tuberculinum Aviare by R. E. S. Hayes. Discussed by Drs. Krichbaum and Turner.

Treatment of "Her Indigestion" and Treatment of the Patient Compared by Julia C. Loos. Discussed by Drs. Houghton, Boger, Chaney, Rushmore and Case. Session adjourned.

SIXTH SESSION. JUNE 22ND. 8 P. M.

President:—The first business this evening is the Report of the Committee on Traveling Scholarships.

Frank W. Patch:—Your committee reports favorably upon the proposition and recommends that there be appointed a permanent committee of five members who shall take this matter under consideration and get in touch with various physicians throughout the country likely to look upon such a scheme with favor. The Association allowing a sum not exceeding $50.00 to each student. The President to appoint the permanent committee.

Moved that the report be accepted.

R. F. Rabe:—I suggest that this committee should be

composed of men in the various college centers.

G. B. Stearns:—This plan does not contemplate furnishing such students with spending money, does it?

Frank W. Patch:—No, only a small amount of money for expenses or towards defraying expenses.

W. L. Morgan:—I move that the report be adopted. Seconded. Carried.

President:—I will announce the permanent committee later.

REPORT ON PRESIDENT'S ADDRESS.

Your committee congratulates the society upon the able and scholarly address of President Turner, upon a subject of new and startling interest.

Swedenborg, the universal philosopher and scientist, by his studies of general principles and discoveries in particular of physiology, cleared the way for the work of Hahnemann, the medical philosopher and scientist, and made the conception of the vital force and the dynamic action of remedies possible.

This relation has never been fully recognized and the thanks of the society are due to our President for this able address.

R. F. RABE,
WM. R. POWEL.

Received and referred to Publication Committee.

BUREAU OF HOMOEOPATHIC PHILOSOPHY

FRANK W. PATCH, CHAIRMAN.

State Medicine and Paternalism by J. B. S. King.

Discussed by Drs. Crutcher, Boger, and Loos.

Dr. L. A. Crutcher offered a set of resolutions condemning the Owen's and Dyer bills, which will be found immediately after the discussion of the paper.

The Point of Departure by Maurice Worcester Turner.

Discussed by Drs. Boger, Freeman, Stearn, Rabe and Patch.

Session adjourned.

SEVENTH SESSION. JUNE 23RD. 9 A. M.

BUREAU OF CLINICAL MEDICINE.

E. E. CASE IN CHARGE.

A Case of Gastric Catarrh by S. L. Guild-Leggett.

A Case of Chronic Gastritis with Hypohydrochloria by R. F. Rabe.

Discussed by Drs. King, Patch, Stern, Close, Boger, Krichbaum, and Freeman.

Two Cases Demonstrating Potency and Repetition by Carolyn E. Putnam.

Discussed by Drs. Rabe, Freeman, Krichbaum, and Boger.

Clinical Cases by E. E. Case. Discussed by Drs. Leggett, Close, Baylies, Freeman, Rushmore, Rabe, and Patch.

After the close of the discussion of this paper, officers for the ensuing year were elected by nomination and ballot. It resulted as follows:

President—John Hutchinson.

Vice-President—Carolyn E. Putnam.

Treasurer—Wm. R. Powel.

Secretary—J. B. S. King.

BOARD OF CENSORS.

C. M. Boger, Chairman,

R. F. Rabe,

Lee Norman,

W. H. Freeman,

M. W. Turner.

R. F. Rabe was elected on the Publication Committee in place of Dr. T. G. Roberts whose term expired.

The place of the next meeting was decided to be Boston or suburbs.

BUREAU OF OBSTETRICS

W. H. FREEMAN, CHAIRMAN.

Paper by W. H. Freeman.

Advantages of Constitutional Treatment Preceding Conception by Stuart Close. Discussion by Drs. Rushmore, Baylies, Rabe, Boger and Krichbaum.

Medication During Parturition by R. F. Rabe.

Discussion by Drs. Krichbaum, Turner, and Baylies.

Treatment during Lactation by Grace Stevens.

Discussion by Drs. Rabe, and Stearns.

Report of Necrologist, E. Rushmore.

Supplementary Report. Stuart Close.

IN MEMORY OF

T. DWIGHT STOW, M. D.

T. Dwight Stow, M. D., was born in 1829, and was graduated from the Homoeopathic Medical College of Cleveland, Ohio, in 1854. He practiced medicine in several small towns of central New York, chiefly in Fulton, where he resided for eighteen years. On August 1st, 1861, he enlisted in Company F of the 81st regiment of New York Volunteers of Infantry for the Civil War, and was made Captain of his company. He was honorably discharged after a year's service in July, 1862, because of intestinal disease. In 1868-9 he lectured in the Homoeopathic Medical College of Philadelphia, Pa., and for the following four years he filled a professorship in the Medical School of Boston University. In 1872 he moved to Fall River,

Mass., where for twelve years he had a large practice. He represented the city in the General Court, being appointed by Benjamin F. Butler and Gov. Lucian Robinson. In 1884 he was an unsuccessful candidate of the People's Party, although he ran ahead of his ticket in his own district. He moved to Mexico, N. Y., in 1885, because of failing health.

He died on the 15th of October, 1910, and his remains were buried at Fulton, N. Y., on the 18th of the same month.

Dr. Stow was a member of the Grand Army of the Republic, a Free Mason, a prohibitionist in politics and a member of the M. E. Church, which he had only joined in the last year of his life, because he considered that the churches had not taken as advanced a position politically as he thought they should.

He married but had no children. His wife survives him in feeble health.

Dr. Stow was an unusually fine prescriber and was widely known as a fine diagnostician. He was an intelligent advocate of pure Homoeopathy as opposed to routine prescribing. He had been a member of this Association since 1884, and long an Honorable Senior. He had also been a member and active worker in The Central New York Homoeopathic Society from its beginning, a period of sixty years, and was also one of its Honorable Seniors. He was revered as a counselor by his fellow members.

His father was a radical abolitionist of negro slavery and Dr. Stow grew up under the leadership of such men as Gerritt Smith and William Lloyd Garrison. He gave his energies to the same work of negro emancipation and took

a like interest in every movement consonant with his own convictions of civic righteousness.

The Central N. Y. Homoeopathic Society adopted resolutions expressing their sense of loss to themselves and the homoeopathic profession in his removal.

HARRY HUDSON BAKER, M. D.

Dr. Harry Hudson Baker was born in Marseilles, Illinois, in 1865. He was graduated from the high school in Altoona; he attended Knox College at Galesburg, Ill., and obtained the degree of A. B. from Oberlin College. He entered mercantile life, in which he continued for seven years.

He pursued the study of medicine at the Chicago Homoeopathic College, from which he was graduated in the class of 1897. He immediately began practice in Woodlawn, Chicago, and later moved to Muncie, Indiana. While practicing there in 1907 he joined the International Hahnemannian Association, attending for the first time the annual session at Rochester, N. Y. He was also a member of the American Institute of Homoeopathy. He was a member, president, and for three years secretary, of the Indiana Institute of Homoeopathy.

He returned to Chicago and entered into practice there with good success. He was an agreeable medical associate, and soon became a member of the faculty of Hahnemann Medical College, where he lectured on materia medica. His hearty and genial mood made him welcome everywhere.

He was in the prime of life, the picture of health, of ruddy complexion, bright eye and active form. He had been an enthusiastic athlete, and his friends believe that he strained or broke a few fibers of his cardiac valves, and that this alone explains his sudden breakdown, with valvular

incompetency and its suffering train. With some recovered strength he passed the last year of his life in Brooklyn, N. Y., where he made many friends, and where he died on the 13th of March, 1911.

He will be remembered among the most active and interesting participants in our discussions. E. R.

RUFUS LEANDER THURSTON, M. D.

Recently came the announcement of the death of Dr. R. L. Thurston, of Boston.

To those of us who knew and loved him the passing of this large and admirable personality leaves a void which can never be filled. It is only as we realize that the spheres of existence are co-eternal, in spite of their seeming separation, that we can adjust ourselves to his disappearance from our earthly view.

Dr. Thurston was not as widely known as he should have been, for he permitted himself but a very limited association with his professional brethren. He was averse to society work; and he wrote nothing for publication, but he loomed large in the circle of his patients and friends. For many years he did a very large practice, but so quietly and unostentatiously that few in the profession realized it. His services as a consultant were highly valued by the circle of physicians to whom he was known.

He did not isolate himself from any sense of aloofness from his colleagues, for he was naturally of a most genial and affectionate disposition; but his ideals were so high, his zeal for work was so great, and his absorption in the practical work of his profession was so intense, that the demands of a large practice left him very little time for social amenities or organization work. It was overwork, in fact, which led to his break-down and premature death.

He was a deep and original thinker and a profound student of homoeopathic philosophy. Like many others of our greatest men, he was a student of the writings of Swedenborg, and found much in the thought of the Swedish seer which confirmed and elucidated the philosophy of Hahnemann. He was by nature deeply religious, but took little part in the observance of forms and ceremonies.

In his practice he adhered closely to the Hahnemannian method of examining and prescribing for patients. As a prescriber he had few equals and no superiors. With him painstaking attention to details did not prevent grasping a case in its broader features; but rather helped him to fill in the larger picture which the trained mind sketches in broad lines. There was nothing narrow or contracted in his field of vision, nor in his life and personality. He was a large man physically, mentally and spiritually.

Socially he was at his best with a few congenial friends rather than in a larger company. There his fine qualities of mind and heart shone out brilliantly. He was a fluent talker, and carried conviction by the earnestness of his manner. While he was kind and charitable with those who differed with him, he did not hesitate to criticize, even severely, those who deviated from the straight and narrow way of pure Homoeopathy. He demanded loyalty and rectitude of all who named the name of Hahnemann, and the consistency as well as the success of his own professional life gave his words authority.

He was a member of this Association at the time when it was rent so sorely by internal differences, and united himself with those who went out from it because the differences seemed to involve a principle which could not be sacrificed

by any loyal Hahnemannian. But in after years, when time had healed the wounds, and calmer judgment prevailed, he came back with joy, and entered heartily into its fellowship. In Boston he was the organizer of the Boenninghausen Club, which met often at his house, and did noble work in maintaining homoeopathic principles.

Collaborating with Dr. Samuel A. Kimball, of Boston, he projected a work on materia medica on new and original lines, but after about a year's labor found that the task was too great and gave it up. It was as a member of the Society of Homoeopathicians during its short existence that he showed at his best. There, in congenial company, discussing subjects of high import, he uttered words of gold, which those who were privileged to hear have never forgotten. But he laughingly resisted all importunities to give his ideas expression in formal papers.

He was greatly beloved by his patients, to whom he was always a kind and genial friend and sympathetic helper. His presence in the sick room inspired the hope and confidence which his skill in treatment rarely disappointed. He spared neither time nor pains in working out his cases, and was thorough in all his work. He kept full records of all his cases, and his files contain a mine of clinical wealth if it could be utilized.

Dr. Thurston was born and educated in Fitchburg, Mass. He was a graduate of Hahnemann Medical College, of Chicago, where he gained such distinction as a student of anatomy that on his graduation he was appointed to the faculty as professor of anatomy.

In 1885 he settled in Brooklyn, but only remained about one year. In 1886 he removed to Boston, where he found

a more congenial field, and rapidly built up a large practice, with the efficient co-operation of his devoted and able wife. His later years were clouded by the long and distressing illness of his first wife, and her death marked the close of an era in his life. From that time he was never the same. A second marriage, the outcome of a lifelong friendship, gave him a few months of happiness before the beginning of the end began to dawn. Every effort to recover his health was unavailing, and he declined rapidly toward his death, which occurred early in May, at the home of his brother in Kendall Green, Weston, Mass., in the 60th year of his age. S.C.

REPORT OF COMMITTEE ON ATTENDANCE.

Average attendance on the first day, 45.
Average attendance on the second day, 48.
Average attendance on the third day, 38.
Adjourned sine die.

BUREAU OF MATERIA MEDICA.

MARGARET BURGESS-WEBSTER, Chairman.

A PLUMBUM CASE.

BY MARGARET C. LEWIS.

This case is reported, not as an illustration of cure but, to learn whether in the judgment of the members of the Association the case is an incurable one, or whether the prescribing has been faulty and if faulty in what respect.

Mrs. I., 54 years of age, consulted me first in 1904, complaining of what had been diagnosed as gallstone colic. Her appearance was indicative of liver disorder; complexion sallow, and the face suggestive of mental depression.

She gave a history of life-long constipation with frequent bilious attacks. The attacks of colic had been occurring during the past two years but now were growing more frequent, every 7 days or even less; at first the pains were through the whole abdomen, but later were confined to the region of the liver; the pain was excruciating, lasting for several hours, finally relieved by profuse vomiting of yellowish green fluid.

Examination revealed a sensitive spot, the size of a half dollar, in the region of the gall bladder; consciousness of that spot all the time; sensitiveness less from deep pressure.

There had been an attack of congestion of the liver 5 years ago.

The patient had suffered from nervous prostration 18 and 9 years ago; during those attacks and since she had suffered from extreme mental depression; had a morbid

dread of cancer and heart trouble; knew it was foolish but could not help it; her father had died of Locomotor Ataxia and she was sure she would have it.

She had been a sickly child; had malaria as far back as she could remember; not real chills but a low fever that she could not get over. After her marriage she grew stronger and stouter; gave birth to 6 children.

The menstrual periods had been regular until 6 months before; during the period she suffered from much fullness in the vertex as if the top would be pushed off.

Flashes of heat, beginning in the pelvic region and going to the head; came at any time, day or night, indoors or out; worse during the warm weather.

Usually absence of desire for stool. Much straining. Exhaustion followed stool. The stool was dry and lumpy; occasionally a loose morning stool after which she felt badly all day, with frequent urging to stool but passed only flatus.

Distention of abdomen; worse soon after eating or drinking; relieved by belching; at times a sensation of pulling downwards from umbilicus.

Chilly feeling up and down the back; never sat down without something over shoulders; required much covering at night of all except feet which had to be kept outside. Got so cold early in morning < sitting for long at a time. < in the morning until toward 9 a. m.

Vertigo if turned head suddenly. < from bathing; caused suffocation. Tender spot in left buttock near anus, the result of a carbuncle years ago; continued to discharge until a few years ago. Left side erysipelas when a child and since.

Many boils about buttocks when a child.

Joints of fingers enlarged and painful; < right hand.

Stiffness of muscles of the back.

Dragging sensation in left arm when hanging by side; > rubbing.

< from anything tight about waist.

Always more or less sensitiveness in umbilical region.

Palpitation after eating.

Complained of hands seeming so clumsy when attempting to sew; fingers seemed too large. Wakened at night with stiff feeling of hands; felt as if blood did not circulate freely.

Craved acids.

Abdominal and pelvic examinations revealed no abnormal condition. Urinary analysis negative.

Because of the patient living at a distance which prevented frequent interviews the case was not watched as carefully as was desirable. During six years the following remedies were used with amelioration of the symptoms; Sepia, Natr. mur., Lachesis, Sulphur, Calc. carb., Lycopodium and Apis; several times the patient stopped treatment entirely, thinking she was well, but by Jan., 1911, she became sufficiently alarmed to begin regular treatment.

Now there was marked emaciation with a cachetic appearance.

No desire for food, or drink except acids, especially lemonade.

Such mental depression during sleep that she dreaded falling asleep.

Great heaviness of the head.

"Do such silly things; if try to sit quietly get so nervous,

must cough, or move feet, or twist around."

Urine, very dark at times and quantity varies so. Examination showed 1.1% of urea with trace of albumen.

Bowels constipated; lumpy, dry, marble-like stool of enormous size.

Great distention of abdomen with a marked pulling sensation from umbilicus downwards.

Flesh sore all over; wrinkles in clothing hurt her.

Plumbum 2c was given on Jan. 22nd; there was immediate amelioration, less depression and gain in strength.

By Feb. 1st, 9 days after the remedy the symptoms began to return. Plumbum 40m was given and again improvement was immediate and marked; the patient grew stronger; abdominal discomfort disappeared, and bowels became regular with a more normal stool than for years. The sleep was restful. Improvement continued for nearly 4 weeks; on a return of the symptoms Plumbum 40m was repeated but without apparent result.

On March 20th Plumbum cm was given; immediate relief followed but for only a short time.

Here the patient was influenced to try Osteopathy.

DISCUSSION.

P. E. Krichbaum:—The first symptoms of this case six years ago as given were Plumbum symptoms; it was a Plumbum case then, at the beginning.

C. M. Boger:—I would like to ask if any account of the order and directions of symptoms was taken? erysipelas, say, first, and then other symptoms in the order of appearance?

Margaret C. Lewis:—No, she could not remember very clearly herself about her early symptoms.

C. M. Boger:—I disagree with Dr. Krichbaum; Plumbum never could have cured that case from the beginning, because it is a remedy that never acts from without inwards. It works from within outwards and never the reverse. In a case of repression of disease, the symptoms going from outside to internal organs, the simillimum will be found in a remedy which has that direction of action and Plumbum is just the reverse. This case suggests at first Graphites or Sulphur. Take the Concordance and get the list of remedies that have that direction and sequence of symptoms and you will find the simillimum among them.

Baillie Brown:—This case reminds me of a cow in a meadow annoyed by gnats; a good Jersey cow and giving plenty of milk until she was annoyed and irritated to distraction by these gnats, then the milk dried up and she was no good. Often the nervous system of a patient will become annoyed and irritated by a lot of apparently trifling things which act as causes of disease. To make the cow a good cow we must get rid of the gnats and to cure the patient we must get rid of the annoyances before the remedy will act and the patient stay cured. In the case just related there are outside irritations at work. When the mentality is being affected more and more by outside annoyances until symptoms result it is most likely that one of the serpent poisons is indicated, possibly Lachesis.

Julia M. Green:—This is a deep case and deep, searching remedies have been used. It is an interesting case; I thank Dr. Lewis for reporting it.

It is easy to see indications for each of the remedies prescribed and the fact that the patient seemed better after these remedies bears testimony that they were at least

partially indicatd. Yet after six years she showed cachexia and great mental depression, so the simillimum had not been found, for it does not seem from the report that this should be an incurable case. After the Plumbum she improved immediately and markedly and yet the improvement did not last; the remedy did not hold long enough. Of course this means that the patient is incurable or at least menaced with very serious trouble, or else that the simillimum has not been found. I wish we might have a chance to watch this patient and find out more about her.

It is curious how many symptoms here recorded may be found under Plumbum:

The mental depression.

The sallow face and cachexia.

The vertigo.

The tendency to erysipelas and boils.

The heaviness of the head.

The dragging in the arm, better from rubbing.

The liver symptoms, the colic with the yellow-green vomitus.

The distention of abdomen with the pulling or contraction.

The sensitiveness in the umbilical region.

The constipation with the kind of stool.

Yet it seems to me the most significant characteristics reported are:

The appearance of mental depression with emaciation, the evidence of something deep and menacing going on within the organism.

The nervousness, restlessness, fidgetty condition.

Tendency to nervous prostration.

The aggravation after sleep, especially mental aggravation.

Heaviness of the head.

Chilliness between the shoulders or up and down the spine, with burning feet.

Chilliness in the early morning.

History of sickly childhood with boils and erysipelas.

Stiffness of back muscles and of the hands after sleep.

Soreness of the flesh.

Suffocation after bathing.

This group, if it could be rounded out more, might point to one of the nosodes and might point to Tarentula. Tuberculinum has the great mental depression, particularly on waking, the chilliness between the shoulders, the soreness of the flesh, the skin symptoms. Tarentula has all the cachexia and emaciation; the stiffness of the muscles, especially after sleep; the heavy head; pulling sensations anywhere; the aggravation after sleep; the chilliness, especially in spots and by spells; the erratic sensations of heat; all these plus the characteristic nervousness, a fidgetty restlessness which seems peculiar and uncontrollable. And this last may be the keynote to this case.

I hope Mrs. I. will return to Dr. Lewis and remain where she can watch her more closely.

Carolyn E. Putnam:—I understood the essayist to say that Lachesis was given.

Baillie Brown:—In what potency?

Margaret C. Lewis:—I think that it was the 10m that I gave her. It is true that the atmosphere of the home in which the patient lived interfered with a smooth recovery; there was a lack of sympathy on the part of the

husband and several times when the patient seemed to have made a good start towards recovery the continuance of the improvement was interfered with by the conduct of the husband.

TEUCRIUM MARUM VERUM.

By Wm. R. Powel.

Guiding Symptoms, Vol. 7, page 291. Hering marked as characteristic "Suitable when too much medicine has produced an oversensitive condition and remedies fail to act." If we could prescribe on one symptom this remedy would be very frequently indicated with new patients. I suggested to one of my students that one of the best ways to study the Materia Medica was to prove the remedies or some of them himself, and gave him 21 doses of T. M. V. 200 to take a dose morning, noon and night, commencing on April 14th.

April 15. Slept like a log. Just before waking dreamt of the death of a friend. Once or twice felt a sticking pain in rectum like needle. After dinner there was passage of much flatus from the bowels, at times stinking and again without odor. At 11:45 p. m., when retiring a slight numb indistinct pain was felt in abdomen about 2½ inches to the left of umbilicus; pressure upon the spot seemed to have no relation to its < or >, neither did position or motion, but pressure in region of appendix caused noticeable <.

April 16. Slept well last night. My mind has been clear and vigorous all day. This evening when singing my voice was stronger and gave me less trouble from huskiness than for several weeks. There was no flatus from my bowels this evening; this may be related to my evening meal

as I did not eat any supper. For a few minutes after I got in bed I could not sleep because of throbbing and muscular twitchings in both legs at and below the knee.

April 17. Slept soundly. No dreams. Went to breakfast with good appetite but was soon satisfied with little food. My head this morning is not quite open. The right nostril being filled with a whitish mucus. Lunch at 1:30; was very hungry, ate freely but a little did not satisfy. But at dinner, though hungry, ate only about half as much as usual. No flatus from bowels this evening. Dark circles are forming below my eyes, also small pimples on the front of my nose, the cheek, on my chin and the left corner of my mouth. They are small pimples and look as if they might contain pus. My legs are throbbing and ache in the popliteal space. (This is probably because of long walk.) Though I feel tired in no other part of my body.

April 18. About 11 o'clock, escape of much flatus from the bowels, no odor, no sensation of fullness. Eyes feel heavy. I have difficulty in keeping my mind concentrated. I feel sleepy. More flatus passed about 4 p. m. Do not feel sleepy now in evening. Flatus at 10:30. Bowels regular. While studying change position frequently. Not comfortable sitting in one position. More or less restless. Have not my usual power of concentration. Do not stick at one thing. My nose open. Few small pieces of yellowish mucus removed by picking. 11:30 p. m., legs feel heavy and tired, dull throbbing in popliteal space. (Both legs.) Spring-bottom chair feels hard when sitting in one position for any length of time.

April 19. In morning from 10 to 12, twitching in nerves of toes of left foot. About 7 p. m., there was slight

neuralgic pain in flesh of left cheek, present 30 seconds then disappear for a few minutes, come suddenly, go quickly. Pressure and position did not have any effect. Some irritation in my nose has caused me to pick it at frequent intervals. Occasionally small particles of dried mucus are removed. Stool at 7:30 normal except that it was expelled forcibly due to gas in bowels. Throughout evening an indistinct sensation in abdomen, fullness as near as I can describe it with occasional rumble of gas. Pimples still on face as described before. Restless as described on 18th, though not so general or noticeable. No pain or numbness in lower limbs.

April 20. In the morning noted an < of kidney action. Twice as much urine passed as usual, pale green in color. In evening (2 to 6) there was a slight increase in the amount of urine but not after 6 p. m. At 10 p. m. ate a very hearty meal and about 2 a. m. upon retiring there was much flatus passed from the bowels.

April 21. About 12:30 a slight neuralgic pain was felt in the right temple beginning in the parietal region; it rapidly moved toward the forehead, when it passed off. About 8:30 p. m., while sitting still a sharp sticking pain felt in region of heart > by pressure. Three attacks were felt and the pain passed off.

April 22. No symptoms noted.

April 23. From slight singing my voice becomes so weak that all speaking has to be forced and is with great effort and inconvenience. From slight nervous excitement, such as standing up before a body of people, drops of hot sweat run down the back of my thighs; it ceases in a few minutes. My bowels are looser than for some time. Stools being fragmentary.

April 24. On rising my breath seems to be offensive. Bowels loose, very slight flatus. Stools twice at 10:30 a. m. and 4:30 p. m. Breath offensive and disagreeable taste in mouth especially after eating anything sweet, pellets or candy, etc. During evening more thirsty than for some time. Drank three glasses of water at a time and at different times. Eyeglasses make my nose very sore.

April 25. Early in morning had a nocturnal emission, the first for four weeks; was dreaming, but do not remember the dream. Some twitching in flexor muscles of right wrist. Eyeglasses make my nose very sore. Upon retiring my arms were the seat of much itching for a few minutes.

April 26. Feel sleepy and drowsy all day. Eyes feel heavy. At irregular intervals escape of small amounts of stinking flatus. Bowels loose, two actions between 7 and 9 p. m. At 9 p. m. a raw feeling in anus at stool. While studying, my right eye began to feel as if a mist were over it. Then combined with this as if sand were in it. At 10:30 letters all ran together, becoming confused and had to stop. Tried again at 11 after rest and bathing in cold water, which temporarily relieved, but forced to stop in a few minutes.

April 27. Eyes normal this morning. Stool at 9:30 a. m., again at 11:30. Slight pain during passage, normal color, well formed or fragmentary, covered with streaks of mucus. Slight hemorrhage of bright red blood after stool. About 12:30, right eye felt blurred and raw as if it were dry. After 2 o'clock uncertain indescribable sensation in anus, half sticking, half weakness. About 5 p. m., boil began to appear on the left side of the scrotum, very painful. At 5:30, went to stool; more pain than in the morning,

but no bleeding. The pain was present, not while fecal matter was passing but afterward. The pain was that of a cut. While at dinner, 6:30, a heavy oppressive sore pain was felt through epigastrum aggravated by breathing; passed off in five or six minutes. The site of late ringworm is taking on a bronze color. At 7 p. m., a stinging pain felt in left nostril and, radiating to septum came and went with much violence for five minutes. While walking stabbing pain in anus present for about five minutes.

April 29. Feet feel sore and muscles stiff after walking.

April 30. 1 p. m. Heavy dull ache in inguinal region, radiating on right side to region of appendix. Passed off after eating dinner at 1:30 p. m.

May 1. Weather warm; feel dull, heavy, lack energy and power to push and hustle. Appetite not good. At lunch a few mouthfuls seemed to be sufficient. Very thirsty all evening.

May 2. Weather is cooler and I have my usual energy. But mental work of all kinds is done with a feeling of oppression. About an hour or so before dinner we had "a rough house," and after it was over there came a sensation of heartburn. Went to dinner and found that although the hot vegetable soup was appetizing it caused marked aggravation of the heartburn. Nothing else seemed to aggravate and cold drinks seemed to ameliorate. The heartburn continued after dinner. Then there came on a considerable amount of gas, causing a sense of pressure in the bowels. Went to stool. The feces were fragmentary and soft. Gas in intestines was > by stool.

May 3. In early morning had seminal emission. Quantity of semen lost very small. After dinner came a sensa-

tion of fullness in abdomen with the passage of stinking flatus. Bowels moved with soft fragmentary normal colored stool. Flatus better.

May 4. In early morning had seminal emission, only small quantity of semen lost. Bowel movement at 9:30 a. m. Soft, poorly formed stool.

May 5, 1911. In early morning was awakened by dull heavy ache in abdominal muscles. This continued until arising when the ache passed off. About 10:30 p. m., severe tickling in pharynx came on, spasmodic in character, causing a strangling cough. The cough seemed much < from swallowing but > by drinking cold water.

May 6. Bowels slightly more loose than normal. About 9:30 tickling in throat came on as reported last night, but lasted for only a few minutes. Feel sleepy and in spite of two or three naps feel dull during the evening, cannot concentrate my mind for work.

May 7. When I arose this morning my nostrils were stopped up. Bloody mucus was blown from right nostril.

May 8. Again blew bloody mucus from nostril on arising. This happens only in the morning. Stool at 7 p. m.; following the stool my rectum was very sore and raw for ten minutes or so when this symptom passed off.

May 9. After clearing my throat on arising, I coughed up some bloody mucus.

May 10. About 2 p. m. had for several minutes a sharp cramping pain in rectum. This pain was reflected into the testicles.

May 11. Spoiled any further proving by taking dose of Millifolium Hering Labratory.

I want to state that my prover is a medical student at

Hahnemann College, Philadelphia. That he did not know what remedy he was taking and does not yet know what the medicine was. I promised to write him what the remedy was after this meeting.

From the symptoms he has recorded it looks to me as if the old man "Hering" knew what he was about when he marked as characteristic "Suitable when too much medicine has produced an oversensitive condition and remedies fail to act."

DISCUSSION.

John Hutchinson:—Was any mention made of desire or inclination to stretch? This is one of the characteristics of the remedy.

W. R. Powel:—There was not.

G. B. Stearns:—I have used this remedy and learned to feel a good deal of confidence in it, in certain catarrhal symptoms. It is particularly useful in children suffering from adenoids and the chronic catarrh that accompanies them. The symptoms often suggest worms and whether they have them or not Marum helps. Patients needing it are pale, sickly-looking, and unable to breathe through their nostrils. They are better in the open air like Pulsatilla with a similar discharge except that it is thinner. The right nostril is more apt to be affected than the left.

L. A. Crutcher:—The essayist said that the proving was made on a student. I do not give much credence nor have much confidence in a proving made upon a single prover. It makes no allowance for the peculiarities of the individual. Several should take part in every proving, and thus eliminate personal bias. If the symptoms had been observed upon three or four instead of one it would have been of more value.

John Hutchinson:—I want to take issue with that last assertion: the fact of the matter is just the reverse of what Dr. Crutcher said, we want the personal peculiarities and susceptibilities of the prover more than anything else. One prover of great susceptibility is very valuable whether his symptoms correspond to those of other provers or not. Such provers bring out the striking characteristics of a remedy, which when verified may be the most important things we know about a remedy. We do not want to eliminate personal susceptibility.

C. M. Boger:—If you look up the provings made by Hahnemann you will find that many of the most valuable symptoms we have, were credited to only one prover; the abbreviation of the prover's name is written at the end of every symptom recorded. The symptoms of a remedy are inclined to group themselves around certain organs and in a certain way. The symptoms of this remedy show that the chief force of its activity is upon the rectum and nose. When you take up the study of a case of disease it is uncommon to find the symptoms of the patient referred to one organ only; nearly always there are concomitant symptoms affecting other parts of the body. If you match this with a remedy that also affects the same parts of the body you are that much nearer the simillimum. In the case of this remedy we know from its past history that it has been used for worms and for the catarrhal states that depend upon worms. It has also been given the front rank for polypi and adenoids.

W. R. Powel:—Two years ago, a patient, Mrs. F., wife of the cashier of a bank, was sent to me with tuberculosis. The diagnosis was made by a prominent diag-

nostician, a professor in the University. She brought his written report of her condition with directions as to her diet and future life. There was bloody expectoration every morning. Upon the symptoms of the whole case I gave her Agaricus which produced considerable improvement which lasted several months. She then came to a standstill. At this time I found that there was intense itching in the rectum every night when she got into bed and I had previously noticed that she was always picking her nose. I sent her a dose of Teucrium. There was immediate improvement; she gained in weight and lacked symptoms to such an extent that she may be said to be well. The two grand characteristics of Teucrium are picking the nose and itching of the rectum. This proving does not bring out many new symptoms but it does verify some of the old ones, it also shows that the 200 does produce symptoms upon a healthy but susceptible person.

A. P. Bowie:—The standing of Homoeopathy in the world depends more upon the actions of its professed followers than anything else. There is no college, hospital nor society ever going to be able to diffuse the principles and practice of Homoeopathy in this world unless we as private individuals are true to our colors. Some of the members of this Association are much alarmed at the condition of our school. I have heard it said that there are only about seven true followers of Hahnemann in Pennsylvania, and if that is so, there are five of them present at this meeting. I do not think that anybody really believes that to be true. The early practitioners of Homoeopathy did better than we are doing; they were fairly well educated men for their day, but they were thoroughly convinced that Homoeopathy

was true and they acted upon their convictions. We must do the same and not be led away by the false light of modern science. Colleges and societies can do nothing without zealous, true practitioners of Hahnemannian principles.

E. Rushmore:—There is a suggestion in the paper of a conflict between materialism and dynamism, which we would all agree to probably, but there is a tendency now-a-days to use the word dynamism as synonymous with spiritualism, a practice which it would be well to dispute. Recent discoveries in science show a degree of attenuation in matter, impalpable, invisible and imponderable to ordinary means which would lead us to regard even our highest attenuations as still material remedies.

P. E. Krichbaum:—I think that the allopaths are crawling into our band-wagon and stealing our thunder and unless we wake up we will have no wagon. Scientific medicine is coming to the front and we have got to recognize it. If we are to make any impress upon the times we should have scientific schools or institutes of research. I am not satisfied with the present state of Homoeopathy.

A. P. Bowie:—I get awfully tired when I hear this word scientific. Hahnemann was the greatest medical scientist that the world ever saw. These other so-called modern scientists are only following along his leads but they do not follow in the right way. I do not care how many scientific laboratories you start or if you fill the world with them you will produce no such works as the Materia Medica Pura or the Chronic Diseases. We need not be and we should not be ashamed of our work. You cannot cure people by laboratory work and I would not want a laboratory doctor experiment upon me if I were sick.

H. L. Houghton:—I do not think that we need to be concerned about the future of Homoeopathy. Eighteen years ago the dean of a college said to me that I was making a great mistake in thinking that Homoeopathy was at all scientific. Since that time the whole trend of the old school has been more and more towards Homoeopathy. The law of cure cannot be killed; it is bound to live and triumph in the end. Nor do I see any need or reason for a laboratory such as Dr. Krichbaum spoke of.

P. E. Krichbaum:—They are taking things that belong to Homoeopathy without acknowledging it. I want to let them know that we are first in the field.

E. Rushmore:—Without raising any question as to the reality of the scientific attainments of Hahnemann, we must admit that there are now many facts in medicine that were unknown in Hahnemann's time. Such new facts cannot be ignored because all facts are the subjects of science and of research. Is the use of vaccines and of toxins in accordance with the homoepathic law or is their use simply the application of an antidote without relation to Homoeopathy? This is a legitimate question for homoeopaths to consider. We know that according to the published statistics that antitoxin in the hands of the old school has produced a wonderful reduction in the death rate of diphtheria. It is not a scientific frame of mind to ignore this; we should investigate it.

President:—The subject of diphtheria and antitoxin has been obscured by many unvouched for reports. Some years ago I made a careful study of the reports of the Boston Board of Health with special reference to this department and I came to the conclusion that the bacterial diagnosis

and the new classification is responsible for the favorable reports; bacterial diagnosis and antitoxin came in at about the same time; before that time the mortality in diphtheria was from 35% to 50%, the diagnosis being based upon clinical symptoms only. The bacterial diagnosis alone, without the antitoxin treatment would have reduced the mortality just as much as with it for it included nearly all cases of mild sore throat that used to be almost disregarded. Of course this would reduce the mortality anyhow and I do not think that the antitoxin had anything to do with the better reports. If under the old diagnosis one hundred cases were reported, under the new bacterial diagnosis, four hundred cases would be reported and of course as many of these get well anyhow, that would reduce the mortality enormously.

F. W. Patch:—A recent epidemic in Boston adds to what Dr. Turner has said about the unreliability of the bacteriological diagnosis. There were sixty cases of throat trouble in a suburb about 25 miles from Boston and several hundred cases in Boston supposed to have originated from the same milk supply. I saw one of these cases. It had the characteristic features of the disease, namely, membrane on one tonsil, yellow in color, fetid odor and tendency to spread to the other tonsil. It was a simple uncomplicated case of diphtheria; it got well in a short time. The Board of Health had made several bacteriological examinations of this case and had pronounced it simple streptococcus infection. It shows the weakness of such diagnosis.

T. G. Sloan:—About one per cent of all throats contain the diphtheria bacillus, and probably most of them are not dangerous. In Manchester, Conn., we had an epidemic

of diphtheria in the public schools. We had case after case, until finally we made an examination of every child's throat twice a week for a time. We found many positive cultures in the throats of children who seemed to be well. A great many cases of diphtheria are not bacteriological cases, that is, a diagnosis would not be arrived at by the microscope alone. A history is also needed and the clinical symptoms. One of my patients was sent to a hospital with diphtheria although the cultures from the throat were negative three times. The worst case of diphtheria I ever saw did not have the diphtheria bacillus in its culture.

Carolyn E. Putnam:—I had a case of suppuration in which the remedy relieved the symptoms and the patient while the exciting cause of the trouble still existed. The patient had had several bad experiences with an ulcerated tooth and came to me with a threatened attack, after the root had been treated and filled. There was a severe toothache. That was the way the other attacks had begun. She had been cleaning and working about and in water a good deal from which I concluded that she had taken a cold and gave Bryonia. No result. I then gave Merc 200, one dose of this stopped the pain but not the progress of the attack. The suppuration went on without pain, the abscess had to be lanced and the pus cleaned out, but there was no suffering.

C. M. Boger:—It is a significant fact that in Germany in spite of the almost universal use of antitoxin that diphtheria is just as strong as ever. I have seen in a not long time, seventeen cases of diphtheria get well, no deaths and no antitoxin. In regard to true science, the allopathic school has no standing in it. It calls itself scientific but it is not.

It starts out with a diagnosis which is essentially a theory. To this theory it adapts a remedy the action of which so far as cure goes is still more theoretical. Homoeopathy starts out with symptoms as felt and seen; it rests upon visible, sensible facts. It then applies a remedy according to a law upon the actual condition.

J. B. S. King:—When you read this discussion that I have taken down and which has roamed all over the field of medicine you will find it to be the most remarkable and unilluminating consideration of Teucrium Marum Verum (which was the only subject under discussion) to be found anywhere in literature.

HECLA LAVA.

By P. E. Krichbaum.

The ash and scoriae of this volcano, containing Silicia, Alumina, Lime, Magnesia, some Oxide of Iron, and occasionally Anorthite and other minerals, triturated, was introduced as a medicine to the profession by Dr. J. Garth Wilkinson. Investigation revealed that the finer ash falling in more distant places had the most deleterious effects. Dr. Wilkinson noticed that the sheep in the vicinity of Hecla had immense exostosis of the jaws, and that the milk dried up in both sheep and cows. Post mortem examinations in cows showed intestines filled with ashes hardened to a mass, the stomach coated over with a pitch black membrane spotted with brown and difficult to remove by washing, and the jaw teeth covered with a shining metallic crust. These facts from a letter written by Dr. Wilkinson, betray to us that the harm is done by these accumulations upon the mucous membrane and also by deposits within the capillaries

and lymphatics. If artificial occlusion of the villi is thus induced, what diseased condition of the human economy may provoke a similar state of affairs? Injury to bones, I feel to be a striking example. If therefore, we enter the region of bone degeneration we will find that Hecla is likely to achieve curative results. Naturally in our desire to perceive a clear cut picture of the Hecla patient, we are led to study the various types of people who develop these exostoses and bone tumors. Generally it is a constitution weakened by some adynamic disease, syphilis, or scrofula. Especially are we to consider the individual in whom there is a general slowing down of the circulation, the always cold patient, or the one who, owing to a sluggish, lymphatic system, is prone to develop lumps, and nodules. Any bone injury which destroys little capillaries, may awaken a train of Hecla symptoms. These patients suffer from chronic headaches. They have vertigo; here you find the impeded circulation, a red strand running through the entire symptomatology of Hecla, if you pause to analyze and translate the morbid effects. The vertigo may cause reeling as though the man was intoxicated. These fearful head pains are relieved by stimulants, alcohol, coffee, or tea, also a full, busy stomach gives temporary relief. Women with menstrual headaches will often declare that they like to go to the table. Digestion draws the blood from the brain and pressure is lifted. I do not say that Hecla will always cure this type of headache, but these conditions in our women patients frequently call for deep and careful investigation of many drugs. It is well to have a whole gallery of Remedy pictures; in a dark corner you may find Hecla. Of course in the headache or facial neuralgia caused by

some carious tooth or injury to dental nerve, I feel very confident when I call your attention to Hecla. It is a Remedy of great worth here. When you find a polypoid growth beginning in the Antrum of Highmorii, and from thence spreading upward and downward, of immense size, with the face very sensitive to touch and pressure, aggravated by heat in general, though relieved by hot, wet applications, with the characteristic headache, Hecla should be studied.

It is also to be thought of in troubles locating in the mouth, from a gum abscess to caries of the Maxillary bone. Teething babies with Rickets, or Scrofula may be helped by Hecla.

A case under my care, gives a fairly good picture of the Hecla condition of jaw. A young man while visiting in Montclair in 1908 suffered from toothache of such an agonizing character that the dentist decided to draw the tooth. After two or three days' treatment by the dentist, the family with whom the young man was staying, insisted that I should be called. My diagnosis was caries of the left inferior maxillary, aggravated at the point of the extracted tooth. The gums were swollen, of a bluish purple color and very sensitive to touch. His condition was aggravated at night, by touch, and pressure. The pain prevented sleep. One peculiar fact was the indifference of the patient, which showed the sluggishness of the Hecla subject. He had slight fever, and pus exuded from left lower bicuspids to and involving the incisors.

Lach. Phos. and Mercury were given. In about one week the patient was able to leave for home. Six months treatment from his dentist and family physician proved in-

effectual, and he returned to Montclair to consult me. A specialist had advised the extraction of all the teeth, and a thorough removal of the necrosed bone. This the patient would not have done. Examination revealed nothing new, with the exception of a swelling under the jaw near the angle. He looked as if tanned by the sun, his eyes were lustreless, and his appetite poor, otherwise his one complaint was a taste of pus in the mouth, and the discharge. The place under the jaw soon opened and continued to discharge in spite of my best efforts to prescribe by mail, seeing the patient every six months for two years. January 9th, 1911, he visited me, at which time probing the Sinus did not reveal any loose bone. The right upper jaw and descending ramus was swollen to size of a walnut with a discharge from a sinus near middle of cheek on the inside. At this late stage of the game, I prescribed Hecla 200th, in repeated doses. April 10th, 1911, patient writes, "pulled out bone yesterday. Gave no trouble. Measures one and three-eights inches by one-half inch wide at the widest part. Not much discharge from right side." He sent me a diagram of the bone, and only a few days ago writes again that he is contemplating matrimony. His health is fine.

I will mention a few remedies which are related to Hecla. In Conchiolinum (Mother of Pearl) the trouble begins in the diaphysis of the bone, and generally remains there though it may spread to the epiphysis. It always attacks young subjects. The parts are extremely sensitive to the slightest touch, the swelling is at first soft but may become hard. Silica, Ruta, Phos. and Cal. Carb. of course come to our minds when we read Hecla. *Amphisbaena* a

snail like lizard has an action similar to Silica. It has great affinity for the jaw bones. The swelling under this remedy is aggravated by air and dampness. *Slag* is also a relation of Hecla in bone diseases, but Slag has great itching of the parts. Piles, constipation, and flatulency, intolerance of tight clothing, etc., are apt to be accompaniments. In *Stillengia* we find Syphilitic bone diseases. Pains are sharp and shooting, the ends of the bones and cartilages feel bruised. The Mucous membrane is dry, the joints are stiff and there may be nodes on the bones in any part of the body. The pains are aggravated by movement, walking, the cold, wet weather, and of course a general aggravation at night.

The range of Hecla is not extensive, but as a compound it is an interesting study. I have lately prescribed it for an old lady of 84 suffering with Paresis, and senile decay. She has a number of sluggish abscesses which have been obstinate and unyielding to any remedy. Hecla is rousing a little flicker of vitality. If this response continues, she may die witless, but clear of these distressing foul points of stasis.

DISCUSSION.

John Hutchinson:—Although I am put down as the chief discusser of this paper I find that I am not able to do it as I have used the remedy which is the subject of the paper, only once and did not follow the case up.

A. P. Bowie:—I can verify the action of Hecla lava on tumors of the jaw bone. I first became acquainted with it at a meeting of the American Institute and when I got home I gave it to a patient who had a bony growth in the Antrum of Highmore. The growth gradually disappeared

and he is still living without any recurrence. It was supposed at the time to be a case for operation. One of the features of the case was a history of free nose bleed; the remedy was given in the stage of ulceration. I have also cured pains in the jaw after the extraction of teeth.

President:—Have you noticed any relation between Hecla lava and Silicea. The modalities are different but there is a relation.

P. E. Krichbaum:—This patient had more Silices than any other remedy, but it did not help much.

President:—Possibly it is a complementary remedy.

BELLIS PERENNIS.

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

Bellis, the daisy, the wound-wort, or bruise-wort, the common aggressive weed upon which we trample, is a medicine. It is well named, for like the patient whom it affects, it awakens early in the morning, the "day's eye" that opens with the light. Bellis was first experimented with in 1856. A Doctor Thomas, while visiting in the neighborhood of Bangor, Me., was consulted about a sprained ankle. Not having with him either Arnica or Rhus Tox., he determined to try the effects of the daisy. He forthwith directed the patient to procure a handful of the leaves and flowers of the plant, chop them up small, boil them for a quarter of an hour in half a pint of water and apply them in linen as a poultice round the ankle at night. The application was not made till the next morning, but in half an hour's time the ankle admitted of very fair motion. A piece of calico wet and wrung out of daisy water was then wrapped round the ankle and the man put on his shoe and

limped about all day walking not less than five miles. He repeated the poultice at night and found his ankle so much relieved in the morning that he was able to walk four miles to his work without experiencing any difficulty. This account should differentiate Bellis from the other vulneraries Arnica, and Calendula. First Dr. Thomas treated a sprain, and Bellis is preeminently indicated in sprains. Arnica takes better care of contusions. But the sprains of Bellis are bruised and both the soft and ligamentous tissues are involved. Presumably Dr. Thomas' patient had had a fall, for here again Bellis achieves results when the sprain comes from a heavy impact. Rhus. tox. is indicated in simple sprains. Injuries to the soft and ligamentous parts therefore, should always suggest Bellis, it matters not where they occur, though it is said that the daisy is left-handed. I never overlook Bellis in fractures which are near joints; such injuries nearly always result from falls. Once more, Bellis is nearly a specific for falls on the coccyx. Have we not all heard a patient say that they have never felt well since a certain fall years before? I believe that many of the "cures" of crooked, painful spines reported by the Osteopaths might be checkmated by a dose or two of Bellis. I had a patient who as a young girl had had an accident in a gymnasium. Her coccyx continued to be very sensitive, the pain was aggravated by sitting, by passing a hard stool, and by getting wet. Years after the mishap I gave her Bellis 6x and her long lived distress with her coccyx vanished in a few weeks.

Bellis runs neck and neck with Rhus in many of its aggravations. Dr. Burnett claims that it is a remedy for all ills that may be traced to a sudden wetting. Its rela-

tionship to Rhus also shows up in cases of Railway spine where Arnica fails. The suffering is intense, but like Rhus somewhat relieved by motion. The patient awakens early in the morning and cannot get to sleep again, another Rhus echo.

The restlessness of Bellis reminds you of Eupatorium, the aching and soreness compels the patient to move.

A case subsequently diagnosed by the X-Ray as arrested Necrosis of the bones of the left foot has been under my care for a period of years. Before coming to me, this patient had had a severe bruise and sprain of this foot. He is of the tubercular type, a thin, dark, highly alert, complaining little man with a long history of physical and financial misadventures. At the beginning of our acquaintance, he indulged in one long serious illness, undoubtedly a Meningitis. Recovering from this the foot trouble commenced and a prolonged siege of suppuration ensued, some pieces of loose bone being removed. This gradually subsided and he went back to business. Last winter the same foot again gave trouble. I called the condition this time Inflammatory Rheumatism, and it had all the ear marks of that malady, I assure you. The foot was swollen, tender, hot, and of a purple red color. It was relieved by heat, and by raising it up in the bed. The aggravation was touch and bending it. The years of general stasis, the miserable stopping of all bodily activity, like a clock with every spring run down, the history of the early accident to the foot, finally suggested Bellis and Bellis he received.

As before remarked, the X-Ray now permits me to make a diagnosis of arrested Necrosis. Bellis is getting down to business, and my patient will surely keep his foot whatever else he has the misfortune to lose.

Stasis therefore, is a Bellis keynote and from this central point we are led to many disorders which may be helped by the daisy. Take the fagged womb, worn out by too frequent pregnancies. The swarthy, lean nervous little woman who has perhaps sacrificed her life to a big family, approaches the menopause a wreck. She has engorged veins, she is giddy, tired, nervous. Her wits refuse to work; there is Brain Fag like Picric acid. She wants to lie down for her giddy head troubles her. Her head aches from the occiput to the sinciput; it is sore and bruised. She may suggest Arnica, but the Arnica patient is more apt to be plethoric with a sanguine disposition, the patient disposed to Cerebral congestion. The soreness of Arnica, too, is more superficial than Bellis; the pains come on suddenly, while those of Bellis go deeper and are of slower onset.

One author mentions the ill effects of sudden wet chill to a heated stomach, and body surface as an indication for Bellis. Many distresses of pregnancy such as inability to walk, from soreness of the uterus or varicose veins show again the general range of this remedy's action. Burnett claims that it is useful in cases of Amenorrhoea from taking a cold bath while menstruating. Skin affections including a striking case of Psoriasis were noted as having been benefited. One prover developed boils of various sizes on the back of his neck. These boils caused a dull, aching, bruised pain when keeping the head erect. They were large in size and of a dark purple color.

Old men who are overworked, and who are worn out often develop a condition benefited by Bellis. We know Rhus and Arnica and Calendula, they serve us frequently but study and comparison, a digging down to the bottom of

our cases will often reveal points of subtle difference. Bellis may prove to be a remedy of immense help when the better known ones fail.

DISCUSSION.

John Hutchinson:—I had one case in which I used Bellis perennis although it was not a case that very urgently needed medicine. It was a case of injury—Pott's fracture —the result of a fall. It had the best surgical attention. He was under my care for eight weeks. It was difficult to prescribe for him because the surgical work had been so fine that symptoms were few. I studied over symptoms and finally selected Bellis. I took occasion to make a slight proving of it, my attention having been thus attracted to it. I had seven persons take Bellis perennis 30. I obtained symptoms from one prover only unless a state of well-being in the other six could be called a symptom. This one prover after sleeping very well would awake at 3 a. m. and not be able to go asleep again. There was marked desire for company and unusual energy of feeling. There was loquacity and cheerfulness, abdominal and rectal flatus. There was lameness of the knees for six days and then it passed off.

President:—Has anyone had any experience with Bellis in lameness or soreness in the breast following injury?

Carolyn E. Putnam:—Bellis perennis is the English daisy is it not? Our common field daisy with yellow disk and white rays is Chrysanthemum leucanthemum, more allied to our Chamomilla and cannot be the Bellis.

E. Rushmore:—Yes, the Bellis is the English daisy, but can now be seen growing wild in this country. It is a little pink and white daisy seen flowering in our gardens in the spring time.

E. N. Chaney:—I was glad to hear the two points stasis of the blood and sprains spoken of as features of Bellis. I have used it much. I have had from three to ten cases going on all the time under it during the last year. It takes the place of Arnica in many cases, with those who are acquainted with it. That is, I believe that Arnica is prescribed many times when Bellis is nearer the simillimum but is not known. Bellis patients are sensitive, afraid of jars; the jarring of the bed hurts them. One case in which there had been a laparotomy came to me with just as much pain as before the operation. Bellis was given him and it relieved him immediately and he had scarcely any pain while under my care. After some months he came back with a return of the pain and again Bellis relieved. That was the only case where I used it after tumors had been removed from the colon. A bruised pain in the abdomen worse from walking and from jars is a good symptom for it.

R. E. S. Hayes:—The most frequent use I have had for Bellis perennis is the pains from mechanical pressure and stretching in the last weeks of pregnancy. Both Bellis and Arnica have bruised sensations but the Arnica patient is more restless and moving about while the Bellis patient is worse from motion and lies still.

P. E. Krichbaum:—I thank the members for listening so attentively and discussing my paper. I was first induced to make a trial of this remedy by reading Anchutz, Old and Forgotten Remedies. Arnica is more apt to be indicated in plethoric people while Bellis more in dark, swarthy and spare persons.

MEDORRHINUM.

JULIA C. LOOS, M. D., H. M. HARRISBURG, PENNA.

The sins of the father shall be visited upon the children, to the third and fourth generation. Creative energy is the strongest force in the universe, dominating every physical force and the intellectual and emotional energy beside, harnessing all these to its service. The continuance of life in every living being and all the marvelous achievements of men and of Nature have their origin in creative energy. It is when this energy, primarily intended for the replenishing of power and development of the organism, is diverted from its natural channels, poured relentlessly into the narrow line of the sexual system, robbing every other function for the indulgence of a perverted appetite for momentary selfish pleasure that man eats the fruit of the tree that was grown for other purposes than to be consumed by his selfish appropriation. In discarding the purpose of the Supreme Creator and substituting therefor the assumption of selfish power and self-worship he devours that which should have protected him and his offspring, bringing upon himself and his offspring the curse of his own folly.

Adultery, mixture of good and evil, diverting the creative energy into sexual channels and dissipation of that energy in lustful activity occasions gonorrhoea, sycosis. This is manifested by a mucous discharge. Realizing the course by which this condition is reached and the evils attendant thereon, the weakness due to robbery of the organism, ignorantly attempting to make amends and change his course, the victim devotes his attention to the evidence of the evil and employs local applications to check the discharge, suppressing the external evidence only to throw

back on the system the deeper evils and weakness. This is transmitted to offspring in depleted vitality—robbed creative energy—physical and mental energy depleted of repair and building functions.

This depleted creative energy, the result of suppressed gonorrhoea, the third chronic miasm described by Hahnemann, first recognized in its vastness by him, presents the field for Medorrhinum. It is visited upon the children to the third and fourth generation, but seldom beyond that, for the reason that the supply is exhausted, the source of replenishing having been devoured, there is not enough creative energy remaining to afford further transmission in any form.

Medorrhinum is the nosode, whereby, according to the divine law of Homoeopathy, this field may be partially fertilized, the source may be reopened and the influx of life force restored if the power be conserved and not further consumed in selfish passion. I shall not enumerate here the symptoms which sketch the image of Medorrhinum, as they are to be found by reference to the proving records. I desire, rather to present the impressionistic view of these cases, the aspect which may direct attention to the search for detailed evidence or even present a stronger picturing than the image which could be traced by prominently characteristic integral symptoms.

The aim of the prescriber in Homoeopathy is to recognize the similarity to some remedy influence in the case of disordered vitality. This perception is a very variable faculty and is reached by different routes by different prescribers. The stellar constellations are named today, according to the nomenclature given centuries ago by men

resourceful in imagination and imagery. They sketched the outlines of their mythological characters by stars which served as points from which they imagined the lines to be drawn. Stars which mark the points of location of shoulders, belt line, knees, sword from the belt line and feet were sufficient to sketch Orion, the warrior. So, a few points of location sketched to their recognition many fantastic and realistic images, in the dome of the sky. Similarly do we sketch the images of remedies by more or less related characterizing symptoms which indicate the influence of that substance upon the economy.

The trained perception of the faithful student of Materia Medica recognizes the picture of many remedies in the living subject before the points which determine the lines of the drawing are detailed. The impression of the image is perceived as the impression of the mingling colors and forms in a landscape is received on the retina and the brain, before the details can be separated and individualized. There are many cases presenting the Medorrhinum aspect, from whom one might note numerous symptoms that are only common and not characteristic, cases which one might interrogate and observe long and earnestly before the characteristic symptoms would be recognized, unless the features which present the patient as a unit, one might say, undissected, are recognized. When these features are recognized the prescriber can quickly group many commoner symptoms into characteristic revelations and corroborate the first or earlier impressions.

The especial field for nosodes is in cases in which the miasm producing the nosode is latent, rather than actively in evidence, in cases where the suppressed miasm holds the

system in bondage and prevents the free expression of function and the free reaction to less deeply acting influences. So, with Medorrhinum. It is not the remedy for one suffering the first expressions of sycosis, but one bound by the suppressed form and those struggling in the fetters of this suppression transmitted through one, two or three generations.

Many victims of this miasm, having realized their own folly, turn completely from the life by which the miasm was acquired, settle down to sober living and become most thoughtful to safeguard their own children from the influences which shall lead them astray. They frequently reach toward the extreme of over-strict surveillance or strong emphasis for the pure habits of life and their children are protected from falling into the dangers of their parents and grandparents. Nevertheless the transmitted suppression is in those same children and through them transmitted to the next generation, with its influence that can be traced by one who knows the tracings.

Many of these cases are among the families of the financially favored and socially cultured, the offspring of the financially and intellectually successful. These conditions often appear the occasion of squandering the physical forces or squandering the gains of success in moral and physical recklessness. There is in these patients a marked *over-sensitiveness* found in the disposition and bodily susceptibilities. This over-sensitiveness is exhibited in varying degrees. Some will avoid consciously manifesting it, too sensitive even to have that observed by others, while some are prone to parade it, making much of it, banking on it to gain their aims or indulge their fancies. We hear them say

they cannot at all stand such things as are the common experience of others. They do not easily adjust themselves to environment but must adjust the environment to their temperaments.

These constitutions are prone to that quality which is termed "delicate," but perhaps is more accurately expressed in the term lacking robustness. The depleted vitality is expressed in the want of vigor throughout the physical economy, resulting in a semi or more than semi-invalidism, which demands the service of others merely to keep them alive and sustained. Unless a very robust and pure virility has been united to the depleted vitality, in marriage, these constitutions are in small families and hence receive the devotion which Nature intended for many and the demand for care is thus supplied. The frailty, the lack of robustness, appeals to the sympathy, one involuntarily thinks, "poor little thing," in observing the delicate skin, with veins easily visible, the lack of rosy tint, even waxy whiteness, in pale ears and cheeks, the shaded hue below the eyes, though the cheeks may be rounded there is such insufficient tissue about the face that it appears more or less peaked, thin lines or straight ones where there should be full and rounded ones. In exaggerated instances the peaked expression is very marked in sharp outlines of bony framework. Similar character of stinginess in tissue formation is apparent in the thin arms, hands and legs, and you are impressed that somehow the child or adult has been deprived of what belongs to it as a birthright. In the developing infant, delay is prominent; dentition, walking, talking are all later than normal. The order of teeth formation is very irregular, the molars may be months in advance of the incisors

or cuspids or one side may be more favored than the other.

Nutrition in the developing infant appears a difficult process, either in the early digestion function or appropriation of building material in the tissues. There may be refusal to act in the stomach or intestines, or the food may be retained and apparently digested, at the same time the child does not thrive, even though it does not really suffer pain. On the contrary it may enjoy the reputation of being a sweet, good baby. Throughout childhood and adult life this same feature may persist. Provided with plenty of food and such as proves ample for other people in the same environment, yet they do not respond in generous tissue formation.

In the emotional and intellectual realm there appears lack of harmony. There is a persistent holding on to notions and following a chosen course, contrary to the dictates of the individual's own intelligence and reasoning. A persistent disregard of facts and conditions even when these are recognized by her own perception, leads the girl to cling to her notions and act as though the circumstances were what she says they ought to be or what she wishes they were. The result is disappointment and the disappointment is not easily tolerated but arouses an irritation which is in turn vented on the associates or chance companions or smothered in private resentment. This series is repeated times without number, the mind appears unable to profit by experience and control the conduct by rational operation and adjustment. Another form of this discord in will and intellect is the impulse to return repeatedly to determine that a thing that has been attended to really has been properly finished. The doubt within, as to having

actually turned off the gas, or locked the door or placed articles according to the intention, despite the consciousness that these things have been done, despite the specific recollection of having performed them at the time they were in the thought, is peculiar to this nature. These things are not usually accounted as due to sickness, they are part of the individuality in the ordinary, every-day affairs of life, marking John or Vivien "queer" in the estimate of their companions. It is "their way." The student of chronic miasms must realize that abnormalities in the co-operation of the functions of the individual, in ordinary every-day affairs are the evidence of disorder in control.

The Medorrhinum posture, resting on the front of the body, with back up, knees drawn up and face buried in the pillow is a strange notion, dominating all ages from infant to old age. In those too young or too weak to manipulate the entire body, the effect of this posture is gained as far as possible, by reclining on the back with the legs extended up in the air, by flexing the thighs at the hip, also by twisting about so that the head is partly covered by the pillow or the bed clothes, indicating that it is a demand of the body and independent of rational conclusions. It has been observed as a habit, for rest and comfort when there was no complaint of suffering, also in conditions when pain was present, no relief was obtained in any position but this, which was new and strange to the sufferer, himself. A persistent cough has been observed, unchecked and interfering with the sufferer's rest or sleep until this position was assumed, when the child would lose his troubles temporarily in sleep and the accompanying dyspnoea became easier.

In these constitutions the lack of reaction, expressive of

some deep seated influence of bondage prevents the recovery from acute disorders and quite as much, the complete reaction in treatment aimed at chronic disorders. It may be apparent in first selecting a remedy, based upon the prominent symptoms that appear to be most characteristic. The remedy appears to exert no influence or only a partial response is gained. In other instances where the selected remedy does take hold of the economy and improvement is gratifying to all, there comes a time when progress ceases. According to previous gain and to the experience with other patients, it should be possible to make further progress, but there is a standstill and the student of chronic miasms concludes there is some underlying force that prevents reaction. At such a juncture, we may find something that gives a hint of this bondage to suppressed sycosis, something in the family history, in the aspect or condition of some other member of the family or some hint of these characteristics in the patient or a parent or a brother or sister or a child of the patient. Then the remedy Medorrhinum may start the progress again, continuing it for a long while, with images of new remedies to follow or merely arousing the reaction of the system to the action of formerly useful remedies.

In young children, Calcarea ostrearum, Cina and Stramonium have frequently been called for to follow this, often serving only temporarily when the nosode will again be needed, intercurrently. In these children there is frequently a tendency to brain involvement in the unfolding of the case, revealing how deeply the systems become involved. You might say to start with it is a nervous temperament but the significance of a nervous temperament in very young

children proves to be close to destructive involvement of the nervous system revealed in spasms, paralytic affections, hydrocephalic development in the fourth ventricle and lack of balance and co-ordination of will and intellect that can be classed only as a form of insanity and even other forms of insanity more apparent. Indeed, much may be learned of the action of this miasm, in the course of homoeopathic treatment of the children, to whom it has been transmitted in suppressed form. Some small experience in this field leads to the conclusion that many obscure cases sent to insane asylums might be markedly benefited by the use of this one remedy, which would clear the obscurity and reveal clearer images of remedies which have been more extensively studied and are hence more familiar. With this remedy and an extensive knowledge of its characteristics one might serve efficiently as a specialist in nervous disorders of children, for its use will place many children in such condition that obscure or involved disorders become simple and their indications easily apparent.

A glance here and there among your patients, among your acquaintances and associates, among those who were playmates or companions or neighbors in childhood, will reveal many individuals in whom some of these peculiar features are revealed and you will be inclined to speculate on what changes might be wrought if you had the opportunity to give them the benefit of Medorrhinum. When you have the opportunity to do so, in such cases, the revelations of Homoeopathy will be unfolded anew.

DISCUSSION.

F. W. Patch:—It would be impossible to add anything offhand to this exhaustive presentation of this nosode. The

method of presentation adopted by the writer is impressionistic and differs from the more detailed method of giving symptoms as we find in the provings. The impressionistic view of a remedy is extremely valuable, it is like the bird's eye view of a country, but it also has the danger that details may be overlooked. The more detailed work of the provings must also be studied. With students or with those who have had but little experience, it is difficult to combine the two. The tendency is to prescribe from the general impressionistic view without giving due attention to the details. Another point is the old one of the field in which these nosodes are to be used. Hahnemann has written exhaustively on this subject and made it clear, yet we find that not all practitioners realize just what he meant. Nosodes are especially useful to unlock cases and are thus most likely to be of value where the condition has been suppressed. They are rarely completely curative but they make it easier to cure. They prepare the case for other remedies, and these have to be studied up later when the nosode has done its work.

P. E. Krichbaum:—I have used Medorrhinum chiefly in two ways: one in infants up to two months, where they begin to get thin and to show signs of marasmus without discoverable reason, the other where we have many symptoms of a burning character and Sulphur does not relieve or bring on a reaction. I always get results in those cases from Medorrhinum.

R. F. Rabe:—I think that we should know more about the cases from which the original nosode was prepared and potentized. In the case of Medorrhinum, for instance, whether we believe that the gonoccocus is a causitive factor

or not, we should know whether they were present in the preparation used and we should also know something of the symptoms of the particular case which yielded it. I have a number of them from which I have had no results. From some of Swan's preparations I have been able to get no results whatever. Skinner's potencies have been the most satisfactory that I have used. Medorrhinum is useful in pelvic cellulitis of know gonorrheal origin. Thuja seems to be here the complementary remedy. As Dr. Patch said, I have seldom found it to be the curative remedy, but it has paved the way for other remedies.

Some years ago I reported a case of leucorrhœa with papular eruption, distributed over the body and limbs. Unfortunately in that case I failed to get a history of gonorrhoea in the father. The mother had a leucorrhoea but I did not make a smear and examine for the gonococcus. The mother gave me the modality that the child was good all night but crying and peevish all day. Taking that modality —a marked characteristic of Medorrhinum and coupling it with the leucorrhoea in an infant, I gave Medorrhinum with a rapid and satisfactory cure as a result. The burning of the feet has also been verified by me. Also the general mental restlessness of the patient and desire to hurry similar to Lilium tigrinum. A feeling that they must hurry and rush through with their work is a strong indication for Medorrhinum with me. I am reminded of a paper that Dr. Close gave us at the Jamestown meeting some years ago; it was a masterly paper and gave us a very wide acquaintance with this nosode.

Stuart Close:—I take great pleasure and satisfaction in this paper; it has covered in an excellent manner the char-

acteristic features of this great remedy. I was also impressed with the significance and power of the analysis of the cases in which this remedy is indicated and its relation to hereditary conditions. I have frequently verified the peculiar expression of the internal disease in the position which the child assumes in bed.

The infant which for a year or more subsequent to birth, assumes the position in sleep that it had *in utero,* lying with the face buried in the pillow and the knees drawn up to the abdomen shows, perhaps, the persistence of the embryological state and retarded development. This is an indication for Medorrhinum.

G. B. Stearns:—This remedy has relief in the open air, and craving for the open air, and must be differentiated from Pulsatilla. I have never known this or any other nosode to carry a case to cure. I have seen far better results from this nosode where it was applied from the symptoms merely than where there was a history of Gonorrhoeal infection. That is where I have given it in cases where I was certain there was infection the result has not been so good as where it was given purely on the symptoms without a gonorrhoeal history. I cannot give assent to Dr. Loos' idea of the origin of gonorrhoea. What she details cannot be the actual pathological basis of the disease. If degradation of the sexual appetite was the origin of gonorrhoea we would not have any cases in little children, and that infection of innocent little children is common is well known.

A. P. Bowie:—I think that the writer touched upon the religious and moral side of the question rather than upon the pathology of it. In describing the physiognomy

of this remedy certain symptoms or conditions were detailed, but I doubt whether all such are necessarily the victims of gonorrhoea. In Homoeopathy, if we are taught anything, it is to individualize and not to generalize. The first one to discuss this paper brought that out in his statement regarding impressionistic ideas and symptoms. I have never seen the wonderful results of this remedy as has been described by some physicians who have used it. If I was compelled to choose one remedy that covered the largest number of the manifestations of this disease, I would select Thuja. And that should be used only when indicated by the symptoms and never merely for the name gonorrhoea or sycosis. Nosodes are useful and beneficial but we have got to follow them up with remedies to get permanent results.

Carolyn E. Putnam:—I had a little patient, an infant that would not sleep at night; it would nestle up to the mother but there was no sleep. In the day-time it seemed to be all right. This suggested Psorinum. When it grew old enough to change its position, it showed a strong tendency to assume the characteristic position on its knees and face. I gave Medorrhinum (chronic) c m. There was no response whatever. I tried it in different potencies, but without success.

President:—Two modalities were not mentioned in the paper: Aggravation in the day-time and relief at the sea shore and in bad weather. These features, the reverse of Syphilinum, can be depended on.

Julia C. Loos:—It would not be safe, unless one were very sure, to rely upon the impressionistic view of any remedy. Very often such a view gives the first leading, and

this first impression may be the determining point of a prescription. I brought out this impressionistic view because it has served to take me to the remedy where the particular symptoms failed to give a hint. It guides to a prescription but it does not make it. Patients needing this nosode although they may be well enough to go about, still exhibit the peculiarity of demanding attention, wanting to be waited on and served. It may be a trait coming down from a progenitor, but all the same it is an indication.

In regard to removing the tendency to a peculiar posture, we take a wrong view if we expect the constitutional remedy to immediately remove the symptom which led us to give it. The old, chronic and constitutional symptoms will persist a long time after the complaint for which the patient called you in, has gone entirely. After a time—usually a long time—I have found Medorrhinum to remove the curious position, but when the patient became ill from some other—perhaps trifling—complaint, the old position came back.

MYRICA CERIFERA.

By R. F. Rabe.

This remedy is little used in our school and often overlooked in the treatment of certain functional hepatic disorders, to which remedies like Chelidonium, Lycopodium and Nux vomica are frequently applicable.

Myrica cerifera, wax myrtle, bayberry or candleberry, belongs to the natural order of myricaceae. The fresh bark of the plant root is used to make a tincture. The remedy was known to the older botanic practitioners, but Samuel Thomson established its fame and used it as an ingredient of his so-called "Composition powders."

The chief action of this remedy seems to be upon the mucous membranes, where it produces thick tenacious mucous secretions and upon the liver. A disturbance in the function of the latter organ appears to explain most of the symptoms of Myrica cerifera and gives to this remedy an individuality of its own, making comparison with other hepatic remedies possible.

Thus we find the Myrica patient to be dull, drowsy, despondent and irritable. Mental concentration is difficult. Such a mental picture is quite characteristic of various liver disorders and of course, common to a number of remedies. Dullness and vertigo are often complained of as well as fulness of the head. These symptoms are relieved in the open air. The eyes look yellow, some degree of jaundice being present as is evidenced by the yellowish color of the face. The tongue is coated a dirty yellow, with dry mouth, foul taste and thirst.

Post-nasal catarrh with the secretion of a thick tenacious mucus is said to be characteristic of this remedy, but personal experience is lacking to confirm this observation.

In the stomach, hunger is complained of, with a sensation of fulness, as after a hastily eaten meal. Desire for acids, pressure and sinking sensations are pronounced.

In the liver a dull pain and sensation of fulness are felt. Clay colored, light yellow, mushy stools are further symptoms. The urine is bile-stained. The action of the heart is slowed, the pulse being 60 or even less. This symptom is of course, suggestive of Digitalis, with which remedy Myrica is to be compared, but the former has an irregular, intermittent pulse as well, and with its sensation of sinking at the stomach has a nausea, aggravated by the odor of

food or cooking. The latter modality is not found in Myrica.

Lassitude, depression of spirits, languor, a bruised, sore feeling and drowsiness are all marked symptoms of Myrica. There is a decided general amelioration of all symptoms after breakfast and in the open air. Amelioration in the open air is very characteristic of this remedy.

Allen's Encyclopedia gives a very excellent proving which is also to be found in Hering's Guiding Symptoms, Clark's Dictionary of Materia Medica as well as fragmentary provings, clinical observations and experiences, scattered throughout the homoeopathic literature.

The symptoms here mentioned are those verified by the writer and found by him to be reliable indications. A case presenting functional hepatic disturbance such as a simple catarrhal inflammation of the bile-ducts with dulness, drowsiness, slow pulse and a general amelioration in the open air always suggests this remedy to the writer and he has had several excellent results from its use. The potencies found serviceable have been the twelfth and two hundredth. Thus far, no others have been employed or required.

Dr. E. E. Case:—Dr. Rabe has presented the characteristics of Myrica cerifica in a masterly manner, leaving no chance for criticism.

My acquaintance with it was made while searching for remedies for chronic nasal catarrh. Its characteristic discharge is thick, adherent, not crusty, perhaps streaked with blood, difficult to wash away, whether in the nose, mouth, throat, or vagina. The membranes do not seem to be much involved. Comparisons may be made with Hydrastis cana-

densis, in which the mucus is thick, yellow, tenacious, often bloody, somewhat affecting the membranous structure; also with Kali bichromicum, which affects the membranes more deeply, causing a tenacious, mucous discharge that is yellow, decidedly ropy, drying up into crusts that are easily detached, followed by bleeding. Nitric acid, Arsenicum, Aurum, and other remedies have such a destructive effect upon tissues that their sphere passes beyond that of Myrica.

Potencies from the 20 to Cm have been used beneficially.

A woman, aged 57 years, had nasal discharge, yellow, thick, viscid, blood streaked; nose dry in the night, obstructed in the side lain on; sneezing in rapid succession from breathing cold air; dull pain in the bones of the face, especially over the Antrum of Highmore; tongue adherent to the palate and teeth after sleep.

Another woman, aged 38 years, had dry nose, obstructed by thick, adherent mucus; raw, dry throat; thick, adherent, acrid leucorrhoea, often yellow; soreness seemingly in the uterus.

Each of these was better from one powder of Myrica Cm.

By analogy Myrica should be applicable to cases of indigestion due to a thickening of the gastric juices. This may account for the benefit so often obtained from Thompson's Composition powder, which restored the natural flow of fluids in the stomach and gall duct.

DISCUSSION.

C. M. Boger:—Myrica contains Berberine, an alkaloid found in nearly all remedies that are curative in catarrhal conditions. Pareira brava in catarrh of the pelvic organs.

Pulsatilla is a great catarrhal remedy. Hydrastis is another. There seems to be a therapeutic relationship running through these remedies that contain Berberine. I would suggest this as an interesting and profitable way of studying materia medica; it helps the memory a lot to have some ultimate basis of relationship.

P. E. Krichbaum:—It has a reputation as a liver remedy, with slow pulse and catarrhal discharges. Chelidonium is also a liver remedy, for enlargement vertically or up and down. Carduous for same, when the enlargement is transverse.

L. M. Stanton:—Mercurius has dragging sensation in abdomen very prominently. Kali carb has something like it and Lycopodium has it with drawing to the right.

R. F. Rabe:—Dr. Case brought out the important points, especially the aggravation of the nasal symptoms by cold air. The symptoms that I would emphasize are the great drowsiness, the slow pulse and amelioration from open air.

REMEDIES TOO LITTLE KNOWN.

By L. F. Miller.

Why Dr. J. H. Clark calls his Materia Medica a Dictionary I don't know, but I do know that it is mighty good reading. I like especially the remarks he makes on remedies before the schema. I don't like the schema as well as I do those in Hering or the other books. Why are English books so much lighter than our own.

When I began the selection of a list of remedies that we should know more about I questioned whether I should not begin with Aconite and go down through the list of the

polychrest. When I read the symptomology of Belladonna, Arsenicum, Bryonia and the rest of the every day remedies and see what I do not know about them, I am certain where I should begin. But when I make an offering to men who know Materia Medica, I feel that I must go out of the ordinary rut to find something that they may have overlooked.

Clark teems with that kind of stuff. Proved? No, not all of it, but the symptoms given show that they are deserving of that consideration. Who is going to do it? The day of drug proving, like miracles, is past. We seem to think that our predecessors have given us all that is needed in our business and we go along doing what we can and collecting the fee for good and bad alike. I wonder what effect it would have on our medical morals if we got pay for our cures only. The little boy who said he was going to be a doctor because he would be paid for his work whether it was satisfactory or not, had an eye to the commercial end of the business, at least.

I read the symptoms of these rare remedies and know lots of people that they fit, but medical ethics prevents me from lassoing them and bringing them into camp. I have often thought that I owed it to the dear people to announce through the press that I would cure a certain train of symptoms this week, that persons so affected should come early, to avoid the rush. If I were to do so, this would be the last paper I would read before the I. H. A., therefore that unhappy lot must go on burdened by their crimps.

Take for instance the drug Myrica. Now, Myrica thinks he is better than anybody else. You know that wheel is under nearly everybody's hat, and while it is a symptom,

I am not sure that anyone wants to be cured of it, it is such a pleasant delusion. Myrica also produces an "audible pulsation; slow pulse." I wonder what causes that symptom? Is it a vaso-motor defect that allows a dilation of the arteries? or what is it? It has "A weak, sinking feeling in the epigastrium relieved by walking fast." That is another symptom that stumps the pathologists to interpret. Reading the other symptoms gives the impression that a catarrhal condition of all mucous membranes, even the bile duct, is the changes produced in the human economy. Whether the catarrhal occlusion of the bile duct causes the enlarged liver with jaundice I do not know; or whether the congested liver gives rise to the audible pulsations and the feeling that they are better than anybody else is to me indeterminate and I am not going to worry my head about it. I will give Myrica when I meet those symptoms and collect the fee—if I can—whether the catarrh goes or lingers. The drug seems to me to cover a train of troubles often met.

The only time I ever saw Dr. Swan, he told me he had cured a case of pneumonia with Elaps. Now a remedy that cures pneumonia of the character the Elaps symptoms indicate is worth knowing. It will pay you to read the remedy as found in Clark's book. Clark there says that he cured a case of old irritating rash in the right axilla with recurrent suppuration of the glands. E. V. Moffat has found it specific for nasal, pharyngal catarrh with greenish crusts and subjective disagreeable odor. Fruit and water feel like ice in the stomach. The blackness of hemorrhages and other secretions is also characteristic. Look it up.

Sanicula is another. If the patient is to be believed, I relieved, or rather the remedy relieved a case of obstinate

constipation following confinement. The woman said that it was like having a baby to evacuate the bowels. Clark says, "We have in Sanicula one of the best proved remedies of the Materia Medica; a polycrest and antipsoric of wide range." Some of the claims for it are startling. One, that its symptoms lasted for five years, if true, is worthy of note before using. Another, that it closes the fontanelles before birth, should preclude its use by pregnant women. If you look at the analysis of the water you will see polypharmacy written all over the prescription of Sanicula. The introduction in Clark reads almost everything into Sanicula and certainly places it where it belongs. I wonder would it have cured an eight-day seasickness when Cocculus and Ipecac failed.

Solanum Oleracinum. This is one of Mures remedies. There was a time when Mures was not considered any too reliable. But some of his provings have stood the test. This one has a symptom that is at least peculiar. The breasts of a negro woman, sixty years old, filled up with milk. Colored women are on to the lacteal job profusely in season, but to "come back" after fifteen years shows a capacity that one James J. Jeffries would have given his boots to possess. Mr. Johnson's mother may have fed him on just that kind of lacteal serum. Other symptoms are, "Pain and swelling of the face and throat with inflammation." "Cold feeling in the left chest after drinking." Like Elaps.

Skookum Chuck is another polypharmic feature of all waters. If it cures inveterate skin disease, catarrh, hay fever, urticaria, eczema plantaris, benign tumor of the left breast, ozena, greenish yellow discharge, offensive

eczema of years with rheumatism, rheumatism alternating with styes, lithaemic flushed face, uric acid, indigestion, dryness of the skin, dryness of the scalp with falling of the hair, vaccinal eczema, profuse coryza with constant sneezing, it is a front ranker. But this is not all of Skookum. Tax your memory with it. It will pay.

Arania Diadema has a few very peculiar symptoms. The headache is relieved by smoking. What patients are to do who do not smoke is not stated. They would have to stay out in the open air, as that relieves it also. Sudden, violent pains in the teeth of both jaws, immediately on lying down at night is characteristic, as is also violent shaking chill for 24 hours not followed by heat or sweat. Whoever saw that symptom? Worse in cold, rainy weather; damp dwellings, cold bathing.

Scutellaria. This remedy has no mean array of symptoms. The explosive headaches of school teachers, accompanied with frequent urination; headache in front and base of the brain; watery stools. They scream with the pain. There is a number of remedies for the headaches of school girls but this is the only one for the poor teacher. It also has "Depression of nervous and vital powers after long sickness; over exercise; long study; exhausting labors; nervous agitation; nervous debility after influenza; chorea; delirium tremens. Calms the fear of tremens. Tightness of the muscles of the face. Subsultus; sleeplessness; night terrors; hysteria; nervousness from pain; weak and irregular heart with protrusion of the eyes; weak heart from cigarettes; 60 drops every 2 hours has cured hiccough.

The symptoms here given bring the drug in rapport with some very profound health deviations. It has to be

given in material doses, a few drops of the tincture. Hale and George Royal are two of the sponsors.

I must not take more of your time. As said Clark's book is full of short accounts of medicines that look good, but in hunting them don't overlook the polychrests.

BUREAU OF SURGERY.

THE INDICATIONS FOR SURGICAL INTERFERENCE PRESENTED BY OBSERVATION OF THE ACTION OF THE HOMOEOPATHIC REMEDY.

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

The subject is one of great importance and one which presents itself for solution at most unexpected times. Upon a correct decision may rest the fate of a life, hence observations upon this question, based upon experience, even though they may differ from those of others, are not without value.

The realm of modern surgery is an ever-widening one embracing the treatment of numerous diseases formerly regarded as purely medical. Pathology and more accurate diagnosis have contributed to this trend. That the pendulum may swing too far in the direction of surgery is of course not to be denied. That it has done so in many instances is admittedly true. On the other hand, and this is the question of paramount interest for us as homoeopathic physicians, it has repeatedly occurred that conditions essentially surgical in nature, or which in the progress of disease have become so, have been treated by measures medicinal under the mistaken idea that the law of similars is universal in its application. Disaster has more than once been the outcome of such a notion and has attested to the grim truth of the statement made.

Obviously, any purely mechanical condition, such as fracture for example, demands surgical treatment primarily. The remedy homoeopathic to the condition of the patient himself, plus the symptoms produced by the mechanical lesion,

is a secondary, albeit no less valuable consideration. Here surgery and medicine form a powerful union for the speedier restoration of the patient than either alone could possibly effect. But conditions arise, the result of a purely functional disturbance, which rapidly become mechanical in nature. Of such may be mentioned as a good illustration, an obstruction of the intestines, whether this be an intussusception, a volvulus, an hernia or an interference with the normal patency of the intestinal canal by pressure from without. Here it is true, the well selected homoeopathic remedy in the earlier stages may restore the normal physiological processes, but its application must be based upon the symptome of the patient in their entirety and not upon a group of symptoms reflex in nature or indicative of a local causative factor. A gut which is rapidly becoming gangrenous, an ulcer which is bleeding into the abdominal cavity, an abscess which has ruptured into the peritoneum, may and does produce symptoms both pronounced as well as striking in character. But to attempt to apply a remedy homoeopathic to such a terminal condition is to be guilty of a gross misapplication of the homoeopathic law. It is true that patients have recovered under such treatment, but the recoveries have not been cures and cannot be cited as brilliant examples of the prescriber's art.

In the medical treatment of conditions such as those described, it frequently becomes manifest that the symptom picture is rapidly kaleidoscopic in character, though the patient is with equal rapidity growing worse. Such a state is decidedly suspicious and points towards the necessity for immediate surgical intervention. Again, the selection of the remedy is uncertain and difficult, the basis for a correct

prescription being most meagre. Here also the surgical nature of the condition usually becomes plain. Or the remedy is well indicated and correctly chosen, the symptoms are modified and partly relieved, but the state of the patient, as evidenced by pulse, temperature, facial aspect, blood count, is in reality worse. Here surgical intervention is positively demanded, if the patient is to be given his chance to live.

The last observation applies with particular force to internal abscess formation. Here we are dealing with an end-product of most dangerous possibilities and one which in itself is capable of causing further symptoms of a toxic nature. Such a toxaemia may be rapidly fatal and cannot be successfully combated unless its point of origin is mechanically eliminated. The law of similars here steps in as a valuable aid to surgery, but without the latter, is impotent to effect recovery or cure.

Certain inflammatory products such as adhesions, tumors, of various kinds, are frequently productive of pressure or pain symptoms. Remedies internally administered may at times cure, but where cure is not forthcoming and relief is palliative only and temporary at best, we must seek beyond the law of similars for cure and this is often found in mechanical or surgical measures alone. A chronic appendicitis may be relieved by homoeopathic treatment, but is seldom or never cured without complete removal of the functionally disabled and organically distorted appendix. The same applies to a chronically inflamed and diseased ovary or to a hard, fibrous, hypertrophied tonsil. These organs, once they have through disease, lost their function, no longer serve their physiological purpose and with their

normal histological structure altered beyond repair, become derelict to the anatomy which contains them, as well as originators of further pathological mischief. To object to their removal under these conditions, on the ground that such removal is out of harmony with the principles of homoeopathy is to betray a total misunderstanding of the latter.

A clear conception of the sphere and scope of the homoeopathic law is absolutely essential to correct and successful practice. In its sphere this law is supreme, its mandates unmistakable, its practical results scientifically successful. To attempt to include everything in the practice of medicine within its sphere is to do it an injustice, to jeopardize its wider acceptance and to bring it into ridicule. The few thoughts and observations presented are believed to be correct, at least they have so been found in actual practice, and although capable of wider extension and amplification, are nevertheless of practical utility to the physician. Their free discussion is invited.

DISCUSSION.

P. E. Krichbaum:—I do not know and I do not believe that anybody else knows just when an inflamed tonsil or ovary has reached the point where it ceases to be medical and becomes surgical. Nobody can give just the limits. I do not agree that all inflamed tonsils or inflamed ovaries have got to be removed. If that were the case I would become a surgeon, and the women of my town would all be maimed inside of six months. Now I do not wish to be misunderstood. I do not say the removal of diseased organs is never necessary. Some of them have to be treated surgically.

Baillie Brown:—It is my opinion that the main reason that the homoeopathic colleges are turning out so few Hahnemannians is that there is such a strong leaning in them towards surgery.

L. M. Stanton:—We are all apt to go too far—some in one direction, some in another. What Dr. Rabe has said is perfectly clear. There are cases in which it is lack of judgment—mere foolishness—to wait longer for the remedy to act. It is clear or it should be clear that certain cures belong to surgery. As Dr. Rabe indicated, the symptoms requiring a remedy may be as clear or clearer after a necessary operation than before. The remedy may produce an apparent and temporary improvement when the patient is really going from bad to worse.

C. M. Boger:—The proper apprehension of this paper rests upon two propositions of Hahnemann. He says that we must understand what is curable in disease and we must understand what medicines are capable of curing. If these two points are understood the whole matter and whatever difficulties there are about it will clear up. The troubles that Hahnemannians have had, have arisen mostly from the hope that they have entertained of curing things that were in their nature essentially incurable. The prescriber was ignorant of that fact. Having faith in Homoeopathy and seeing results in curable cases, he goes ahead and hopes to cure when diagnosis or what is the same thing, a proper apprehension of the case, says that a cure can not be effected. The fight along the lines of demarcation between what the remedy is capable of doing and what we hope or think that it will do is with us at every session. It seems that we will never get to any solution of it. It behooves us to make

ourselves as proficient as possible in diagnosis as well as in therapeutics. The surgeon has his proper sphere and the remedy has its sphere. The homoeopathic remedy will frequently surprise by doing what seems to be impossible and thus extending our ideas of its capabilities. Good surgeons do not hesitate to make an exploratory incision to see with certainty what can be done and so we cannot be blamed if we sometimes try the action of the remedy in apparently incurable cases. The skill to recognize the incurable from the curable and good judgment in those cases that lie between the two in the doubtful territory should be part of the equipment of homoeopathic physicians.

R. F. Rabe:—I am glad that the aim of my paper has been seen by the members present. There is no one here who has greater faith in the indicated remedy than I have. I am not in favor of having any inflamed organ removed that can be cured therapeutically. I do not believe that it is right to treat any disease surgically until in the judgment of the prescriber the remedy cannot cure. But we must have knowledge of the subject and we must have judgment and not try to do things with internal remedies which do not lie in their province. I consider that organs or appendages that have been rendered functionless by disease as practically dead. Such organs become foreign bodies and are the proper objects of surgical procedures. The fact that an organ has become a foreign body is manifested by symptoms of a reflex nature. To prescribe for such symptoms is not homoeopathic practice. Hahnemann advocated the surgical removal of stones in the bladder; they are foreign bodies. Many times after we have prescribed in vain, the X-Ray has shown the reason. I can cite a very recent

experience which illustrates the point that I am trying to make. One case that I have spoken of before was a case that had been prescribed for in vain by several of our best prescribers and the X-Ray showed an enteroptosis—the symptoms depended upon a purely mechanical condition and it was not in the province of internal medicine at all. It was cured entirely by a mechanical remedy, namely, a belt.

That kind of diagnosis is modern; it was not possible until lately. It strengthens Homoeopathy rather than weakens it, because it shows that its failures are not failures at all but simply mistakes of the doctors. Dr. Boger summed the matter up very well in his remarks about what is curable in disease and what medicines can cure. Some years ago I prescribed for a case of intestinal obstruction, the nature of which I could not make out. Dr. Helmuth was called in and he was not sure of the nature of the obstruction. Before that case went to the operating table, Raphanus relieved the symptoms and brought about a normal stool but the patient was not really better. The abdomen was finally opened and carcinoma was found. The obstruction was so large and firm that the end of a needle could hardly pass through it. Do you mean to tell me that any remedy could have removed the organic stricture that was there.

Baillie Brown:—Yes, sir.

R. F. Rabe:—I beg pardon but it could not. The gut was hard and fibrous. Without surgical relief, the patient would surely have died.

THE MEDICAL AFTER-ASPECT OF SURGICAL CASES.

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In this Society we are supposed to square our conduct as physicians to the philosophy of Samuel Hahnemann as elucidated in his writings published a hundred years ago. We are also expected to keep abreast of the times; to be alert to any advanced methods in the healing art, and to give our patients the benefit of all modern thought as interpreted by those who are able to apply the homoeopathic tests. In recent years owing to advanced methods of anaesthesia and greatly improved mechanical technique surgery has assumed a position of importance in the practice of medicine far in advance of what was dreamed of in Hahnemann's time.

Many men, prominent in our ranks, have deplored this prominence and have felt that in recognizing this new departure in medicine we were necessarily forsaking our primary allegiance.

There is no doubt but what many surgical operations have been performed by enthusiastic operators which might have been avoided, which later developments have proven unjustifiable or where the carefully selected remedy would have better accomplished the cure. But that conservative surgery under the administration of experienced, conscientious operators is not a great boon to humanity, it seems to me no physician of broad experience will now attempt to deny.

It is especially incumbent on us, however, as exponents of the Homoeopathic philosophy, to be able to outline as definitely as possible the proper field of surgery from the standpoint of wise conservatism. Medical judgment should

be brought to bear in all proposed operations of importance just as surely as the surgical judgment and a decision in procedure should be the result of such combined thought. Such an outline of methods can only be reached through observation of the experience of many physicians and a large number of cases. As a small contribution to such study it is here proposed to present a very brief summary of fifty cases in which operative surgery has been an important feature, taken at random from a practice limited to chronic diseases. These cases originated among the clientele of many different physicians of both schools. It will be interesting at least to see to what degree surgical interference has been instrumental in improving the health of those individuals and also to what extent the tenets of Homoeopathy have been justified by the experience of the subjects of this study.

For purposes of convenience the cases will be classified as follows:

I—OPERATIONS ON INCURABLE CASES.

A. Miss H. J. P., Carcinoma.
B. Mrs. J. A. R., Dermoid cyst.
C. Mrs. R. K. M., Ovarian.

II—OPERATIONS FOR THE RELIEF OF MECHANICAL OBSTRUCTION.

A. Mrs. C. B. A., Pus tubes.
B. Mrs. F. W. T., Gall Stones.
C. Mrs. J. S., Gall Stones.
D. Miss E. J. D., Gall Stones.
E. Mrs. R. L. B., Rectal Abscess.
F. Miss B. S., Acute Appendicitis.
G. Miss D. B., Acute Appendicitis.
H. Miss. H. W., Acute Appendicitis.

I. Mr. W. E. H., Acute Appendicitis.

III—OPERATIONS ON THE FEMALE ORGANS OF REPRODUCTION.

A. Miss J. E. R., Laparotomy.
B. Mrs. C. J. R., Tubes and Ovary Resec.
C. Mrs. E. F. A., Ovaries removed.
D. Mrs. H. W. A., Ovarian cyst.
E. Miss M. M. B., Hysterectomy.
F. Miss H. B. D., Hysterectomy.
G. Mrs. E. F. S., Hysterectomy.
H. Mrs. H. P. L., Hysterectomy.
I. Mrs. L. A. B., Hysterectomy.
J. I. M. B., Ovarian Tumor.
K. L. W. W., Ovarian cyst.
L. Mrs. E. C. B., M. Fib. Electric.
M. Miss W., Ovaries removed.

IV—PLASTIC OPERATIONS.

A. Mrs. G. H. E., Perineal.
B. Mrs. F. P. W., Cervix.
C. Mrs. C. H. B., Prolapsus.
D. Mrs. M. L. S., Prolapsus.
E. Miss K. H. S., Extremity.
F. F. J. F., Ventral Fixation.
G. Mrs. H. W. F., Alexander's operation.
H. Mrs. W. H., Alexander's operation.

V—OPERATIONS INTERFERRING WITH THE EXTERNAL MANIFESTATION OF CHRONIC DISEASE.

A. Miss J. B., Hemorrhoids.
B. Rev. F. J. W., Hemorrhoids.
C. Miss E. L. B., Ut. Polypus.

D. Miss C. F. A., Ut. Polypus.
E. Mrs. C. T. G., Hem. and Rect. fissure.
F. Miss L. N., Tub. glands.
G. Miss C. M., 1 Tub. gland.
H. Mrs. J. B. M., Dysmenorrhoea.

VI—OPERATIONS FOR CHRONIC APPENDICITIS

A. Miss L. H.
B. Miss S. R. C.
C. Mrs. E. C. M.
D. Dr. R. L. T.
E. Mrs. T. S.
F. Mrs. C. R. L.

Hahnemann, throughout his writings consistently recognized the necessity of meeting mechanical conditions arising in the practice of his art in a rational manner and separated these necessities from procedures intended to interfere with the orderly development of morbid states. He here showed an acumen unfortunately not always imitated by his disciples. He also recognized certain conditions as incurable and therefore not presumably amenable to certain treatment.

This position of our leader at once justifies without discussion the practice of modern surgery in

I. Incurable cases (for relief of suffering),
II. Mechanical obstruction, and
III. Plastic operations,

and as far as one can judge from a study of the twenty cases here listed under these three heads no untoward result has occurred that might not have been anticipated under any circumstances. The three incurable cases were all malignant and all died in the course of time, two after a second operation from one to three years later (B, C), the

third (A) lived and suffered for twenty years and underwent four operations in all. Surgery undoubtedly prolonged her life though it also prolonged her period of suffering on earth.

In the nine cases of mechanical obstruction the results were uniformly good and the operations were seemingly justified. Three (B, C, D) were for obstructed gall bladder. Four (F, G, H, I) for acute appendicitis, one Rectal abscess and one Pus tube. In no instance did the operation seem to exercise any appreciable influence on the constitutional symptoms of the individual. In two cases, one of gall bladder operation (B), and one of acute appendicitis (F), serious mental symptoms were the dominant feature, but these conditions were present before the obstructive state calling for operation became manifest and were unchanged in their course by surgical interference which seemed but an untoward incident in the life history of the individuals without influence on the essential characteristics of their symptom pictures.

Operation for acute appendicitis when the need exists is now so well established and so beneficent in its results that the wisdom of calling in the surgeon is seldom questioned and however much we may discuss the underlying causes of the disease we cannot differ on the merits of this remedial measure when demanded by the exigencies of a given case.

In the eight cases of Plastic operations presented no unusual result has occurred and no influence on the characteristic symptom pictures of the individuals can be noted. The operations did not in all instances prove of satisfactory value in the relief of suffering, but in others they were of real and lasting help and were worth the expenditure of vitality.

Of the list of thirteen cases here included under class three, as operations on the female reproductive organs, it is more difficult to speak with authority. From the standpoint of expediency the operations in a majority of instances could undoubtedly be justified, especially as few of them had an opportunity to receive the benefit of carefully selected homoeopathic remedies. In a certain number, notably those of ovarian cyst (D, K, J), operation at the time the cases reached the surgeon were undoubtedly imperative and wise but practically all of these cases were of a deeply psoric type and to one who is familiar with the possibilities of good homoeopathic prescribing it is evident that few of them ought ever to have reached the surgeon. In this class of cases operation is seldom satisfactory. As we all know, it does not cure the patient, in but few instances does it even relieve the distressing conditions. There is usually a long period of unpleasant convalescence after operation complicated with nervous or physical symptoms which are most difficult to care for. The diseases leading up to these operations are intimately associated with the affections and are more difficult to understand and deal rightly with than anything else with which we come in contact. In most instances operations, while perhaps unavoidable, confirm the conditions in absolute incurability. In many instances they are the accompaniment of climacteric changes, in others of marital infelicity or other conditions of great inharmony. In no instance among this list of thirteen cases did the operation result in a condition of health, but in a majority, on the other hand, the symptoms thereafter were so distorted that it was practically impossible to accomplish satisfactory results by any means. The conclusion from

this must be that major operations affecting the female reproductive system should be undertaken rarely except for the relief of suffering in incurable cases, to remove the so-called end products of disease or to otherwise preserve life. As a means of cure or even for the relief of distressing symptoms they are disappointing in the extreme.

Hahnemann's words on the feasibility of attempting to cure disease by means of the suppression of its external manifestations were clear and unmistakable. They are as vital today as they were a hundred years ago when propounded by the founder of Homoeopathy. Suppression by operative means is one method among many of attempting to put symptoms out of sight and is no less pernicious than others. Of the list of eight cases here included, no individual was brought into a better state of health through the influence of the operation. In every instance the operation might have been avoided and in one case it was the direct precursor of serious mental disturbance and death. Where the vital force is of sufficient strength operations of this class do not necessarily result in a metastasis immediately dangerous to life, but they are usually futile as regards the end sought, that is, a state of health.

Finally what shall be said in regard to operations for chronic appendicitis! The data offered by the six cases in this group is too meager to show definite conclusions but it must be confessed that the results in these cases are disappointing to say the least. One (B) died a year after the operation of acute mania, the climax of a long period of increasingly serious chronic symptoms. Another died (D) four years later after a long period of suffering with great loss of flesh and exhaustion. A third (C) has passed some

four years of constant suffering since the operation, for the most part entirely disabled. Of the other three, none are in better general health than before operation though somewhat relieved of the especial local symptoms which had given trouble before. From the above it would seem that this disease should probably be included among the many deep seated manifestations of psora and that operations should only be resorted to, as in other similar instances, to save life, it evidently seldom relieves suffering.

If every physician would take the trouble to tabulate his cases and observe the results for a period of years before and after surgical interference it would seem possible to arrive, sooner or later, at a fairly accurate knowledge of the best method of procedure in given instances. Enough is already known, however, to make it evident, where we may expect to get the best results from the co-operation of our friends and fellow workers—the surgeons.

DISCUSSION.

T. J. Sloan:—There is one sign or symptom that always tells whether a patient is getting better or worse; that is the blood count. If the blood count is greater in leucocytes every time you make it, no matter what your symptoms are, the patient is getting worse; but if they are lower, the patient is getting better. In doubtful or critical cases the blood count should be made every two hours.

A. P. Bowie:—This is a model paper from which we can learn a great deal. I wish that we had more such papers and I want to thank Dr. Patch for it.

R. F. Rabe:—The utility of the X-Ray diagnosis is great; those who use it much are becoming more and more enthusiastic about it. Many obscure conditions, about which

the best diagnosticians can only make a guess are cleared up by the skiagraph. It gives us information about diagnosis and prognosis that we could never attain to, without it. One of our students in the New York college had very serious symptoms which plainly indicated Nux vomica, but the vague pains in the back were not cleared up by Nux vomica. Urinary analysis showed marked oxaluria and traces of albumin. The prescription relieved many of the symptoms, but the vague pains, the oxalate crystals, remained. A skiagraph revealed a calculus in the pelvis of the kidney. The calculus has remained there for a year and a skiagraph recently taken showed that it had not diminished at all in size in spite of the relief that come from homoeopathic prescriptions. Obviously here is a condition that only the X-Ray could have revealed and which demands only one kind of treatment.

Julia C. Loos:—Does Dr. Rabe think that the removal of that calculus would cure the patient? Why would not another one form?

T. J. Sloan:—Accurate diagnosis is necessary because it makes accurate prognosis possible and it directs to the best treatment for a given case. It is also a necessity for tabulating cases and obtaining data upon which conclusions may be based. Too much is said in meetings of this kind that is based purely on guesswork.

R. E. S. Hayes:—It is necessary that we should be able to recognize what is mechanical and what is not.

H. L. Houghton:—Most cases that are taken to surgeons by Hahnemannians are taken after the physician has been working upon them for a time without result and they are taken with the expectation that the surgeon will be

able to throw some light upon the condition. It is not easy to be both physician and surgeon at the same time and hence arises the necessity of consultation. I do not see that blame attaches either to the one or to the other.

C. M. Boger:—A certain patient was confined for the fifth time in a large hospital of Pittsburgh. The previous confinements had been followed by suppurative peritonitis. This time she had pneumothorax. The chest was not tapped and the accumulation broke through the lung and was discharged through the mouth. Her sister came to me and asked me about it. I told her that she was going to die unless she got a first-rate Hahnemannian to prescribe for her. I recommended a physician in Pittsburgh. As a result the administration of Antimonium tart. and Senega made her so much better that she was moved to her home, but she was still suffering and expectorating pus in quantities. I prescribed for her several times and the chest symptoms cleared up pretty well. I thought that she was going to get well on the remedies, but I was sadly mistaken. About a month later pain started in over the gall bladder and a swelling gradually formed there. I called in a surgeon, who took away 2½ quarts of pus. The abscess extended under the liver and up to the top of the right kidney. After this the remedies acted well and today she looks as well as anyone in this room. The lesson is that the original peritonitis should have been cured at the time and then there was a metastasis to the liver which should never have been permitted to occur and which never would have occurred if there had been adequate homoeopathic treatment. At the time I saw her, surgery was an absolute necessity. Surgery alone, even then, would never have cured her. After

treatment was also necessary. Tuberculinum brought out a herpetic eruption all over her face and Sulphur completed the cure. She is now as well as possible.

Frank W. Patch:—The paper has brought out excellent discussion and also various points which we cannot emphasize too much. Cases must be discriminated; surgery must be employed when necessary.

VETERINARY HOMOEOPATHY.

By C. M. Boger, M. D.

A few months ago a house dog belonging to one of my patients became so severely constipated that the case defied the best efforts of a local veterinary and he diagnosed obstruction. In their dilemma the family hesitatingly appealed to me, not knowing just how I would take the matter. It took but four or five doses of Nux vomica 180m to cure the little fellow completely. A few weeks ago he, by some means or other infected one of his feet and in spite of much licking, after the manner of dogs, the infection spread to the other paw as well as his mouth. All three situations not only suppurated freely but it was characteristic of the pus that it destroyed the hair wherever it went.

I now began to fear that my former success would only be the means of causing a therapeutic failure because of my ignorance of the diseases of animals. However, I knew just where to find this very symptom which read as follows: "Pus destroying the hair—Lyc. Merc. Rhus." After the first dose of Rhus 1m he went into a heavy sleep which lasted all day, but he was better the next and in three days was practically well; the suppurating places having almost completely healed over. I would respectfully refer the

results of this case to Dr. Chas. H. Duncan who, taking the way of the dog as an example, details "The Cure of Sepsis" by doses of its own pus in the May number of the Homoeopathic Recorder.

DISCUSSION.

A. P. Bowie:—There is a veterinary surgeon in my town who is a thorough convert to Homoeopathy. He is very anxious to take a veterinary course of medicine in a homoeopathic college. A few days ago as I was passing his hospital he called me in to see a sick dog. The symptoms were great sensitiveness about the anus. It was evidently painful, for the dog was almost in spasms, Muriatic acid cured very rapidly.

R. F. Rabe:—Nothing is more convincing to me of the power of the homoeopathic remedy than its effect upon the dumb animals. Some of the most convincing cures upon animals have been reported by Dr. Hundahl. I recall a young brewery horse that came down with rheumatism in the chest muscles; Rhus cured. An Irish setter vomited food without change; Kreasote promptly cured. My own horse, a pretty old one, got the heaves; the heart action was violent; Digitalis 100 cured and there was no return. I should like to see a chair of veterinary homoeopathy in our colleges.

W. H. Morgan:—My horse became very sick with very red, watery eyes; he seemed to be in great pain. There was swelling under the legs. He stood with the legs wide apart. There were plenty of fellows about the livery stable who knew all about it and I was introduced to a veterinary. I preferred to take my chances in treating him myself. I found his mouth watery and tongue coated. I gave Mercury

200 three times that day and in the evening the horse was looking around for something to eat. I drove him out on the second day.

C. M. Boger:—It would not do our colleges any harm to have a veterinary chair. I think it was a loss for them to cut out the dental chair. It is very convincing to see animals cured. There is no imagination in the dog. I cured a flock of chickens of chicken cholera without going out of the house.

President:—My own horse used to have violent attacks of colic; the first time I called in a veterinary doctor, but the results were unsatisfactory. I then watched the case myself; he would get down and lay on his back with his four feet going and spinning around; there was marked sweating. Colocynth cured him.

Dr. Roberts:—My old instructor, Dr. T. F. Allen, was in favor of establishing a chair of veterinary therapeutics in the college. I am not averse to relieving the suffering of dumb animals and it has usually been very easy. The horse is extremely sensitive to medicine, more so than any other animal that I know of. I saw a horse suffering with extreme colic once on the street as I was going by. I gave Colocynth with rapid improvement. It happened to belong to a prominent firm and I got several families from the incident.

SURGERY NOT ALWAYS THE LAST RESORT.

By D. E. S. Coleman, M. D.

We often hear how a patient had ceased to respond to medicine and that surgery was then resorted to as the ultimate therapeutic measure. While we all know this to be true in many cases, others in which surgery has become helpless find a haven in the homoeopathic remedy.

It is the report of such a case that I now wish to briefly outline.

On April 8, 1910, a lady was referred to me by one of our most prominent and skillful surgeons. Her medical history was this: Age, fifty-nine years. About eleven years before the right kidney had been removed for cystic degeneration. The parenchyma was practically destroyed, great quantities of serum and pus being present. One and a half years later the left kidney was in such a condition that a second operation became necessary. Stripping the capsule and an anchorage was performed. The operator, a surgeon of eminence, remarked this kidney was so diseased that he would have removed it also, had there been a third kidney. Two years later she was operated upon for a gangrened appendix.

During the time of her operations and for some years after, one of our most able prescribers (now retired) prevented any serious outbreak.

On my first visit, April 8, 1910, she showed every indication of pus absorption with great distress of the kidney. Surgery could do no more, and all hope centered in the homoeopathic remedy.

Symptoms: Chill and fever after eating, cough with dirty white or yellow expectoration of putrid taste, great dyspnoea, could not take a deep breath, fever, chills and terrific night sweats of offensive alkaline odor drenching the bed clothing several times each night, thirst during the fever, urine dribbled and smarted on passing, profuse yellow leucorrhoea, constipation with no movement without enema, great gastric distress, could only eat a few selected articles of food, < about midnight and from cold, > heat.

Weight, 100 lbs. The highest daily rise of temperature while under my observation was 103.6; lowest, 101.2. A diagnosis of a tubercular kidney was made by an "old-school" physician, but I do not make the same claim, although the symptoms were significant.

URINARY ANALYSIS.

Quantity passed in twenty-four hours, 37 oz.
Reaction, neutral, S. G. 1.010.
Albumin, trace.
Sugar, Neg.
Urea, approximately, 1%.
Total solids, 17.242 grams.

MICROSCOPICAL EXAMINATION OF SEDIMENT.

Pus cells, epithelia from convoluted tubules containing fat globules and granules, complete and incomplete triple phosphates and uric acid gravel. This analysis showed the presence of chronic interstitial nephritis.

Arsenicum 6th was prescribed, repeating the dose once or twice daily, and occasionally when the symptoms were more active, every two hours.

She improved steadily until May 6th, when I gave her Sil. 30x trituration, repeating as required.

I was led to this drug because of the extreme sensitiveness to cold.

Briefly, her condition continued to improve, the chills, fever and sweat disappeared, she was able to get out of bed and resume her duties, gaining 15 lbs. in several months.

During January her hand became badly infected, necessitating my making incisions and oxidizing the pus with H2 O2. Hep. sulph., followed by Sil. were given internally. She lost slightly in weight during this time, but now weighs

118 lbs. and is gaining steadily. Her flesh is firm and healthy, the constipation is cured, she can eat her regular meals, is active in getting about, in fact *none* of her old symptoms are troubling her.

The examination of the urine made by me June 21, 1911, shows an almost imperceptible trace of albumin, but no pus cells or epithelia, the latter being far more important than the albumin.

No remedy is being given at present.

Ars., but especially Sil. played the most important part in her improvement, although Acon., Berb., Bry., Calc c., Gel., Hep. sulph. and Op. were occasional intercurrents.

HOMOEOPATHIC TREATMENT IN A SURGICAL CASE.

By George J. Augur, Honolulu, H. I.

There is probably no work or profession in which the results sought for and obtained, give more genuine satisfaction than the practice of medicine and surgery, and it sometimes happens that the cure made, or life saved, is so manifestly due to the medicine administered and dose adjustment, that the physician is justified in feeling that the credit of the cure is in a great degree due to the treatment received. Such a case some years ago fell to my lot to treat, and as it illustrates so perfectly, to my mind, the efficacy of the indicated remedy in a high potency and that, too, in the face of death. I will give in detail the facts. While practicing in Oakland, California, a man about thirty years of age consulted me for the first time, for a syphilitic sore on the glans penis, or what was remaining of it, for on examination I found the glans was more than

half destroyed by an old syphilitic chancre, and the present condition was a re-ulceration on the site of the old ruins. Please take notice also, for it will be of interest to recall the fact later on, that the meatus urinarius, instead of being in the mesial line was not on evidence, at a glance, as in normal cases, and could only be found by exploration at the side and bottom of a hole composed of ragged cicatricial tissue. After questioning the patient as to other symptoms and ailments I prescribed Merc. sol ccx, two powders dry on the tongue at two hours interval, and Sac. lac to follow, with directions to keep the diseased surface clean. Eight days later the patient returned and received Sac. lac. The ulcer was looking better, and smaller in size. No more medicine was given until two months later, when he received one dose, Merc. sol., 5m. SK.

By this time the ulcerated surface had healed over, a new symptom arose in way of incontinence of urine, both day and night. This troublesome complaint continued with improvement for about nine weeks, when I was summoned about two o'clock in the morning and found my patient suffering great distress from retention of urine. Not being provided with a catheter I resorted to the hot bath with satisfactory results. After seeing Mr. K— comfortably arranged for the balance of the night, and having prescribed Nux v. ccx to be given every four hours when awake, I returned to my home. The next day on making my visit I found him comfortable, but passing bloody urine loaded with lime and uric acid salts. The Nux v. was continued for two days, when the urine having become clear, and free from blood Sac. lac. was given instead; this was continued for four days. A few days later there being no further need

of my services, I discontinued calling at the house, advising him, however, to be sure and call at my office to be examined for stricture of the urethra and possible vesical calculus. He failed to follow my advice and I saw him no more until I was summoned to his home and found him unable to pass water, with his penis three times its natural size, and scrotum proportionately enlarged. I called in a consulting physician and after many fruitless efforts by us both, we succeeded in gaining admission to the bladder by means of a very small sized flexible catheter through which the urine passed. We recognized the fact that not only were there several tough strictures, but that the œdematous condition of the parts mentioned were due to infiltration dependent indirectly upon the cause of the retention, and there would be no permanent relief until an operation was performed. The patient being under the influence of an anæsthetic we succeeded after a time in introducing into the bladder a filiform bougie to act as guide to the introduction of the urethrotome, which was successfully passed by gradually dilating sufficiently to allow its passage. The urethrotome was then dilated to its full extent, and the stricture cut through, followed by a spurt of urine.

You will appreciate the difficulty under which we labored in even locating the meatus, by recalling the destruction of tissue at the head of the penis, also the great œdema of the foreskin, which precluded all possibility of retraction sufficient to disclose the glans except to a slight extent, and even this was accomplished by the greatest effort by means of the forefinger, which served as a dilator and guide.

We now come to the most interesting part of the case, both as regards the prognosis and efficiency of the remedy.

About twenty-four hours after the operation, the penis and scrotum, which were enormously swollen, had turned a dark purple, shading off into a greenish yellow. This same condition manifested itself on the abdominal surface above the pubis, also for a space of about six inches at the left and on a line with the crest of the illium.

His face was ashy pale, pulse weak, and the hiccough which indicated dissolution. I prescribed Arsenicum alb. ccx every half hour and left the house to seek consultation. Returning with Drs. J. M. Selfridge and Laskey, who in turn examined the patient and sustained my selection of the remedy, but seemed to think as I did that the man would probably die. It was decided to give the remedy every two hours, and the gangrenous parts to be covered with Oakum.

Returning some three hours later I found my patient slightly improved. This improvement in his general condition continued in a moderate but perceptible degree for about two days, when I decided to give the remedy every three hours instead of every two. The result was that when I again called he was decidedly worse. The gangrenous parts had lost all signs of vitality, and had become extremely offensive. One of the consulting physicians saw the case again with me, but so little hope had we that the patient would live, that I informed the parents of the young man that while I would not give up hope as long as there was life, yet his condition warranted an unfavorable prognosis; in other words his chances of recovery were very small. Directions were given to administer the remedy, Arsenicum alb. every two hours, and to cleanse the parts thoroughly twice daily with sterilized water, and dress with

Oakum as before. On returning some hours later, a change for the better was noticed; the hiccough was less frequent, the pulse somewhat stronger, and the face less like that of a dying man.

Gradual improvement was noted every day from this time on. The gangrenous tissue of the entire scrotum sloughed off excepting a small portion at the side of each testicle. The anterior surface of the penis sloughed, leaving a fistulous opening at its base, through which the urine passed at every micturition excepting a small amount which passed on and escaped at the meatus. The adipose tissue on the abdominal surface sloughed, revealing the transversalis muscle for an extent of about five inches in length and three inches across.

These raw surfaces in ten weeks were entirely healed over, and the fistulous opening closed at the end of three months. The only remedy used in the treatment of the case was Arsenicum alb. and that in a high potency, and the only external treatment was sterilized water and Oakum.

No better test of the efficacy of the indicated homoeopathic remedy, in a high potency, in an acute case, can to my mind be conceived of, than the case described. Not only was a change for the worse noticeable to the physician and family when the effect of the remedy had exhausted itself, as it did a number of times when the interval between the doses was lengthened beyond its therapeutical limit, but also to the patient as he voluntarily informed me after his recovery.

SURGERY AND SURGEONS.

By W. A. Yingling, M. D., Emporia, Kansas.

Surgery has made rapid and great strides towards perfection during the past decade or two. It has almost usurped the domain of medicine and brought it to the brink of disrespect and disuse among the allopaths. The leading question today is not what may cure the disease, but what part the knife may act in the case. The well-being, and often the life, is sacrificed to either demonstrate the intrepid skill of the surgeon or the endurance of the sick man in the severance of parts of his body. If this were restricted to those of great skill the results would not be so harmful, but the greater the ignoramus the more likelihood of the scalpel. The patient not only pays the bill, which is always outrageous, but must suffer the consequences through life without redress or power to remedy the wrong. This is the surgical age run into the ground by incompetents. Money not only makes the mare go, but makes the knife go also. Yet, with all the abuse, surgery is a great art and an essential factor of the present day, often necessary to preserve life and prevent the ravages of disease. It is not often curative of disease, perhaps never of actual disease, yet it does in many cases relieve the present tension of the results of disease, and may thereby prolong life. Of course, in wounds and injuries and broken bones it is essential and necessary. But even in these the only efficient surgeon, so far as results go and the future state of the patient is concerned, is the one thoroughly versed in the law of Similars. Our remedies will not only do what the knife cannot do, but will abet and aid the knife in cases where operative surgery is essential. I make no war on the surgeon or his

art, but venture to enter a protest against the present day useless and promiscuous use of the knife. The majority of doctors today are incompetent to perform the operations so frequently attempted by them.

Surgery should be a distinct profession. The ordinary practitioner should only be allowed to apply his skill in ordinary wounds, broken bones and minor surgery. The surgeon should be restricted to his craft, because in the field of medicine he is as incompetent as the ordinary doctor in the field of surgery. Surgeon Brown and Doctor Jones should be neighborly and friendly and mutually helpful, but by law each should be compelled to remain in his own door-yard. The surgeon is but the adjunct of the competent physician. He is not an equal, but a subordinate, and should be at the beck and call and under the command of the attending physician. Surgery is but an art. Medicine is both an art and a science. Surgery requires skilled fingers backed by a knowledge of anatomy and cool judgment. Medicine requires a skilled and developed brain chucked full of all branches of medical knowledge, physiology, anatomy, hygiene, et cetera, backed by unusual common sense, judgment, discernment and a philosophical mind to logically reason from effect to cause and from cause to effect so that he may not blindly administer drugs, guess at results and from day to day experiment on those who put confidence in him.

Unless surgery is segregated, in a few years it will become, on account of the present promiscuous and useless cutting by incompetents, repugnant to the common sense of the public. The people already begin to fear the surgeon's knife and the flickering light of insurgency is seen on the horizon, growing steadier and brighter day by day. Their

eyes have been forced open to see the baneful results of many surgical operations, people needlessly maimed for life without corresponding benefit, worse off after than before the use of the knife. They begin to realize that in a large measure surgery is but cutting off the tops of the weeds of disease, while the roots are stimulated to greater growth and more rapid progress. They also begin to notice that many similar cases are amenable to the Law of Similars and subject to cure by the administration of the proper medicine.

But, then, there are surgeons and surgeons, true surgeons and false surgeons. I take off my hat to the true, commend him to the public, want him as my friend and will be his friend. He has the master mind to recognize the limited sphere of his art and the need of the cognate law to restore health where disease has been rampant. His art is but auxilliary to the higher law of medicine, and his duty is to aid and abet the physician when necessary. He will not force himself to the front and usurp the rights and prerogatives of the medical attendant, but will hold himself subordinate to the decision of the medical practitioner. He has his rights and will assert them, demanding and receiving due respect and commendation for his skill of hand and judgment in the use of the knife. He despises and ignores the mongrel who knows but little of surgery and less of medicine, and who for the paltry dollar and expectant glory will maim his confiding patient, or sacrifice his life. The true surgeon is a man, a man of honor and integrity, worthy of the highest encomium and credit for the great good he does and the studied skill and perseverance in attaining that skill. He is one who does not

seek to go to the limit of his skill in testing the endurance of the sick by cutting all the case will allow, to see just how much maiming a man will stand, but he seeks to preserve life by seeking to do as little cutting as the case will allow. On calling a true surgeon to his assistance the local doctor said: "Well, doctor, it will not take us long to cut off this man's leg." The true surgeon's reply was: "Any —— fool can cut it off, but it will take a surgeon to save the leg." He proved himself a surgeon, for the leg was actually saved. There are too many —— fool surgeons in the country at large.

We add a few cases substantiating the position herein taken and to prove that the many "physicians and surgeons" should be compelled to drop the latter title and to devote more time in qualifying themselves to merit the former.

About a year ago I reported in the *Medical Advance* the case of Mrs. W. T. R., in which three or four local doctors of average ability pronounced her's a case of appendicitis, and three hospital surgeons coincided and claimed that no relief could be had under heaven except in the knife. When they had given up all hope and said it was too late to operate as she would die with or without the operation, they telegraphed for me to come in all haste. I found her with a greatly distended abdomen, excruciating pain through the whole of the abdominal region, but no greater sensitiveness in the region of the appendix than elsewhere. Face flushed. Head hot. Fever marked. To add to her serious condition her monthly period came on with great bearing down pains which, in connection with the other condition, were most excruciating. There was marked aggravation from the least jar of floor or bed. The

consensus of the case clearly pointed to *Belladonna,* which, in the 20mth potency promptly relieved. Within twenty-four hours she was out of danger and is alive and well today with no recurrence of the trouble. Of course the five or six allopaths would rather acknowledge their blunder than to give credit to Homoeopathy.

Some six years ago I received a long distance telephone message that W. G., age 23, was very sick, several local doctors (how they stand by each other!) pronounced the trouble appendicitis and were preparing to operate that evening. The father was averse to the knife and believed in Homoeopathy and desired my judgment in the case. I replied that the case was evidently critical and that he should ask the doctors to postpone the operation till the next morning, that I would send medicine on the first train and if the son was better by morning he could postpone the cutting indefinitely, but that he should keep on the good side of the local medical men so they could operate if necessary. I realized the risk and responsibility, not even seeing the patient, but decided to send *Lycopodium* on the symptoms telephoned, and especially as I doubted the diagnosis. He had been lifting and threatened hernia was probable. Anyway, the symptoms called for the remedy which was sent in the 7mth potency, my own make. The next morning the boy was some better, the operation again postponed and a complete and rapid recovery followed. No return to date.

Such work is risky, but no more so than the operation, and the results proved that there was something beside the knife to save life. I presume, as usual, the local doctors prefered to acknowledge their own mistake in diagnosis

than to acknowledge the superiority of Homoeopathy. It may not have been appendicitis, but one thing is absolutely sure, the doctors would have operated for appendicitis, and no one, except the operators, would ever have known any more as to the true diagnosis than they now do. I have had a number of such cases, that is, cases pronounced appendicitis by local doctors, some of whom are of state wide reputation. I have thus far never lost but one such patient, and upon the first visit I advised the hospital and knife, as I saw there was absolute need of an operation. She died the second day after under the surgeon's knife.

The case of T. P. H., age 26, while not a surgical case, is reported, as the local doctors said nothing could save his life except a surgical operation. I received a long distance telephone message that the case had been sick for a month with pneumonia and that the doctors intended to remove a section of two ribs and cut down into the lung to clean it out. My opinion was asked as to the procedure. From my view point I could only reply that it was criminal nonsense, almost certain death, and absolutely useless. I reluctantly consented to visit the patient, some two hundred miles away. I found the left lung practically solid, no air passing into it. Across the nose and upper cheeks a seared aspect of the skin as if burnt. Temperature ranging from 98 to 101½ degrees as the nurse's record revealed. Pulse 110 to 126. Respiration 25 to 30. Some cough, but not distressing; very little expectoration. No pain nor soreness in the lung. Must lie on the back. Though this was in February and quite cold, the windows were all open and at times he would desire to be fanned. The attendants had to use heavy wraps to keep warm and frequently change.

The evening of the 18th of February he received a dose of Sulphur in the millionth potency dry on the tongue. Report shows that at 5 p. m., on the 21st, resolution set in. Great quantities of purulent matter came up in coughing, nearly strangling him, compelling him to sit up in bed, though the foolish nurse, albeit she was a trained nurse, tried to compel him to lie flat on his back. Expectoration yellow, tinged with green, later more whitish pus. Continued free expectoration for several days, then gradually less. Pulse 120 and stronger. Temperature 98¾ to 101½. Respiration 30 to 50 when at the crisis. At the crisis the doctors "happened" to be passing and were called in. They insisted on an operation again as "an abscess had broken." The long distance 'phone brought me this word and a request to come at once. I found the young man much better in every way, stronger, gaining rapidly and requiring no change in medicine; the Sulphur given at first was allowed to complete its work. He made a very rapid and uneventful recovery. March 19th following he received *Pulsatilla* 200 for the condition at that time. This was three years ago. The young man is now rugged, robust and healthy as any one could be.

Several years ago S. H., age 30, came to see me. He had been under treatment by the local doctors for a sore foot. The doctors said the only thing to do was to cut the foot off, but the patient was not willing at that time, so with much suffering he rode two hundred miles on the cars to my office. I traced the trouble to a bruise from the saddle stirrup at and above the ankle joint. The whole foot and part way up the leg was enormously swollen and very painful and tender. Much worse hanging down and during

the night causing much loss of sleep. To the finger I decided the pus was about ready to come out and as the indications pointed to *Silica,* without local treatment I gave him the remedy in the 20mth potency and ordered him to bed. Next morning there was profuse discharge of pus with general relief of his suffering. On the third day he was allowed to return home. On the fifth day after his return home he wrote me that the foot was much worse from much walking with crutches. About the opening and around and below it the parts were bluish. Foot more swollen. I sent him Lachesis 9m (F.). In ten days he reported again. The swelling had rapidly and entirely gone down, and there remained but little soreness or discharge which was bloody. Healing up rapidly. On Lachesis he made a rapid and permanent cure. His foot and leg are now as good as ever, and he thinks, with me, that "little pills" are better in most cases than the knife, not only saving life, but "life and limb."

Such cases could be extended greatly, but the object of this paper has only been to show the trend of modern surgery in the hands of incompetents, and that the eagerness of many good men lead them to cut and sacrifice life and limb, while with others the almighty dollar is the principal deciding factor. Because big prices can be charged and calamitous results can be hidden, the friends of the family kept in ignorance of the true condition, the mercenary doctor calls himself a "surgeon" and practices the part of the butcher.

The true surgeon, the one who can honestly claim to be a surgeon, the one we all honor and respect, may think these few cases are extreme and the exception, but I assure

him they are all too common in all parts of our glorious country, and not only among the more ignorant pretenders of surgical skill, but among some well educated men. The trouble at the present day is to crowd the mind with undigested knowledge without due and proper development of the discriminating judgment and discernment. The dyspeptic mind is incapable of reason and lacks that perspicacity essential to orderly judgment. In such hands human beings become the playthings for experimentation. Life is sacrificed and future suffering entailed to appease the curiosity of the perverted mind of the would-be surgeon. Any organ of which the cutter is ignorant and the function of which has not yet been ascertained, becomes redundant and should be eliminated for the convenience and financial gain of the pretender. After untold harm has been done and thousands of lives have been sacrificed the honest and competent surgeon calls a halt and in conjunction with the anatomist and physiologist seeks to know the uses and functions of the unknown part. Because we do not know what a thing is good for is no argument or reason that it is good for nothing. The true surgeon does not venture to ascertain the possible extent to which man may be subjected to the knife without danger to life, but he seeks to know how little cutting may be essential for the well-being and good of the human family. The pretender seeks to cut as much as he dare, irrespective of the results, while the true surgeon seeks to cut as little as the case may demand.

With the honest old surgeon above mentioned, "any —— fool can cut off a leg, but it takes a true surgeon to save it." Long live the True Surgeon, the benefactor of his race, the man of honor and integrity and the honored assistant of the true Physician.

THE MEDICAL TREATMENT OF A SURGICAL CASE.

By Josephine Howland, M. D. H. M.

I shall have to give this case from memory, as, in moving, the record has been either mislaid or destroyed.

Oct. 10, 1904, Mrs. E., Age 61, called me to her house to see her. Upon examination, I found a tumor in the left breast which had developed recently. I was unable to obtain but a few symptoms (a sign of an incurable case). I, therefore, was obliged to make guess prescriptions for a time, which did no good, and the cancer—which it proved to be—developed rapidly and soon opened and discharged. Seeing that my treatment was doing nothing for the case, I decided upon an operation. After all of the arrangements had been made, the patient took "cold." Now the symptoms developed into a decided Phosphorus case, which was given. The "cold" improved, and so did the cancer. I wanted to cancel the engagement for the operation but did not dare to mention it to the patient, for fear of giving her too great a shock, besides all the trouble I would put the hospital to, as it was only about three days before the operation was to take place. Knowing that it was dangerous to give ether to a patient suffering from a "cold," especially a chest one—I waited two weeks, until the "cold" subsided, at which time everything was better. On March 21st, 1905, I had her operated on by an expert out-of-town surgeon. It proved to be a malignant cancer. The head nurse said: "The worst case that was ever operated upon at the hospital." As soon as the surgeon was through, the case was mine. After placing her in bed, I gave her a dose of Nux v. 45m to antidote the ether. She soon vomited and I

waited one-half hour when I thought all the effects of the ether was gone I gave her a dose of Hypericum cm for the cuts which the surgeon had made. She seemed very comfortable, and soon expressed a desire to urinate, and said she could not accomplish it in bed; I therefore allowed the nurses to get her up on the commode. She was returned to bed without any ill effects (this was about 5 p. m.). I gave her Sac, lac the rest of the night. She did not sleep any, suffering principally from the tight bandage. She called for water all night which she was allowed to have. Whether this was the result of the ether, which I supposed I had antidoted, or a symptom of Phosphorus, I was not sure. She was given Phosphorus 45m the next morning. She made a rapid recovery, the temperature ranging from 99 to a fraction above. One of the internes came in one day and felt of her pulse. I said: "It is pretty good, isn't it, doctor?" He replied, "Yes." I said, "It speaks well for Homoeopathy." He replied, "It speaks well for the doctor who knows how to administer it." The patient remained in the hospital just two weeks. The day she was taken away one of the doctors on the staff looked the record over and said: "By this record the patient hasn't been sick." One of the nurses said, "I never saw a patient get up before right after an operation." I said, "Why?" She replied, "Because of danger of heart failure." I replied, "Our patients don't die so easily."

As we were getting into the hack, I said to the head nurse: "How long did you expect this patient to remain in the hospital?" she replied, "Six or eight weeks." I said, "You can't tell how soon our patients will take wings and fly away."

From this time on for about six weeks, the patient seemed to recover rapidly. Every organ of her body seemed to be working all right. She ate well, slept well and put on flesh. I certainly thought my patient was going to get well, when the pains of cancer came up again and she was given another dose of Phosphorus. She improved on it for a time, the pains ceasing as well as various other symptoms, but the cancer broke out again close to the axilla and neither Phosphorus in any potency, nor any other remedy did anything only to make her more comfortable. She lingered until March 4, 1906, when she died.

I decided never to have another case of malignant cancer operated upon, as the last condition was worse than the first. Neither have I ever been able to cure with any remedy or potency, malignant cancer. I have signed more death certificates of cancer than of any other disease.

HOMOEOPATHIC TREATMENT INSTEAD OF SURGERY.

By Amelia L. Hess.

Miss A. T. (Colored), age 49 years. Here we have a uterine fibroid tumor. It was an intensely interesting case to watch. Most physicians would have said, "Operate," but I had had excellent training in Homoeopathy under Dr. Kent and felt sure that remedies would control the condition. I called in two consultants who sustained my opinion. The nature of the pain was exactly that of a woman in labor and the suffering was intense. The effect of the remedies was wonderful and most interesting.

July 6, 1894. Two hours after rising in the morning, feels sick and bloated. Constipated. Headache on top of head—jumping pain. Pain in left side of abdomen >

pressure. Pain across kidneys. Back weak. Menstrual—trouble to pass urine just before flow begins; must wait 5 or 10 minutes before urine will pass after desire comes. Skin itchy just before menses.

Sulfer 55m.

Sept. 13. Tired, weak feeling—< in morning; drowsy during the day. Dizzy. Sweats profusely (old school drugs).

Nux. v. c. m.

Sept. 14th. Headache—jumping pain on top of head and nape of neck. Retention of urine—always at night and very painful; desire to urinate comes suddenly—if she don't go at once there will be involuntary urination. Feet always cold.

S. L.

Sept. 25. Improving.

S. L.

Oct. 5. > until yesterday. Fullness in bowels. Used to be rheumatic.

S. L.

Oct. 12. Painful urination.

Sulfer 55m.

Oct. 26. On her way home from the office, Oct. 12, was overtaken with violent pain beginning in bottom of abdomen; hands cold—fingers drawn and rigid; feet cold; > from hot foot bath and heat applied locally. Bad cold in head and eyes. Pressure in pit of stomach—could hardly breathe.

S. L.

Nov. 9. Rheumatism dates from 7 years ago when she used to sleep in cellar; > since taking medicine. Consti-

pated—causes severe attacks of abdominal pain; cannot move while pain lasts—becomes rigid and cold; sometimes before attack comes on, has a chill; pain begins in sides of abdomen and ends about umbilicus; > hot drinks; > heat locally; nausea and vomiting; feels a trembling sensation to fingers' ends. Found by physical, external and internal examination—a large uterine fibroid tumor in left side of abdomen, from umbilicus to pubis and from median line to the L. hypochondriac region, involving uterus; last winter—sensation as if a boil inside > lying on that side. General condition much > from the Sulfer 55m. given Oct. 12; constipation >; dizziness >; drowsy feeling >; feels > in a. m.; headaches >; pressure in pit of stomach >.

S. L.

Nov. 21. Pain across kidneys. Improving.

S. L.

Nov. 28. Another attack of pain in abdomen on 25th; did not last long; came on with menstrual flow—vomited during paroxysm.

S. L.

Dec. 5. Severe pain in abdomen; beginning back across kidneys running far to umbilicus in region of tumor; always > from heat; hysterical; vomits and retches violently during paroxysm; pain was coming on three days—this was the severest attack. Can't bear dress close to neck—suffocates her.

Sulfer 55m.

Dec. 7. Another attack this afternoon and evening—lasted until 11 p. m.

Thuja 73m.

Dec. 9. Another attack today—pain running down L.

thigh; feels > on alternate days; feels < after sleeping; can't bear tight clothing.

S. L.

Dec. 10. Consultation—diagnosis of tumor confirmed.

Lach. 41m.

Dec. 12. Improving—slight attack yesterday; appetite returning.

S. L.

Dec. 19. Improving—no pain yesterday; abdomen feels sore; nausea and vomiting after heavy supper.

S. L.

Dec. 22. Comfortable night on the 17th; some pain nearly all night on the 18th; no pain on the 19th; some pain, day and night, on the 20th; feels well and comfortable today.

S. L.

Jan. 2, 1895. On Dec. 30th, pain and nausea from exertion. Bloating of abdomen—must open dress. On Dec. 28, had suppression of urine; first dribbling with great pain; later flow free but bloody.

S. L.

Jan. 5. No attack since the 30th. Feels well.

S. L.

Jan. 14. Menses came on yesterday—only slight pain in back. Much > generally.

S. L.

Jan. 18. Has to urinate freely at night; this is an old symptom dating from last winter.

S. L.

Jan. 23. Chill on the night of 21st—shook for 10 minutes; fever followed chill with vomiting and purging—

flatus. Headache yesterday. Pain in back and sides—slight pain in abdomen.

S. L.

Jan. 24. Improving.

S. L.

Feb. 5. Backache (after washing)—first pain in two weeks.

S. L.

Feb. 27. Pain in back.

Lach. 41m.

Mar. 6. Slight abdominal pain three days ago. Pain in back continues.

S. L.

Mar. 20. Pain from over-exertion and exposure; lasted 2 days—vomited some; > after she went to bed.

S. L.

Apr. 3. Another attack on 31st of March—not so severe.

S. L.

Apr. 10. Slight attack on the 6th.

Lach. c. m.

Apr. 24. No pain since last visit.

S. L.

May 8. Had an attack on 2nd of May—attacks much lighter now. Feels very well between times.

S. L.

May 22. Nausea and vomiting on the 19th from over-exertion.

S. L.

June 12. Slight attack on the 30th of May—felt miserable for a week afterwards. Feels very well now.

S. L.

June 26. Improving. No attack since May 30th. Retention of urine a few nights ago.

S. L.

July 10. Strained herself by heavy lifting—this brought on a severe attack on the 3rd of July, and she felt miserable until the 9th. Better today.

Lach. c. m.

July 17. Had attacks on the 13th, 14th and 15th—menses came at same time; vomited everything she swallowed excepting hot clam broth.

S. L.

July 21. Vomited undigested food. Pain in back—> lying on hard floor. A twisting pain in right side of abdomen.

S. L.

Aug. 7. Improving. Menses on the 3rd—pain in region of tumor for three days—no vomiting.

S. L.

Aug. 14. Pain in back coming and going since the 11th; > when first moving; very painful in spells at night. Leucorrhoea very bad—just as painful as menstrual flow. Painful urination—must wait long time before urine will flow after desire comes.

Lycop. c. m.

Aug. 30. Pretty well last week—wretched this week—could hardly come to office. Menses on the 27th. Sick headache and backache—the latter not as painful as before.

S. L.

Sept. 4. Took a heavy cold washing in the yard. > in other respects.

S. L.

Sept. 11. Miserable—vomited yesterday after eating.

S. L.

Sept. 25. Not so well—near menstrual period.

S. L.

Oct. 7. Vomited after a car ride. An attack of pain last week; these attacks are much less severe than before.

S. L.

Nov. 6. Nov. 1st, 2nd, 3rd, very bad paroxysms of pain; pain on left side of back near spine—worse turning in bed; feels like a boil on the inside. Food feels heavy in stomach.

Lycop c. m.

Nov. 13. No paroxysms since the 3rd. Some pain in lower part of back. Generally much >.

S. L.

Nov. 27. Menses on the 20th with an attack.

S. L.

Dec. 11. No paroxysms since 20th of Nov. Improving.

S. L.

Dec. 14. Paroxysms of pain and vomiting; pain began in sacrum—from there to groin—then to L. side of abdomen; pain intense with great coldness; sensation as of something rolling over and over; pain under the L. shoulder blade; < turning over in bed.

Hepar. 55m.

Jan. 8, 1896. Improving.

S. L.

Jan. 29. Wandering pain all over body last week. No paroxysm since Dec. 14th. Menses Jan. 18th; no paroxysm. Leucorrhoea very profuse. Very much > generally.

S. L.

Feb. 12. Pain last week but no vomiting since Dec.

S. L.

Feb. 26. Miserable all last week—dizzy with nausea.

Hepar. c. m.

Mar. 11. Menses last week—no paroxysm. Improving.

S. L.

Mar. 25. Leucorrhoea very bad. Nervous for last few days—wants to cry all the time.

S. L.

Apr. 6. Miserable last week from a cold. Is more conscious of the tumor, lately; sensation as if it was turning over and over.

S. L.

May 6. Menses last week—felt better than for two years during period. Leucorrhoea still very bad.

S. L.

May 20. Back >. Leucorrhoea >.

S. L.

June 3. Generally very much >. Seldom any pain. No vomiting since Dec.

S. L.

July 1. Not feeling well last week; > now. Leucorrhoea bad—then feels miserable but no pain.

S. L.

July 22. Tired, draggy feeling this week. Backache in sacrum.

Hepar. c. m.

July 29. Bearing down pain in R. hip.

S. L.

Aug. 5. >.

S. L.

Sept. 16. Feels better than she has for three years. No discomfort whatsoever in last menstrual period.

S. L.

Oct. 21. Distressed heavy feeling in abdomen.

Hepar. c. m.

Oct. 29. Abdomen much >.

S. L.

Nov. 16. Pain under R. shoulder blade. Improving generally.

S. L.

Dec. 4. No paroxysm of pain and vomiting since Dec. 14, 1895. The tumor has diminished in size and patient feeling very well.

S. L.

Apr. 14, 1897.

Hepar. c. m.

May 3. Pain in back—catch—worse in damp weather. > when lying down. < when moving. Abdomen rising on L. side. Never had rheumatism so badly.

May 3. Knee, hand and back—< in back. (not my prescription.)

Bry. 30.

Oct. 15. Profuse leucorrhoea—milky, acrid, offensive; < after menstruation. Tumor much smaller and not painful, but same old sensation of turning over in menses. Takes cold very easily.

Hepar. c. m.

Nov. 30. Pain in R. shoulder. Sore throat < L. side (took Munyons' remedies); L. side well, now, but R. side very bad; began with chilliness.

Nux. v. c. m. (Antidote to mixed remedies taken.)

Lach. c. m.

May 5, 1898. Pain in abdomen. Headache on top.

Hepar. c. m.

July 8. Uncomfortable feeling in abdomen—suffers two or three days before menses. Felt very much > after last medicine.

Hepar. c. m.

Jan. 30, 1899. No menses for two months—a little slow yesterday; *cold all over;* swollen feeling in abdomen.

Hepar. c. m.

Feb. 4. > in every way.

S. L.

Apr. 29. Vomiting in a. m.—back painful; sore spot in abdomen; "Felt sick from crown of head to soles of feet."

Hepar. c. m.

May 5. From moving heavy furniture had menstrual flow three weeks; bright red.

Bell. c. m.

May 13. Hemorrhage stopped. > generally.

S. L.

May 19. > generally.

Hepar. 55m.

May 29. Improving. Some headache on top of head. Menses came back again, yesterday slightly.

Bell. c. m.

June 3. Tumor very much smaller. From this time on the tumor has given her no more trouble, and her general health has been good excepting rheumatism which was brought on by *insane* imprudence.

HOMOEOPATHIC TREATMET INSTEAD OF SURGERY.

By Amelia L. Hess.

Miss S. T., age 20 years. You will notice that from July until December this case improved so much that I did not see her for more than a year. She was practically well. I encouraged her to take up a course in nursing. In her last year she had a slight attack of tonsilitis, which was followed in a few weeks, by a very heavy cold which settled on the chest with serious symptoms.

On account of her family history, in connection with her condition, I was very anxious for a few days; and think I would have had serious trouble, had not her right ankle become an escape valve for her tubercular condition. She had not told me that her right ankle had been sore for some weeks; it now became very painful, which caused her to speak about it. On examination, I found a purplish tubercular swelling over the right external malleolus.

I was delighted when, in a few days, this ankle began to discharge. Immediately her chest symptoms began to improve, although the ankle grew worse. But in the course of three months this had completely healed; but notice that it healed from within out, and her general physical condition was fine; she was the picture of health.

While she was helpless with her ankle, the family used every possible influence to have it operated on. Fortunately I knew of a case exactly like hers where an operation had been performed; in a short time the lungs were affected, and in less than a year's time the patient was in her grave. I used this as an illustration, and my patient became perfectly willing to trust my judgment, and her case certainly

proved that Homoeopathy was better than surgery.

The following is the record of the case:

July 14, 1906. Medium height—slender. Dark brown hair and eyes. Face—rough skin—red blotches—some eruption. Menstrual flow began at 13 years of age; was always painful; some pain several days before flow begins; pain very severe about three hours after flow has started, and lasts about as many hours; pain so severe that it wakens her out of a sound sleep; must walk the floor. Sensitive spot on left side of abdomen, on line with umbilicus; burns; must pass urine often; bowels loose; can't walk—too painful—due to sprain (?). Headache—frontal—sometimes as if cap over head from occiput around. Nose bleed. Scarlet fever—measles—all children's diseases. Very ill with scarlet fever—was about two years old. Vaccinated twice—didn't take either time. Was a very delicate infant—had marasmus; after six months was bottle fed. She is the youngest child. Father died of tuberculosis of the throat when she was five years old. About two weeks ago she had her menstrual period, which was slimy, stringy, whitish. Drinks plenty of water—is inclined to be chilly. Feels > in the evening; < in the fall of the year; > in the summer. L. leg feels draggy—cannot lift it properly going upstairs.

Sulphur 55m.

July 21st. After a long walk felt very badly; cannot stand walking—feels as if the pelvic organs would drop out; < standing. Not so nervous. Headache some >.

S. L.

July 27. Pain in lower abdomen—indicates menstrual period. Generally > because feelings not so gloomy.

S. L.

August 11. Dull frontal headache—dizzy.

Nux. v. c. c.

August 18th. Headache > but tired. > generally than last week.

S. L.

Sept. 1. Improving. Menses 26th Aug.—severe pain for several hours after flow began; feels very much better since flow is over.

S. L.

Sept. 17. L. side painful again—lifting things hurts it as if drawing up. R. thigh sore on top. Very much > in every other way.

Sulfer 55m.

Sept. 22. Menses on the 20th—considerable pain. L. side very painful since menses. Eyes tired—needs glasses for work.

S. L.

Sept. 27. L. side as if hot iron against it. Has had a severe cold from sitting in draft.

S. L.

Oct. 6. Steadily improving.

S. L.

Oct. 13. Felt fine this week. Had wet feet during menstrual period.

Puls. 10m.

Oct. 20. Menses on the 17th—pain not as bad as last time; pain > for motion; flow excoriates parts; flow clotted; flow odor; flow dark. L. side still very painful and sensitive to touch; this condition seems independent of menstrual period; it is neither > nor < at that time.

Puls. 10m.

Dec. 11. Menses came on last night with severe cramps.

Sulfer 55m.

Please notice that I saw this patient first on July 14, 1896. Did not see her after Dec. 11, 1906, until March 25, 1908. This was the time when she was in training for a nurse.

March 25, 1908. Had tonsilitis some weeks ago; first R. side, then L. side; had Lycp. c. c. and Lach. 4m for this condition. Severe cold—settled on chest—pain in R. side; through lungs to back; dry hard cough; night sweats; temp., 101 degrees; pulse, 120 degrees.

Lycop c. c.

March 30. Improving but chest very much oppressed; > in a. m.; < toward evening. R. ankle over external Malleolus painful; purplish tubercular swelling; walking painful—throbs and sharp pains.

Tuberculinum c. c.

March 31. Ankle <; chest >.

S. L.

April 11. Has been steady improvement to date. Ankle began to discharge some days ago; very much >.

S. L.

April 20. Improving.

Tuber. 10m.

May 4. Improving.

S. L.

May 11. Very much >. Pain in sacrum—bad effect of warm sponge bath after menses.

Puls. c. m.

May 18. Ankle well—all healed. Patient in fine condition.

S. L.

May 25. Feels and looks very well. The picture of health.

S. L.

June 11. Ankle hurts but not swollen; pain like pins and needles. Cramps with menses but not as severe as before.

Hepar. c. c.

June 16. Ankle still hurts. Smothered feeling—< at night.

Puls. c. m.

June 23. Ankle >.

S. L.

July 9th. Ankle much better—hardly any pain. Menses not so painful; no headaches with it as before.

S. L.

July 13. Head dull but no pain. Diarrhoea—from extreme heat.

Puls. c. m.

July 25. Feels very well.

S. L.

August 13. Feels fine. Ankle hardly any pain. Menses much less painful.

Puls. c. m.

Sept. 2. Feels well. Menses almost painless.

S. L.

Sept. 27. Tired—due to loss of sleep. Menses still >.

Puls. c. m.

Nov. 1. General condition very good. *Ankle perfectly well.* Last menstrual period some pain.

Puls. c. m.

Dec. 16. Feels well. Last period some cramps—< three hours after flow started; headache before and always last day very bad *lately;* occipital and frontal.

Sulfer 55m.

Jan. 27, 1909. Feels very well.

S. L.

July 9. Eruption on face—itches and stings; < before menses.

Sulfer 55m.

Sept. 9. Severe headache—last period became *chilled through* flow scant—clotted—lasted only two days—due to chill. Indigestion.

Puls. c. m.

I have never seen the patient since the last prescription, but hear that she is following her vocation as nurse. The ankle keeping well.

HOMOEOPATHY IN AN AMPUTATION CASE.

By Julia C. Loos, M. D., H. M., Harrisburg, Penn.

E. R. had been a patient for seven years, receiving treatment at various intervals as his condition demanded it. He had called for no attention at the office for a year and nine months, when, at the age of 20 he appeared, reporting an accident to his left hand which had injured three fingers to such extent that they had been amputated by a surgeon in the coal district, two days previously. The hand had been dressed, with iodoform the day before he appeared in my office. He said he had received some morphine to relieve the pain which prevented sleep the preceding night. When uncovered, the hand presented a bleeding point where the skin did not cover the flesh. The stump was closed with large, interrupted sutures, just close enough to retain the

surfaces in coaptation. One amputation extended below the metacarpo—phalangeal joint, the other two not so deep. He was given a dose of Staphisagria 10m., the hand dressed, after thorough cleansing, with calendula water and dry gauze.

The following day he reported having slept soundly, comfortably, all night. The hand, however, did not present an encouraging appearance. The boggy appearance and sensation on palpation, extended far down into the palm, from the stump of the index finger, while part of the stump presented a decidedly anaemic appearance. He complained of pain in the glands of the axilla. I learned also that he had suffered slightly with pains in the shoulder for several weeks before the accident and that there had been many pustules on face and neck. This latter was one of the old symptoms which had much improved under previous treatment.

My plans were made for an absence of two weeks, starting within three days of this patient's appearance. Not satisfied to leave the boy without observation under the existing conditions, I asked a neighboring doctor, generally supposed to be an homoeopath, to look at the case and if necessary to attend to it during my absence. He emphasized the unfavorable aspect and told the boy he had a bad condition there. As he is a recognized surgeon this estimate was considered reliable. He recommended that a free incision be made, down into the palm, clearing out all the pus and irrigating with a mild bichloride solution, continuing this dressing until a more healthy condition should develop. He expressed his willingness to attend to the case if the boy reported at his office.

For seven years this lad had received only pure Homoeopathy and was a firm believer in its efficacy. There he was as much in need of good care as he had ever been and I was expecting to be absent for two weeks, with no medical substitute in the office. My assistant, who had been a nurse in her own home and was familiar with what is expected of Homoeopathy, familiar also with the affairs of my office was to be in charge during by absence, reporting whatever needed to be reported. I was confident that something better than the recommendation of the surgeon should be done in this case. I dressed the stump with calendula water and gave him a dose of Sulphur 6m., the remedy which he had received, with benefit, at intervals for six months up to the time of his last report, two years previous. There was no cutting down and no bichloride wash employed.

At the next day's visit, he reported having rested finely and general improved sensation, less weakness, absence of all pain in glands of axilla and no pain in the hand. When the dressing was removed from the hand a most beautiful change in appearance was presented. The boggy, doughy condition had disappeared, the tissues, clear into the palm were firm and the tissues throughout the hand had a healthier appearance; there was no oozing of pus from the finger stumps. What better could be asked. That settled the fate of his treatment during my absence. The office assistant was instructed in the method of daily dressing with calendula water and use of olive oil and cargile membrane where there was possibility of the gauze dressings adhering to the healing surfaces. She was instructed to report to me if healing did not continue, or any unfavorable

condition should develop. On my return, progress was found satisfactory. There were a few points of superficial suppuration after the removal of stitches. The crust, rough and ragged, that formed from the old tissues drawn together at the end of the stumps, softened easily under the influence of olive oil and on their removal, a perfectly smooth, new skin was revealed. This eventually assumed a normal appearance, with the aid of alternate hot and cold water immersion. The lad was delighted with his progress and this experience served to strengthen his confidence in the treatment which had been adequate to all his needs during the previous years.

Had I been at hand during the entire period, I should have omitted the use of calendula after administering the remedy. In this instance it was used only to safeguard the practice from undue criticism by those who would use antiseptics, in case the necessity should arise for others to handle the case, in my absence. It was superfluous and its use not entirely consistent.

CASES.

By Grace Stevens, M. D., Northampton, Mass.

Fine surgical technique belongs to no especial school, and can be acquired by anyone who has the aptitude for it, provided he has good training and works faithfully; but mere mechanical measures cannot relieve a host of uncomfortable symptoms which arise after operations, nor can they cure conditions caused by some constitutional dyscrasia in the patient. It is here that the surgeon who knows his Homoeopathic Materia Medica has an immense advantage over one who does not, and can win the lasting gratitude of

his patients by relieving their distressing symptoms.

The following simple cases are reported to illustrate the complemental use of remedies in surgery.

Case I. Boy of 17; not strong; tubercular family history. He was vaccinated two or three months ago, since which any injury to the skin has been followed by suppuration.

On March 25th, he was seized with severe pain in the region of the appendix, worse for motion, jar or extending the leg. Belladonna relieved the acute condition and almost entirely removed the tenderness, but on April 9th, after solid food had been allowed, there was a return of sharp pain, with headache, nausea and vomiting and immediate operation seemed advisable.

On opening the abdomen, the appendix was found inflamed and elongated, but there was no pus present.

Twenty-four hours after the operation the patient was very restless, wanted to change position constantly, and complained much of thirst. There was a good deal of pain from gas in the intestines, and much belching, but no gas passed from the rectum. The temperature was slightly elevated.

Arsenicum 200 was prescribed, and the next morning the nurse reported a comfortable night, with good sleep, a normal temperature and gas passed per rectum.

The patient gained steadily until the sixth day when he complained of burning pain and great tenderness in the wound, and the temperature rose slightly. Several stitch abscesses were found, but after careful redressing, and the administration first of Hepar sulphur and later of Silica, the wound healed perfectly.

In this case it seemed probable to me that the pus formation was due not to any lack of asepsis in the operation, but to the lowered vitality of the patient following vaccination.

Case II. A man of sixty-five years or more fell on a pile of bricks and received a severe abrasion over the front of the tibia. This was not dressed at all for several hours, and then by the patient himself. Twenty-four hours later, when seen by the writer, the leg was somewhat swollen and inflamed, and suppuration had set in. The wound was carefully cleansed with peroxide of hydrogen, followed by sterile water, and dressed with Calendula cerate. This was continued for several days without improvement. The suppuration increased and the wound was very painful. A dressing of boracic acid and calendula powder was no more successful, but rather aggravated the suffering. Finally it was decided to try an internal remedy, which of course should have been done earlier. The symptoms were as follows: Burning pain in the wound, which was better for the application of hot water; patient exceedingly restless and irritable and very sensitive to cold. The wound was cleansed as before, sterile cornstarch was applied to keep the dressing from sticking, and Arsenicum 200 was prescribed.

Improvement began at once, and the wound healed rapidly, while the constitutional symptoms were also relieved.

Case III. I remember from my hospital days a case of continued suppuration following an operation for mastoiditis.

The patient was a little girl of seven or eight years,

pale and thoroughly unhealthy in appearance. Although the operation had been done some weeks before I saw the child, there remained a sinus discharging so much foul smelling, greenish-yellow pus, that the dressings were always soaked, although changed twice or thrice daily. The discharge was exceedingly acrid, irritating the skin wherever it came in contact with it. Hepar sulphur, Silica and Sulphur were given without any improvement, but the administration of Psorinum was followed at once by the lessening of the discharge, and the case cleared up rapidly.

DISCUSSION.

President:—This paper illustrates the point that it is not only the so-called vulnerary remedies that are efficacious in surgical cases; it often happens that the moment that an injury or a surgical case is mentioned that the mind turns to certain remedies that are used almost exclusively in such cases. The truth is that while these are apt to be useful, we should not forget that there may be a constitutional remedy or some other that the symptoms indicate rather than the vulneraries.

R. F. Rabe:—In septic wounds with great prostration and high temperature I would like to suggest that Echinacea be thought of. I have seen it do remarkable work in such conditions. Calcarea sulph should be kept in mind in septic and other wounds where there is a discharge of thick, yellow pus; this remedy lacks the sensitiveness of Hepar sulphur and the patient is better in the cool, open air. They are both very valuable remedies in surgical cases.

BUREAU OF HOMOEOPATHIC PHILOSOPHY.

STATE MEDICINE AND PATERNALISM.

By J. B. S. King.

De Tocqueville, celebrated stateman and author of the last century, enunciated the following important truth, "the weakness of a democracy, is that unless guarded, it merges into despotism."

Wendell Phillips, one of the deepest political thinkers of his age said, "Only by continual oversight, can the man in office be prevented from hardening into a despot," and again "Every government is continually growing corrupt—never look, then, for an age when the people can be quiet—and safe." Another saying of his is, "Only by unintermitted agitation can a people be kept sufficiently awake to principle, not to let liberty be smothered in material prosperity."

These wise sayings from the lips of men long since dead and gone are of peculiar significance now; they sound like prophecies, for we are now experiencing the very things which their wisdom foresaw as the accompaniment and weakness of republican government.

There is a power or force always at work, as unescapable, incessant and inevitable as gravitation, which tends to transfer wealth, influence and possessions from the many to the few. It is present in all forms of human government; it is especially active in a democracy; it can be prevented only by continual vigilance. It threatens the United States now and the people are asleep to the danger.

If liberty is likely to be smothered by material prosperity, it is surely in danger today. So far as the records of history go, there never was a time when the mass of

the people were so enwrapped in material prosperity; the modern man enjoys luxuries, comforts and conveniences that were not possible to the crowned heads of the past: steam heat, ice in summer, rapid transit, elevators, telephones, elegant clothing and delicate foods are now within the reach of the vast majority, instead of the favored few. Security of property and ample means of education at a nominal cost are among the boons and blessings of the modern man. The world has never been so comfortable a place to live in as it is today.

Under these conditions, the lack of liberty is not seen, the process of smothering it is not felt, the encroachments of tyranny are not noticed, for all our material wants are gratified and our attention is diverted elsewhere. We are satisfied with the name of liberty without its essence.

At every political gathering, at stump speeches, in Fourth of July orations, we hear with careless complacence that we are the sovereign people, the real rulers of these United States. The sovereign people—how agreeably that sound enters our ears. We hug the pleasing idea to our breasts. We are not in need of anything, material prosperity is at our doors and in our homes, we govern the country, why should we be bothered with these unpleasant subjects? Why disturb our prosperous quiet by menaces and warnings of danger?

It is necessary to disturb your prosperous quiet because liberty is being smothered in material prosperity; the man in power tends unceasingly to harden into a despot and every government is always growing corrupt. I am calling your attention to these general principles because it is through medicine that despotism is making its first insidious

approaches; indeed despotism is already here and we do not know it. It approaches us in pleasing guise and we do not resent it; it flatters us and we approve of it.

It is now settling down upon us in the form of state medicine, and operates by means of such machinery as state and municipal boards of health, medical examination of public school children, compulsory vaccination, the public recommendation of serum therapy and the arbitrary regulation of medical colleges.

Let me make another quotation from Herbert Spencer: "There is," says he, "an unmistakable desire (on the part of medical officials) to establish a tax-supported class, charged with the health of men's bodies as the clergy are charged with their souls. Now, whoever has watched how institutions grow—how little by little, a very innocent looking infancy, unfolds into a formidable maturity with vested interests, political influence, and a strong instinct of self-preservation will see that the germs (of state medicine) here peeping forth are quite capable of developing into such an organization." That is worth pondering over.

The family is the unit of society rather than the individual man; the father is its head and is both legally and morally responsible for it and for the acts of all minors in it. With him is vested the inalienable right to educate its members in such religion as he believes in, to guard the health of those dependent upon him and to select for them such medical treatment as he deems to be for their best interests. There should be no limitation upon these rights except the broad one that in so doing he must in no wise interfere with the same rights in others.

Now it is proposed to do all this for him; his children

are examined without his permission, their health is to be attended to, without regard to his wishes, in the manner that the state approves of, and the only thing that he has to do with it is to pay the bills.

The essence of free government is that the people are able to take care of themselves: if it should be found that in some ways they are not able to do so, then they may be advised, instructed and educated, but they must never be taken care of.

Individual freedom and the freedom of the family is the most precious possession of humanity; only in an atmosphere of freedom can the full development of the mind and its faculties take place. History is little else than a record of struggles and wars for the preservation or defense of freedom. When it is once attained as we think, by the heroic struggles of our forefathers we forget that it must be maintained; we forget that democracy tends inevitably to merge into despotism, and we grow inattentive and languid. For some years, since about 1880, a vicious paternalism has been developing and now it has passed its "apparently innocent infancy" and grown to "a formidable maturity" with political influence and a strong instinct of self-preservation and now seeks to perpetuate itself under the guise of taking care of the public health. One day we shall awaken to find ourselves in the toils of a monster that cannot be thrown off or destroyed.

The father of a family may have a strong preference for Homoeopathy or for Hydro-therapy or Mental Healing or he may have a strong prejudice against all of them and in favor of a peculiar treatment for his family; in doing this he is entirely within his rights but it cannot be if

the Owens Bill providing for the establishment of a national Bureau of Health that *recognizes no school of medicine* becomes a law. The unsolicited examination of children attending the public schools by salaried officials will certainly interfere with these rights. It will tend to destroy them.

That the danger spoken of is not only on paper but is a real fact is proved by the state of medical affairs in the Canal Zone of Panama, where the government has had full sway. The United States citizen living there, however strong may be his belief in Homoeopathy cannot employ a homoeopathic physician because no one except a physician belonging to the dominant school can legally practice medicine there. The same rule applies to Christian Scientists and Osteopaths. The Medical Trust has full sway there and gives all men an object lesson of what to expect at home, in the States unless popular disapproval of this curtailing of liberty can be excited and made active.

DISCUSSION.

L. P. Crutcher:—About a year ago I first left my home and practice in Kansas City and went to Washington to protest against the passage of the Owen's Bill. That bill was a document presented to the American Congress calculated and carefully calculated to put the American people under the medical tyranny of the dominant or Allopathic school of medicine, under the guise of harmless, sanitary, medical legislation. Senator Owen took a wonderful interest in the health of the people and espoused the bill, which designs to establish a national board of health with its chief officer seated in the President's cabinet. There was a little band of people who met in Washington and heard

the report favoring this bill before the senate committee. They made known the opposition to it; they made themselves felt so strongly that when they got through Senator Mann said that under such opposition it would be impossible to pass it. The result of this work was that the bill never got out of the committee and was not reported at all before the close of the session of Congress. But it is defeated only for a time. The homoeopaths cannot afford to let it go at that, resting on their laurels. It will come up again and again and it will require unceasing efforts to fight it. If it is made a law the homoeopathic physician will have no more chance than a burglar or a horse thief. He will become a transgressor of the law. It will make the elimination of Homoeopathy in this country as sure as next winter or to-morrow night is sure. It is as illegal and as unconstitutional as compulsory baptism and can be fought with the same weapons as that would be if it were proposed. Since then there has been a meeting of representatives of the various systems of treatment in this country for the purpose of resisting it: our watchword is "an open field and fair play for all." The right of a citizen to select a doctor is greater than the right of any doctor to practice medicine, for the latter is derived from the people. We intend to maintain that right.

C. M. Boger:—The large insurance companies, or at least some of them, are displaying a very offensive activity in this matter; they are a unit in favor of the American Medical Association and its bill. Some of them have been recommending to holders of policies, what kind of physicians to call in, in case of sickness. The recommendation also contained advice as to health, including the use of

medicines. Some of my patients received such advice and showed it to me. I cancelled my insurance in one company on that account, giving them my reasons therefor.

Julia C. Loos:—The action of the army and navy authorities in recommending prophylactic treatment of the crude, injurious kind to the men for venereal diseases is a piece of the same thing.

L. P. Crutcher:—I have prepared some resolutions meeting the case and expressing the sentiments of this association in regard to the Owen's Bill which I will read and if it meets your approbation would like to have it passed.

Resolutions passed at the 32nd meeting of the International Hahnemannian Association, at Asbury Park, N. J., June 23rd, 1911.

Whereas there is a persistent effort upon the part of the American Medical Association to establish a national department of health and thereby to infringe upon the liberties of the people in the free choice of a medical adviser and of the school of medicine by which they shall be treated and

Whereas there now exist several schools of medical practice, well patronized by the people of the United States, none of which are to be recognized by the projected department of health and

Whereas several of the large insurance companies have taken upon themselves to give medical advice to their policy holders and thus to further the policy of state medicine and the selfish and unpatriotic aims of the dominant school of medicine, therefor be it

Resolved that the International Hahnemannian Association in session assembled does hereby utterly condemn

and protest against the passage of Senate Bill No. 1, known as the Owen's Bill and House Bill No. — known as the Dyer Bill, and all bills of similar import and be it further

Resolved that the International Hahnemannian Association resents the impudent meddling on the part of commercial insurance companies with the medical treatment of private individuals and the practice of the family physician.

C. M. Boger:—I move that these resolutions be passed as the sentiment of this association. Seconded. Carried unanimously.

THE POINT OF DEPARTURE.

By Maurice Worcester Turner, M. D.,
Brookline, Mass.

Hahnemann's doctrine that "the physician's highest and only calling is to restore health to the sick" states clearly the aim of Hahnemannian homoeopaths. If cases were all alike, or divided into groups and those in each group alike, this would be an easy matter. As such general likeness does not exist, but, on the contrary, as distinctly different types, even of the same disease, occur, dependent on individual coloring, the task becomes involved and complicated.

Hence it is evident that various ways in which to approach the study of cases with the repertory are helpful and in order. It is just here that doctors may disagree unless their view be broad and comprehensive.

Aside from prescribing by the keynote method, there are three principal *beginnings* which present themselves for choice in the repertorial study of a case. Let us consider them in detail and determine their relation one to another.

The first *beginning* commends itself in those conditions

where mental—disturbed mental—symptoms develop: when the normal mental state is changed or displaced and, as it were, a perverted soul-image, superficial or deep, results.

This has been urged as the only point of departure that should be considered in case study, repertorial or otherwise. It is true that in suitable cases if the mental signs be taken first and followed with physical symptoms, in the repertorial study, an exact likeness of the curative remedy may be obtained.

Who would hesitate, in an acute case, to exhibit Aconite when the mental symptom of "fear of death" was present, *provided* it was *confirmed* by physical restlessness, dry heat of skin, etc., which are required to distinguish it from an Arsenicum, a Cimicifuga, a Gelsemium, or even a Phosphorus case?

In this and in other instances, which could be cited, the *confirmatory* symptoms are of the utmost importance, the sine qua non of the prescription, for though one begins the study with the mental symptoms which are well marked, peculiar, and characteristic, yet the remedies which have developed them must be differentiated through or by the confirmatory symptoms, the "physical generals" if one prefers so to call them. Even if one remedy only has shown in its pathogenesy the peculiar and strange mental symptoms of the case, that remedy should be supported, corroborated, by the physical symptoms if its exhibition is to be more than a haphazard prescription. To quote from the transactions of the Society of Homoeopathicians, 1910, page 19, "When you come to the physical generals, perhaps only one in the list of mental symptoms is worse from heat. Then what need you care about the particulars? You have the man

himself, and the particulars will take care of themselves." Here the confirmatory symptom is recognized as all important.

It is evident that in this *beginning,* as we shall see also in the others, there are two essential groups of symptoms needful for the repertorial study; one the *foundation,* here the mental symptoms, and the second, the *confirmatory,* or differentiating group; in this case the "physical generals," or as they are more fitly termed, the "concomitants," i. e., related conditions or symptoms. These two, the *foundation* and the *concomitants,* being the basic divisions of the useful repertorial symptoms.

The second *beginning* is available in a group of cases in which a *causa morbi* can be established. Causes are many and hence the term is of wide scope, embracing injuries, mental and physical, in the mental traumata it trenches on the first group of beginnings—physical exposure to cold, etc., disorders of digestion, druggings, and so on. But whatever the cause, or rather group of remedies to which it points, confirmation must be sought through the other symptoms of the case, i. e., the related symptoms or concomitants.

Consequently here, as in the first instance, there is the foundation and then, as each symptom-part of the concomitants aids in differentiation, a gradually lessening number of remedies till, theoretically at least, and generally actually, only one, the simillimum, remains at the pyramidal apex.

Lastly, in many cases, a commencement must be made with the "location." Some "mental" cases, even when the mind symptoms are prominent and leading, must be worked

out with this beginning and it also often follows as the only logical process when a "cause" can be discovered.

Like the first two *beginnings* the remedies under the "part affected" must be sustained, or more properly restricted in number, by the associated symptoms.

Among the associated symptoms, i. e., "concomitants," which are to be depended upon for this differentiation, none are more effective, when present, than mental symptoms; they lead here and take rightfully a prominent place.

Therefore the conscientious homoeopath need not hesitate, for fear of slighting or not giving due weight to the mental symptoms, or that he will be "led far away from the trend of Hahnemann, and Homoeopathy be destroyed" by it; he need not hesitate to take this method, should the form of the case under study require it.

These are the leading points of departure. We need not be restricted to any one of them, but according to the conditions employ one in the beginning of a case-study and perhaps both the others at various stages in its progress as restudy of the condition becomes imperative.

Besides the *three beginnings* there is something more to consider here and that is the relative value of the different groups into which the symptoms of a case must be divided when employing either one of these three methods of repertorial case-study.

Take the "mental symptoms" of the first group; what relation do they bear to "cause" or "location"?

All three—mental, cause, and location—serve as foundations, in their respective places, upon which the other symptoms must rest; this is important and necessary.

It has been said that the mental state represents the

"man himself"; it would be more accurate to say the *changed man himself,* and yet as a *beginning* the "mental symptoms" are only important in one particular group of cases, as "cause" or "location" are in the cases so developed that they are the logical foundations.

To be compelled to work out all cases in one way would be an unnecessary and unwise restriction.

In the "mental" *beginning,* symptoms of the intellect and memory follow those of the mind and soul and serve to further strengthen the foundation. After "cause" and "location," which are worked out in the same manner in Boenninghausen, comes an elaboration of the foundation in the way of sensations and modalities, and finally in all three the associated symptoms or concomitants, and upon these the whole question of differentiation of the remedies in the foundation rests.

Is it not evident that the same principle pervades the working out in the three beginnings?

Is it not evident that the value of the foundation, be it mental, cause, or location, is the same in all three methods?

Is it not evident that the selection of the Simillimum, from the mass of remedies grouped in the foundation, depends, in either of the three beginnings, upon the selective action of the concomitants, which may be "mental" symptoms, "physical generals," or some other symptom-group?

As it is evident that the process is essentially the same in the three methods, wherein is the claimed superiority, except in its own domain, of the "mental" beginning?

It is clear that only in a certain proportion of cases is the "mental" beginning preferable, as "cause" is in another part, and "location" preeminent in the remainder. There-

fore we have in these three "beginnings" methods that cover the repertorial study of nearly all cases.

If one wishes, *all* these "beginnings" may be used with Boenninghausen, the "mental" as well as the other two, and in a much simpler way than with any other repertory on account of the general and comprehensive arrangement of Boenninghausen.

In Boenninghausen the mental location is provided for ("affections of mind in general" or "disposition generally affected") and the mental variations, given in concrete form, compose the "sensations" of that part, thus following the usual arrangement of the repertory just as if the "location" were *shoulder* or *abdomen* instead of *mind.*

While it is not to be expected that the Therapeutic Pocket Book will be universally used, yet it is well that the scope of the work should be generally known.

Besides the foregoing advantages, I would lay especial emphasis upon two others to be derived from the intelligent and skilful use of Boenninghausen. These are usually overlooked either because they are not known or if recognized because they are not understood. They are:

First—The *analytic value* of remedies in the various rubrics or symptom-parts. This feature of the repertory is of great help, when properly followed out according to the intent of its author.

Whether the analytic arrangement originated or not with Boenninghausen, certainly all the modern repertories in which this element has been incorporated derived the idea from him; and

Second—The *concordances.* While the sequence of remedies can be ascertained in other ways it is best suggested,

or most simply worked out in the case-study with the assistance of the concordances (relationships).

It may be needless to add, that, valuable and helpful as they are, the concordances are *only* to be found in the Therapeutic Pocket Book, and were arranged by Boenninghausen "not only for the recognition of the genius of the remedy, but also for testing and making sure of its choice, and for judging of the sequence of the various remedies, especially in chronic diseases."

DISCUSSION.

W. H. Freeman:—The definition or term in which a sensation is expressed is apt to be different in different individuals. It is different in the different provers, but there are certain well defined sensations that may be called fundamental. Such is burning. Every patient knows what burning is like. Everyone knows also what bearing down or a sense of weight is, but sharp pains mean one thing to one person and quite another thing to another. A sharp pain is therefore indefinite; it may really be a throbbing pain or a hard aching. Boenninghausen's analysis or classification of symptoms and his grouping of location with concomitants and modalities does away with much of the inaccuracy of words. If a drug shows in its proving burning in a certain part of the body aggravated by a certain condition, it is not necessary that the patient should have a burning in that same part, but if he has burning in any part aggravated by the same condition it is enough, to show that the drug is indicated or if he does not have burning at all but does have something in the same part of the body aggravated by the same condition, it is enough to show that that is the remedy. The indicated remedy cannot be

expected to have the same sensation, in the same part of the body aggravated by the same conditions, but any abnormal sensation in the same part is enough to be an indication.

Frank W. Patch:—One reason that homoeopathic remedies act so promptly upon animals is because animals have not been dosed or drugged or subjected to the evil effects of miasms. We depend upon objective symptoms and do not have to be influenced by inaccurate descriptions of elusive subjective sensations.

Guy B. Stearns:—Every man you meet seems to have a little different view of the materia medica. It is very interesting and useful to hear about the methods of different experts. Dr. Turner has brought out a new way to me; I would like very much to hear exactly what he means by location.

R. F. Rabe:—Work with the repertory is very exacting work; it requires the employment of a logical mind. As in logic the correctness of the result depends entirely whether you start with correct premises. In one case of sickness the correct starting point may be location, in another it may be the mental phase of the case, in still another, perhaps it may be the modality, or what Dr. Kent has called general as opposed to particular. "Worse in wet weather" may be the starting point of a particular case. One may call it a modality, another may call it a general, the difference in that case is in words not in ideas. In use of the repertory, the most important point is the choice of the second rubric; that is where most of our mistakes are made. The great advantage of repertory work is that in no other way can you arrive at remedies or a remedy with

which you are not familiar and which is none the less indicated on that account. I had a left sided facial neuralgia: it was not clear for any remedy. The location was plain; the modality was chiefly relief from walking in the open air and after eating. This left the choice between Sepia and Bryonia. The particular symptom of the neuralgia was not under Sepia but the modalities were. To my mind that is an excellent illustration of the usefulness of the repertory in cases which are uncertain.

C. M. Boger:—It was urged against Boenninghausen many years ago that by putting general modalities or particular modalities to a particular part not shown in the proving, that he made a new artificial symptom. When that is done in a proper manner it does constitute a genuine symptom. In reading Hahnemann's materia medica, have you ever noticed how very seldom the exact location of a modality is given.

C. M. Boger:—The Boenninghausen method admits of slight variations according to the individuality of the prescriber. In my own practical work, it is usual for me to begin with the location and next to take up the concomitants. Under location I include the symptoms of the mind; under modality I include the cause if known. It has the advantage of quickness and accuracy. You will find very few cases that have only a single symptom; when there is more than one symptom then it involves more than one location. I try to get in at least two locations, sometimes three. By placing the remedies that cover the locations in juxtaposition, you get all the remedies that run through the locations. The next step is to get two modalities if possible. In the vast majority of cases, when you

have done this, the possible remedies are at once, reduced to four or five at most. The choice is then easy.

It sometimes happens that remedies that run through all the locations also run through all the modalities. This is rare but it does occasionally happen. The best way, then, is to turn to the concordance and find which of the group run through the mental symptoms the strongest. If, for instance, you are led to Lycopodium and Phosphorus, then look up the rubric of mental symptoms and compare the two remedies in that light. That will almost certainly set you straight. It is a very rapid method, but it has the disadvantage of not including a single separate, odd symptom. It is my experience that those single, separate, odd symptoms are not always of value because they at times don't fit into the totality or with the symptoms of the remedy that is otherwise indicated. It is often hard work to find odd symptoms; repertories like Gentry's being a necessity for that kind of work. The beauty of the method I have outlined, usually shows the remedy that fits the case as a whole which seldom fails to remove the odd symptoms along with the rest, although it itself may not occur in the pathogenesis.

In regard to this method I would like to say a special word about diseases of the chest: I have had great success and satisfaction with it. Take the repertory, look under "chest," "right," "left," "upper," "lower." Under these rubrics you will find the remedies that affect the particular location. Thus the one needed is soon reached; but before you can trust yourself to use this method it takes a good deal of work and practice.

HOMOEOPATHY VERSUS SERUM THERAPY.

By Milton Powel, M. D. and John Hutchinson, M. D., New York City.

Very many good homoeopaths have been claiming for Homoeopathy the results of serum and vaccination therapy. To our minds this is wrong, as Homoeopathy and serum therapy have nothing at all in common, and are based upon two entirely distinct kinds of reasoning. Neither do the opsonic-index theories aid the homoeopathic prescription. As yet the law of similars appears to be superior to and quite independent of them.

It is true that no less a man than Sir A. E. Wright has said that "the physician of the future will be an Immunisator," but it seems to us that with all due respect to this attention to the "future" which occupies the minds of so many twentieth-century physicians, the demands of sick people in the present must be met. Those demands *are* met by the science and art of Homoeopathy. It will be early enough for that science and art to cease when the "future" brings their eclipse.

Wright says (p. 235): "The principle of serum therapy —that is, the idea of transferring to patients already the subjects of bacterial infection immunising substances withdrawn from animals vicariously innoculated—appeals in a very forcible way to the medical mind by the fact that it promises a rational treatment of all bacterial diseases, and by the fact that it has fulfilled that promise in the case of diphtheria. The prestige which it has derived from this signal success," etc., etc.

We make no comment just here on this amazing attitude, statement, and series of assumptions. They seem to

be characteristic of the dominant school, which "promises" for the "future" "rational treatment."

The unproved substances employed in serum therapy have no correspondence with well-investigated homoeopathic remedies. The sera are complex materials, elaborately prepared, and their excuse for existence is an arbitrary one. Moreover, they are only suitable for use by the worker in experimental laboratories, if perchance he be also a physician.

For, as has been said (New Serum Therapy, Paton, 1906) "Antitoxin is not the only element in the antiserum." Notwithstanding this statement of an obvious fact, the complex organization of even one example of antiserum products is not explained by any correlated epitome or digest of its effects, despite the numerous untoward results that are recognized even by its friends.

Before the serum of a horse acquires sufficient antitoxic power, the animal must be treated for five or six months by the chosen method. Then the serum is considered suitable for the human patient, provided he present the single diagnostic indication of say diphtheria, or indeed if he be in perfect health. In either case he may receive maximum dosage or even dosage that is not tolerated.

Hewlett says, "It is better to mix the serum of several horses if possible, as the serum is then less likely to produce rashes, etc. A small amount of antiseptic is generally added, e. g. 0.2 per cent Carbolic Acid or, preferably, 0.3 per cent Trikresol. Camphor, previously flamed to sterilize it, has also been used, but it is only a feeble antiseptic." (Hewlett, Serum and Vaccine Therapy, 1910.)

Hewlett also says (p. 10), "There are two classes of

curative sera, the one antagonizing the bacterial toxins, such as diphtheria and tetanus antitoxins, to which the term antitoxin is alone strictly applicable, the other antagonizing the microbes, killing or otherwise disposing of them. This latter class may be termed anti-microbic sera; such are antistreptococcic and anti-plague sera."

Against this, however true it may be, we can only say that the influence and effects of serum in a given case correspond not at all to those of the indicated homoeopathic remedy. This remedy as the simillimum is unique. Definite in its energy, and potent to a degree.

About twenty years have elapsed since diphtheria antitoxin was first introduced. Of all the sera now on the market, it is the only one highly vaunted. Others have been administered as specifics, some extensively, but the results are not desirable for publication. Just how to vanquish the bacterium and not the patient is still the problem, and the precise vocation of the bacterium is yet a secret.

To quote Jules Bordet (Studies in Immunity, 1909) p. 1. "Bacteria are highly adaptable. They frequently change both morphologically and functionally. Their virulence is also an essentially fluctuating property, that increases or diminishes according to the conditions to which the pathogenic organism is subjected.

Bordet, p. 8. "The study of the serum of immunized animals forms a new chapter in the history of the struggle between the animal and infective agents, under which heading practical results of the highest importance are already inscribed. Any explanation of the phenomena is, however, still far from complete."

Bordet, p. 69. *"It would seem as if the serum of vaccin-*

ated animals had no particular bactericidal substance, but that a similar bactericidal substance is present in the blood of normal as well as immunized animals. This bactericidal substance *is not specific* unless mixed with the preventive substance, and under its normal conditions will affect only attenuated vibrios. Its energetic action *depends on the combined presence of a preventive substance that is present only in the serum of immunized animals."* Whatever that means we do not know.

Bordet, p. 76. "A bactericidal property is not always present in the serum of immunized animals. The sera from animals vaccinated against tetanus, diphtheria, hog-cholera, etc., do not destroy their respective organisms."

Bordet, p. 77. "If there is a distinction then to be drawn between bactericidal sera and those that are not, it is due to a difference in resistance of the specific organisms, and not to the absence or presence of a bactericidal substance in the serum.

Bordet, p. 144. *"It is probable that serum acts on bacteria by changing the relations of molecular attraction between the bacteria and the surrounding fluid.*

The last paragraph is italicised in the original, which seems to give it significance; and yet to us the conclusion appears to belong to that which is purely imaginary.

Bordet, p. 164. "The special properties that are found in the sera of vaccinated animals are present in a primitive form in normal sera. This fact probably has a distinct bearing on the specific nature of these substances in immune sera."

We ourselves are rather in favor of the "primitive form in normal sera." It seems to promise more than the proba-

bilities that the author quoted and others are fond of entertaining. These probabilities seem to us a trifle hazardous to act upon, despite the fact that they are acted upon almost as if axiomatic: say, "A dozen probabilities make one certainty." This may be all right theoretically, but there remains a risk in its practical application.

It is clear that the task set himself by the laboratory worker in his declaration "The anti-sera are specific" is one exceedingly difficult of illustration, despite the great and interesting thoroughness of laboratory industry in the twentieth century. The physicist, the biologist, the chemist, each does his own work in his own way, and his conclusions approach and suggest Homoeopathy. But he does not as yet by any of his accomplishments express Homoeopathy at all clearly. He has started with an assumption, a pre-supposition, that involves knowledge by himself at least of processes which can hardly be determined, much less explained. It is one thing to recognize and count corpuscles; quite another to reckon with their *vis a tergo*. Hypotheses may be useful and logical. They are dwelt upon in the absence of facts. It is, however, well to bear in mind that hypotheses as such are abandoned when facts arrive—not before.

The therapeutic problem of today is one of safety, and it confronts the patient everywhere. It remains for us to determine whether it is right and expedient in the nature of medicine as a science and are to invade the human organism with the forces of any crude procedure while the utility of that procedure is not positive.

The view of disease as due primarily to bacteria establishes the need of immunity. When the first premise, which

we reject, is entertained by the bacteriologist, he ignores all evidence to the contrary.

The immunity proposition, that everyone must have had a form of the disease in order to be safe, is assuming that individual resistive power does not exist. This assumption takes us back to the ancient innoculation theory, although the fashion in technique has changed.

Metchnikoff (p. 433) cites eight or more instances of immunity secured by natural means, including immunity acquired by heredity. He observes (p. 10) that "immunity may be inborn or acquired," but he declares (p. 1) "The prevention of disease by the production of an acquired immunity is daily assuming greater importance." (Immunity in Infective Diseases, Elie Metchnikoff, 1905.)

By this it appears that artificial immunity is chiefly to be desired.

THE LABORATORY OF HOMOEOPATHY is the living human organism, and it includes in its equipment the whole man; not his body alone, but his mind and all his functions. This important laboratory differs essentially from the so-called biological laboratories that flourish by reason of arbitrary and empiric medicine, whose essential proclamation is that no rule, nor principle, nor law exists for the constant guidance of the medical scientist.

We insist that only the laboratory of Homoeopathy, the human being itself, its own economy, is delicate enough to aid and guide the therapist in his one glorious obligation to conserve human life. Rats and rabbits and guinea-pigs, and even the noble dog, cannot tell us the things that we most need to learn.

Again, Homoeopathy's view of symptoms is unique.

This view considers every phase of departure from health, and its standard of health is high. In a manner it is concerned less with the problems of disease than with the problems of health, for its recognition of symptoms as expressing departure from health is wonderfully keen. Consequently it cannot overlook the sick-making properties of medicinal agents, wherein lies the very nucleus of medicine. A knowledge of what to reject is as necessary as a knowledge of what is to be utilized. In other words, that which is of doubtful virtue, and which offers no advantage over what is well known to be of worth, cannot be accepted. If the homoeopathist had only to cure his patients of disordered health, instead of the incalculable morbid disasters from unscientific drugging of all descriptions, his work would be done with infinitely greater ease.

Homoeopathy has no use for an artificially-prepared serum that is unproven, nor for the hypodermatic administration of medicine. Such agents and such methods are too coarse and brutal for vital employment, when human life is at stake. There is nothing in the vital integrity that gives license to brutality of treatment, to say nothing of the delicate complexity of the complete human organism. Homoeopathy is never clumsy nor crude, but it is perfectly adapted by the preparation and application of its agents to the correction of disturbed health, whatever be the grade or intensity of disturbance. It cures the sick.

Its remedies are proved as received through the mouth into the laboratory of Homoeopathy, the man himself. Here effects are produced in a manner entirely safe, from dosage never hazardous, and the organism gives free expression to these effects in a manner that is fully intelligible.

Per contra, we quote from Hewlett, Serum Therapy, p. 77: "The antitoxins and antisera are usually administered by subcutaneous injection. Various statements have been made and reports are frequently published in the medical journals of the successful administration of antisera by the mouth. In some experiments made by the writer it was found, however, that using guinea-pigs and rabbits, both diphtheria and tetanus antitoxins were completely unabsorbed when given by the mouth or rectum, and therefore this mode of admistration must be regarded as inadvisable, particularly if a rapid action be desired."

The idea here seems to be that what the rabbit stomach refuses must be forced into the circulation of man.

Whatever the ingredients of the serum, or the manner of its elaboration, its mode of exhibition is highly open to objection. The method is a most artificial one, by means of which the substance is forced directly into the organism itself, without actual regard to that organism's resistance. This alone is against the spirit of science and rationality. Such is not the case with remedies entering an orifice of the body applied to the mucous membrane, or when introduced even directly into the stomach. In a sense the remedy is still without the body. It has not reached the circulation. It has by no means secured lodging within the organism. There yet remains to the latter power to reject it, or at least a discretion as to the best disposition that is to be made of the foreign element.

It has been thoroughly demonstrated that remedies *per ora,* remedies rightly prepared and received therapeutically, have the most beneficent activity. At least, the organism reacts to them in a salutary way. Here is no forcing their

ingestion against the behest of the vital powers. The discretion of these powers is held in real esteem—in that respect which serum therapy seems entirely to forget or disclaim. For it is not only sudden death that marks the harm done by such crude operations; there are other and *many* other grades of damage possible.

There is a vast difference in the curing of the sick individual and in attempting to cure disease irrespective of the particular human organism which suffers the disturbance. Homoeopathy demands individual care. This means specific treatment of the exact symptoms of the particular patient in whch disease exists, not specific treatment of his disease *per se*. She has always a specific for his case, to be determined by his own peculiar features, never by virtue of the diagnostic appellation of his disease *in toto*, but only by the actual particular symptoms *in toto*.

The homoeopathic method provides adequate means of treatment, as demanded by the aspect of the patient, apart from his case's history, which can rarely be secured in its perfection. Consequently, the needs of the case are emphasized, and become at once translatable into terms of authentic provings.

Further, Homoeopathy is prepared to rest on the fact that the condition cured by the remedy is the condition which that remedy will produce ON THE HEALTH OF THAT VERY PATIENT. She individualizes her case in proving as well as in healing. She perceives no need for so called immunisation of the case that has been healed.

Homoeopathy provides an absolute or specific cure when the correspondence between the case and the proving is seen. That such correspondence is recognizable and is clearly

discerned, the work of the faithful homoeopathist constantly attests. Such work is as distinct from serum therapy in both intent and consequences as it is and was from routine blood-letting, emesis, diuresis, diaphoresis, and catharsis. It is only a part of fate's cruel or comic irony with things human, that that which has been held the first subject of ridicule in homoeopathic medicine, *the small dose,* is exactly that thing to which our friends the enemy are being led; though they cling with almost blind persistence to the most indirect path. If they ever reach the small dose of Homoeopathy they will not be able to practice allopathy with it, any more than can some in our own ranks at present succeed allopathically with homoeopathic remedies.

The real likeness that serum therapy bears to Homoeopathy is its concession to the latter that the earlier crudities in dominant medicine were bad. Yet, if these crudities of later data are better, they are still too crude to bear any worthy relationship to Homoeopathy.

The aims of Homoeopathy and those of serum therapy are totally unlike. While one is founded on demonstrated natural law, the other seeks to gather through human intelligence and animal experimentation—resulting in a combination of assumption and deductions—a precise knowledge of every detail of distinct and separate vital processes, a comprehension of all their various meanings and ends. A pure analysis of any and every function, as it were. Such order of aim is manifestly incapable of seeing that no advantage is to be gained by eradicating directly certain phenomena of disease at the cost of total vitality. Such is not scientific medicine at all; it is malpractice. It menaces human health and medical progress worthy the name.

When we are told that on injection of "606" "Salvarsan," a severe syphilitic process promptly yielded, but a relapse took place in the form of a severe headache, lasting several days and being followed by optic neuritis, we are not quite able to share the view of the doctor that the few cases of optic neuritis reported as having been due to this up-to-date "remedy" are of insufficient weight to bring "606" into discredit. (Berliner klin. Woch., Nov. 21, 1910.) Yet such optimistic conclusions seem to follow laboratory leadings, e. g. It undoubtedly must be so, for when humanly speaking a certain thing has been destined for a certain purpose, that purpose must have been served! It is like the compound prescription. The doctor puts in a drug for the constipation, another for the fever, another for pain, another for sleeplessness. It stands to reason that each drug will mind its own business and go where it is sent.

However, this is a long way from the laboratory of Homoeopathy, being wisdom that has no chance of classification there. And when we consider that one of the vaccines has by law been forced upon the public, we are less and less inclined to credit Homoeopathy with its power for either good or evil.

Even Wright shows that the opsonic index in a given individual is very changeable from hour to hour. This, to our mind, evidences that something is wanting in this mode of estimating the vis vitæ, the mainspring of vitality. We can not for this and other reasons attach importance to the claim of investigators that say "Veratum viride will raise a person's opsonic index against the pneumococcus from 70 to 100 per cent." Even if the phenomenon occurred, is it surely a good one? Why leave out of consideration the

great truth of the larger individual susceptibility of the patient, only to be determined by the wider range of individual symptoms, irrespective of the specified cocci? We certainly do know that the healthy man may harbor almost a full menagerie of the fearsome and terrible bacteria!

Homoeopathy does not assume to know HOW remedies act in restoring health when they are rightly selected according to definite indications. We do not assume to know WHY it is important to observe exactly the modalities of symptoms in order rightly to select the curative remedy. Did we assume to know these things it would not make us scientific physicians, nor masters of the healing art. We do not know why the apple falls to the ground, but its fall ever attests the truth of the law of gravitation.

The law of cure, forever appreciable by inductive reasoning in the laboratory of Homoeopathy, has established the great trinity of medical exigency: The study of the patient, or taking the case; the study by itself of every single remedy employed in medicine, or proving in its purity; and study of the relation of patient and remedy to each other, which leads to cure.

Before us lies the monograph of a specialist of wide observation. He discusses the progress of treatment of a certain disease, asking the question in his title, "Have we made any progress in the treatment of this disease?" Then he reviews the successive authorities, deploring the complexity of treatment of 30 years ago, and concludes thus: "The subject is a large one, and much remains to be accomplished, yet, notwithstanding the dubious tone of the literature which I have tried to review, I am satisfied that real progress has been made."

This is only one instance of many that come to our notice. We can hardly agree with the present citation in respect to its conclusion. We do not discern in these things real progress. We are sure this audience does not discern in them real progress.

When we see in the mortality statistics the figures for diphtheria, influenza, pneumonia, erysipelas, septicæmia, typhoid, tuberculosis, and cancer, and are told that tuberculosis and cancer are on the increase, amongst other things that come to mind is the thought of the relation of both tuberculosis and cancer to vaccination. What is the profound effect of vaccination to prevent small pox, on the vital integrity of the race? The acute effects are often disastrous, but what shall be said of those which insidiously hide themselves until a larger focus of disease is manifest internally?

Metchnikoff relates that in two cantons in Switzerland where vaccination was obligatory there were more cases of small pox than in three other cantons where the vaccination law is abolished. He says "It is impossible to draw from it any conclusion whatever," since there may have been fewer persons vaccinated in the compulsory vaccination district than in the non-compulsory districts owing to the law not being enforced in the former.

This somehow reminds one of the remark of Sir Oliver Lodge, in Reason and Belief, 1910, p. 136:

"But to say that a scientific man puts forth a theory and, supports it and adheres to it, not because he thinks it true, but because he wishes it to be true, is the same thing as saying that he is not a seeker after truth at all, and is therefore a traitor to his profession."

In conclusion, we maintain that the two schools of medicine will always remain apart. Because Homoeopathy seeks the specific remedy for each individual case, no matter what the name of the disease may be. While the other school seeks the specific remedy for the disease itself, no matter what the symptoms may be of individual cases. The lines of investigation of the two schools do not run together; they are not parallel; they are divergent.

DISCUSSION.

Milton Powel:—Dr. Hutchinson and I discussed this paper together and got it up jointly. We thought that the time was ripe for the presentation of the subject. There is nothing of Homoeopathy in it. A proving is lacking: we do not know what they are, we do not know what they will do in the human body.

Stuart Close:—The statement that these serums are not homoeopathic should be supplemented by the statement that they are not successful. They do not accomplish the results that are claimed for them and which they are designed to do. When results are not favorable they do not receive much attention. Within three months a number of cases of cerebro-spinal meningitis occurred among the emigrants from Greece in the port of New York. They were taken charge of, placed under observation and treated by Dr. Simon Flexner. What were the results of that treatment on the whole I will not say except that two young physicians—internes of hospitals—were infected by the disease and both came under the personal supervision of Flexner. Both died. They died, as reported in the daily papers "in record time," in 24 hours or a slightly longer time. Now as that is a sample of what is being accomplished by Flexner's serum

in favorable, incipient cases, we need not worry about its being an improvement on Homoeopathy.

The attitude of mind in which these experiments were received is significant and it is cruel. High praise was given to the scientific efforts of Flexner but the heroism of the young doctors, victims of the disease, was scarcely spoken of. Of what use is it to protest against the use of new and untried treatments when the tragic deaths of these young men could not bring it home to them.

R. F. Rabe:—I will remind the society that some years ago I procured some Antitoxin prepared by the New York Board of Health, entirely free from preservatives or foreign substances and had them potentized to the 30 and then on a Skinner's machine up to the 50m so that I knew them to be absolutely true to name and reliable. Some of these were sent to Dr. H. C. Allen for proving and some were sent to Boston. They were tried upon a class of students and the results were nil. There seemed to be no pathogenic effects whatever in the Antitoxin. There were a few very common symptoms. This is significant and goes to prove the claim of the essayists that there is no Homoeopathy about the treatment. Its action is antidotal.

E. Rushmore:—Has the poison of Rabies been found reasonably successful in the bite of the dog? I had thought that it had been, but not long ago I saw a statement to the effect that while they were all the time expecting beneficial results yet the only one of the serums that had proved reasonably successful was the diphtheria antitoxin. Is anyone here sufficiently acquainted with the work of the department of rabies to state anything about it?

John Hutchinson:—I intended to get some statistics

from the Pasteur Institute but did not have time to accomplish it. I have made some observations on the treatment but I have not been able to come to a conclusion as to its value yet. I have no positive information upon the point asked by Dr. Rushmore.

R. F. Rabe:—I recall that Dr. H. C. Allen used to speak highly of the use of the so-called nosode Diphtherinum. A short time ago one of our senior students became ill with diphtheria and was treated with remedies Baptisia, and Mercurius cyan. without the use of any antitoxin. He recovered but was left very much prostrated. There was also twitching of various muscles: this was relieved by Nux vom., in low potency. Added to his general prostration was total absence of pupillary reflexes. I gave him one dose of Diphtherinum cm and in one week the pupillary reflexes came back and he is today an entirely well man.

John Hutchinson:—The point in regard to diphtheria has been sufficiently brought out in the discussion of another paper. I knew one of the young physicians who died. At that time the public press, particularly one paper, announced that Flexner had so far completed his discoveries, that death from meningitis would be impossible.

THE STANDING OF HOMOEOPATHY.

By C. M. Boger.

As all homoeopathic practice is of a positive nature, it does not appeal to every form of mind. Much depends upon the soil into which its seeds fall and the parable of the sower finds another illumination. For this reason it is easy to see why it is accepted haltingly or even deserted by professed followers.

Again much of the stress under which it labors must, in common with the difficulties of the other sciences, be laid at the door of faulty instruction; a state from which we are only just beginning to emerge. It should be self evident that in proportion as we cease trying to force the mind into fixed channels we will develop the inner faculties of reflective thinking.

While much must necessarily be taken for granted, it is fundamental that true learning begins with the laying aside of all bias and preconceived ideas—like little children. We will find causes after we have learned to know their effects. The latter have indeed been with us from the beginning, but only now and then has a mind been keen enough to read their language, only too often to be misunderstood and have its work swallowed up in the surrounding gloom. Such was emphatically the medical age in which Hahnemann appeared, armed with a message of deep import.

The law which the master expressed is always demonstrable, if we will for a while lay aside our blinding prejudices, those last remnants of a darker age when men revelled in the blood of their adversaries, all for opinions' sake. If the material advancement of the race has too often been written in blood, its agonies have likewise been lulled into the sleep of death by lethal drugs. O, shame for such things. This and less refined barbarities were and are the practices which Homoeopathy strives to reform.

The pen of the founder of Homoeopathy was far too vitriolic for regularity, and it cast him out; but his disdained law has become the cornerstone of a new house. What it has done, all may read; what it shall do, depends upon the faithfulness of its disciples to truth. The world is waiting

to be shown, to see you demonstrate your case. Are you able to do it? That's the question. The demands of college curicula which force the student into straining every nerve for the purpose of passing faculty and state examinations will never do it. Such forcing methods don't teach, they cram, and their product is but poorly equipped to meet the exigencies of daily practice with curative measures.

The struggle between dynamism and materialism will not end in our day, and the mechanical mind will always be with us. An appeal based on the finer dynamics will always be well beyond the mental grasp of the latter and unless we can hold it by showing the most convincing of results it must inevitably drift into forcible methods.

The power of the simillimum is a constant source of pleasure to the careful prescriber. Almost every day brings something new and he does things that can't be done in any other way. A case in point. Sixteen years ago Mr. C. had the arch of his left foot crushed down. The surgical treatment which he received did absolutely nothing, but left him with a constant dull pain in the injured member which has been absolutely flat ever since. He is a very well educated man and scouted the idea of obtaining help from any source whatever, for which reason it required a deal of persuasion on the part of a near relative before he would venture to even try Homoeopathy. After looking the matter over carefully I came to the conclusion that Symphytum was the only remedy that offered the least hope of relief and accordingly gave him one powder of the sixth centesimal potency. This brought complete relief for six weeks, much to the patient's surprise, and gave me his confidence, which was all important in this case. A repetition of the

same potency was now without effect hence I administered a single dose of the 1M, since which time he has remained entirely free of pain. A case of this sort is one for serious reflection on the part of doubters. Here was an irremovable cause, and yet the indicated remedy stopped the pain which had been of sixteen years duration. The patient was too intelligent to allow the use of morphia or any narcotising drug. Can palliative medication do as well?

Homoeopathy is full of experiences like this, hence it lives nor will it die, in spite of assaults from without and misrepresentation from within. State boards, prejudiced examiners and lying about it do no harm; but false practice is its greatest enemy.

BUREAU OF CLINICAL MEDICINE.

ON CLINICAL SYMPTOMS.

By A. P. Bowie.

Every practitioner of our school meets with difficulties in the study of Materia Medica and various are the plans proposed for such study, and we have on our shelves numerous works to help simplify and reduce to order the various symptoms recorded, as the pure effects of drugs on the human organism.

To be a true homoeopath all these works should be studied and no one can be entitled to the name of homoeopath who discards this study.

Some of the works are misleading, especially those arranged on a physiological livery, as the elder Lippe in his writings frequently mentions.

In the Cyclopedia of Drug Pathogenesy one of the rules followed in compiling the work, was this one: "Include in

the narrative no symptoms reported as occurring from a drug administered to the sick, in other words, clinical symptoms."

It is these latter symptoms to which I wish to call the attention of our society.

Are they to be discarded, or of what use are they in practice?

A pure materia medica can only contain the pure effects of drugs on the healthy, and repeated verification of symptoms of provings must be obtained to make them reliable.

But other symptoms removed or caused by a remedy should not be discarded in my opinion, for valuable experience is gained in this way and all our masters in materia medica have profited by such observation.

Clark, in his introduction to the Dictionary of Materia Medica, says: "I know that symptoms removed by a remedy in a patient who is taking it are an indication of the remedy's powers even though the remedy may not have produced those symptoms in a prover.

"I know that many of the best indications we possess for different remedies were found out during the provings by the disappearance of symptoms, from which the provers themselves at the time were suffering.

"I know that a remedy when taken by a patient will often produce some new symptoms of its own whilst removing the others.

"I know that these new symptoms are available for practice and what is more than this I know the practitioner who cannot recognize drug symptoms in his patient loses the best materia medica teacher he is ever likely to find and will spoil many of his cases by supposing them worse when they are

really doing well on the right medicine and only require to have the right remedy suspended, or properly antidoted."

These are words of wisdom and verified by my own experience and had all of our school paid strict attention to these facts and recorded them we would have had a wealth of information and every doctor would have had a materia medica, with his own observations in it and our chief business at our meetings would be to compare notes, thus each profiting by the experience of others.

To make such experience available to others we must in all cases give the single remedy and the minimum dose.

Dr. Constantine Hering concludes his introduction to his new addition of our Materia Medica thus: "Let every practitioner report his cases or at least his cured symptoms and at the great harvest time they will help to separate the true from the false and a new and a much abridged materia medica may be issued, not based upon the arbitrary notions of one but the united experience of all."

The harvest he speaks of is practicable and all of us should be able and willing to contribute our mite to this end.

DISCUSSION.

R. E. S. Hayes:—I agree with the stand taken by Dr. Bowie in this paper; many clinical symptoms are of the highest value and indispensable in our work of curing the sick. Take for instance the peculiar streaks of mucus along the sides of the tongue which are so striking and sure an indication for Natrum mur. Anyone who wants to eliminate the clinical symptoms must be unacquainted with their value.

R. F. Rabe:—I think that we must discriminate before we pronounce all clinical symptoms good. It is difficult to know what weight to put upon clinical symptoms as a class.

Undoubtedly many of them are of the greatest value but it is also true that a great many of them are of no value at all. They have been handed down without knowledge of their source, copied and recopied many times without verification. Dr. Paul Allen began a search through the materia medica for the source of the symptoms concerning leucorrhoea. He traced the various symptoms back to the original German proving. I aided him a little in that work and it has been published in the form of a pamphlet. He found many that were reliable but he also found many that were absolutely false from distorted sentences and bad translations. Other accepted and printed symptoms he found to come from the "say so" of some one woman unverified. This information makes me say that not all clinical symptoms are worthy of commendation.

Julia C. Loos:—One reason that they have not been more reliable is that in observing them, people have not considered what is consistent with the action of the remedy and what is inconsistent. If a catarrhal symptom is brought out in one part of the body in a patient who is in a catarrhal condition in another part, that is a consistent clinical symptom. But if the symptom brought out is inconsistent with the action of the remedy it should not be recorded as a clinical symptom unless verified.

C. M. Boger:—An objection to clinical symptoms is this: Any symptom that a patient has, may be swept away by the action of the simillimum restoring order in the vital force. The said symptom may not occur in the pathogenesis of that remedy, but it cures it simply because it restores order in the center and all external expressions of disease are swept away. Now, don't you see, that such a symptom

would be recorded as a clinical symptom belonging to that remedy and it would be incorrect. This sweeping away of particular symptoms not recorded in the proving, is especially apt to occur when the mental state is accurately matched by the remedy.

A. P. Bowie:—The proof of a pudding is the eating of it. Some years ago there was gotten up a book called the Encyclopedia of Drug Pathogenesy which was supposed to be very scientific and free from these imaginary clinical symptoms. A more useless work for practical prescribing I have never had in my possession. Hering's Guiding Symptoms is full of them and there you have a valuable work.

CLINICAL REPORTS OF TUBERCULINUM AVAIRE.

By R. E. S. Hayes.

In presenting a clinical report I can do no better service to you than to again direct attention to this indispensable remedy. The most frequent use of it is in grippe, acute and chronic. In those chronic conditions of grippe which simulate pulmonary tuberculosis to the end, the anamnesis is often similar to Tuberculinum avaire. Also acute grippe which cannot be readily cured with other remedies; or which is followed by neuralgia, otitis, changes in the respiratory or urinary systems, rheumatism, hectic conditions, etc. Tuberculinum avaire is sometimes the deciding factor in pneumonia. It is applicable to many clinical entities.

It has been found to act in certain conditions where other tubercular nosodes, though apparently similar, do not act. I use the Avaire in grippe complications, in conditions tending to changes in nerve tissues or in muscles and in

acute inflammations; the Tuberculinum from the cow in joint conditions and in lung and other chronic conditions of recent origin; and Bacillinum in the more remote or attenuated conditions, the "consumptiveness" of Burnett. Experience has directed me to this preference and I offer it as a suggestion.

The conditions reported are such as are observed in every-day work.

I.

Miss G., aged about 48, consulted me April 2nd of the present year. After getting the feet damp and cold, she suffered from stiffness and lameness of the lower extremities, aggravated with first motions after being quiet, ameliorated with continued motion, ameliorated generally and locally while walking in the open air, but becoming easily tired. During the night restless with aching pains, frequently changing position to relieve them. Because of haste during a busy season Rh. tox. 10m was prescribed without more examination.

April 6th reported "no improvement."

Had grippe many times.

Feet and hands perspired noticeably; became cold easily.

Sensitive to cold, but could not bear warm room. Suffered from coryza and bronchitis from slight exposures.

Loss of appetite.

General weak sensation out of proportion to other symptoms. Tuberculinum avaire 30m G.

Improvement was so satisfactory in two or three days as to cause the lady to comment upon it. She remarked especially about the efficacy of "that first powder."

There is nothing remarkable about this report except

one thing. That is that Rhus did not act; that Tuberculinum avaire did and that it is needed for just such conditions. Rhus tox. is good enough for simple grippe with characteristic Rhus symptoms but when a chronic condition is present which causes the organism to be repeatedly susceptible to it, deeper acting remedies are necessary. Tuberculinum avaire must take a prominent place in the consideration of such conditions.

II.

Mr. B., aged 27, had many suppressed colds, several of them during the last winter, two or three of which Rhus had relieved when he consulted a physician.

Feb. 3rd, symptoms:

Began at 1 a. m., with blinding pain of entire head.

Cough dry, tight.

Coryza; anorexia; mustard colored coating at base of tongue.

General aching awoke him frequently, relieved by walking.

Dizziness on rising.

Rhus tox. cm Sk.

Feb. 4th. Aching relieved, but worse generally.

Thirst for cold water.

Exhausting sweat at night.

Subnormal temperature in the morning; low heat during the evening.

Tuberculinum avaire cured and no more colds since.

III.

L. J., 53. On Jan. 20th Rhus tox. was prescribed for grippe with relief. Jan. 24th was suddenly seized with dizziness, yawning, and chilliness. Then stitching pain in

side of chest extending downward, aggravated by motion and cough. Talked excitedly and continuously as if alcoholic. Tongue red, brownish and dry in center. Temperature 103.6. Pulse 100, tense, strong. Rusty expectoration. This condition remained during three days. Next day severe darting pain over left eye relieved after occasional discharge of bloody, tenacious mucus from nose, rather worse from warmth. Aching general at night compelled him to walk, which relieved him. Examination of chest during the illness negative. Feb. 1st found him but slightly improved; losing flesh rapidly.

Tub. av. 1m G. was prescribed and he improved rapidly from that time. No other prescription necessary to date.

IV.

Mrs. J., 52, large head, thin extremities, old dorsal curvature. History of grippe three years previous, with slow and imperfect recovery. I first saw her Dec. 12th, 1910. During the two months previous she had cough and expectoration, loss of appetite and general weakness.

Symptoms:

Cough, wheezing, vibrating.

Expectoration, greenish lumps of mucus.

Aching legs.

Paroxysms of chilliness.

Perspiration of lower extremities.

Sadness and weeping.

General relief from motion.

Bronchial breathing at sides of thorax. Diminished respiration of lower half of one lung posteriorly. Mucous rales of the other side.

Temperature 102.4 (evening).

Tuberculinum avaire 1m G. removed the acute condition, improvement being apparent the next day. Calcarea phos. 200 was prescribed twelve days later. Six or eight weeks later the physical signs of congestion had disappeared.

V.

Mrs. P., 27, a slender Irish girl of tubercular aspect, consulted various physicians during the summer and autumn of 1910 for various symptoms. Those most apparent were increasing weakness and emaciation. During the Christmas season had acute nasal and bronchial catarrh, later grippe and then a relapse. When I first saw her she was pale, cheeks sunken, bluish around eyes, hectic flush, badly emaciated and obliged to remain most of the time in bed.

Shaking chills.

Exhaustion from the exertion of walking from one room to another.

Evening fever.

Loose cough, frothy expectoration.

Raw sensation in thorax during cough.

Aching back, relieved by changing position.

Sensitive to cold. Bronchial condition aggravated by exposure to cold.

Respiratory sound diminished in places—particulars not noted.

Tub. av. 1m G.

A month later I found her able to do her own housework and much improved generally and locally. Hacking cough remained.

Tub. av. 30m G. was prescribed. The lady lived in a distant city and I heard no more from her but the above is sufficient to illustrate the application of the Avaire to such conditions.

VI.

Mr. P., stout and muscular, had several seizures of bronchitis each winter. During the autumn and early winter of 1910 he had a continued bronchitis with acute exacerbations.

Jan. 10th there was recorded:

Bruised sensation in chest as of flesh tearing from the bones, extending round to the right scapula.

Dullness and absence of respiratory sounds in lower part of left lung.

Indolence, nervous heaviness; desire to sleep; to remain quiet.

Much eructation; always noticeable with first motion after remaining quiet a while.

General aggravation in morning; amelioration while walking in open air.

Frequent waking at night.

Stitching pains and cramps of muscles when turning or when in any unusual position.

His work took him to underground conduits and damp places.

Rhus. tox. 50m Sk. Next day comfortable.

Feb. 11th, bronchitis again.

Tub. av. 30m G. produced no apparent result.

March 4th, Symptoms became acute, confined to bed again.

Expectoration, blood streaked.

Cough, dry, squeaky.

Heavy, full sensation in chest.

Aching chest extending to scapula.

Pain in head during cough.

General aching relieved temporarily by changing position.

Cramping of abdominal muscles of the right side aggravated by bending.

Nausea and dizziness when attempting to rise from bed.

Rhus tox. cm Sk. acted.

March 13th. Cough worse again; better in open air.

Soreness in thorax worse from cough or any motion.

General relief from quiet.

Bryonia 50m Sk. acted.

April 2nd. No abnormal signs in thorax. Generally much improved but not gaining.

Aching pressure like a weight at middle and upper sternum, worse from cold, better from warmth, worse in damp weather.

Left side of thoracic walls sore to touch.

Pain of left shoulder and side of neck relieved by motion of head and neck.

Constricted sensation of left hypochondrium with aching at apex of the heart when rising from bed in the morning, extending to the shoulder.

Rhus tox. 25cm G.

After this prescription the condition was better than for nearly a year. Sailed abroad and no report since.

This was not an Avaire condition: it was a Rhus condition. Rhus has amelioration from warmth; Tub. av. has aggravation from warm air, except in advanced conditions.

Tub. av. has amelioration from open air; Rhus from walking in the open air but intense aggravation after quiet in open air.

Rhus is worse in damp weather; Tub. av. not so observed.

With Tub. av. the appearance of the patient is usually dyscratic; Rhus conditions are most frequently associated with susceptibility to effects of dampness, coldness and strain.

The more apparent motile effects of Rhus are usually in the connective tissues; of Tub. av. in the nerves.

The two remedies are sometimes complementary. In advanced conditions of strain and displacement of connective structures they may be alternately indicated at long intervals.

VII.

Oct. 12, 1910, was called to see Mrs. M., aged 69, who was suffering from haemoptysis. Had it also at age of 20. Symptoms were relieved by China.

Mrs. M. was mentally active, tall, slender, emaciated.

History of many seizures of bronchitis.

Ill health since grippe ten years previously. Aching legs with all illnesses since; has to move to relieve it. Has had it nights at times for ten years.

Old neuritis of left forearm, pain relieved by motion.

Frequent headaches.

Laryngitis every winter; lasts all winter.

General relief from motion.

Tub. av. 1m G. prescribed Oct. 13th. Nov. 8th, reported less cough than before the hemorrhage, and general improvement.

Tub. av. 30m G.

June 2, 1910, discontinued treatment. Had gained flesh, no cough, no expectoration, no laryngitis or bronchitis during the winter. Friends said she looked better than for years.

VIII.

Mrs. H., a stout lady of 70, had rheumatic symptoms which became worse during Jan., 1910. Becoming acute in the right shoulder one morning, she applied a mustard paste. The shoulder was promptly relieved but severe pain soon appeared in the side of the thorax with cough and high temperature. By examination lobar pneumonia was diagnosed. After a dose each of Bryonia and Phosphorus the temperature became normal or below on the fifth day. About six weeks later rheumatic pain appears in the throat, around the ribs, shoulders, legs and other places at various times. Worse in left side, by quiet, and relieved by open air. Flying pains in the head.

Tub. av. cm G. relieved quickly and effectually until it reappeared the next autumn, when Rhus was prescribed on aggravation from damp weather, in morning, rising, lying on affected part, relief by change of position, ravenous appetite. I have heard no more from her about "rheumatism" since.

IX.

Mr. V., 26. Double lobar pneumonia. Bryonia, Sulphur and Rhus acted, in turn modifying the severity, keeping the nervous system tranquil. By the fifth day both lungs, if physical signs were reliable, were consolidated except the apex of the right. It was wonderful that the nervous system endured the strain so effectively. There was scarcely any delirium. Pulse 92, temperature 104, respiration 44.

Becoming weaker; losing courage.

Cough, worse lying on left side.

Tongue dry, stiff, shiny, coated yellow.

Full sensation in abdomen, a tightness as if oppressed

by a dead weight. This caused intense distress. Abdomen tympanitic.

Tub. av. 1m G.

Reported grateful relief of abdominal distress "fifteen minutes after taking the powder." Condition much improved next day. Phos. 1m was needed to assist the cure, but the turning point was accentuated if not caused by Tub. av.

X.

A dusky foreign lad of 18 arrived at the gray American shores at 3 a. m. in April, clad in the thinly garments of southern Italy. He was so interested that he sat high on the ship for three hours watching, wondering, and hoping. A chill brought him to bed two days later.

Symptoms on third day:

Stitching pain at McBurney's point, worse by respiration, cough or any motion, relieved by lying on the back.

Stitching pain in head during cough.

Thirst for cold drinks.

Tongue red in center.

Cough occasional, dry.

Copious perspiration general.

Vertigo when rising from bed.

Pulse full and bounding.

Lobar pneumonia of right lung. Temperature 102.1, Pulse 104, respiration 24.

Bryonia 50m Sk.

Next morning, April 7th, apparently better. Temperature normal, respiration 25, pulse 67. In the evening general appearance and sensation not satisfactory but could not be defined. Mucous rales in lung. For two days no change

except pulse became lower, and mucous rales disappeared.

April 10th, pulse 48, respiration 28, temperature 97.

Eyes red. Swelling over right eye. Mental depression, Urine examination negative.

Pain in right side of head.

Pain at McBurney's point returned; worse lying on side, better on the back.

Appetite absent; thirst returned.

Vertigo left side of head when rising.

Bry. cm SK.

Apr. 11th, mental condition slightly brighter. Did the last prescription antidote the first? During this time no change in lung. Expectoration dirty-greenish, scanty, bloody. Pulse 72, respiration 36, temperature per rectum 93.8.

Tub. av. cm. G.

Next day much improved in all symptoms, temperature soon rose to normal, expectoration became copious and easy. In a week all symptoms had disappeared.

Bryonia, though similar to the apparent symptoms suppressed them because it could act only on the plane of those symptoms and not on the plane of the deeper susceptibility. It applied the brakes but steered in the wrong direction.

Tub. av. was not indicated by the symptoms of the patient but was selected by good reasoning nevertheless; and the result proved the correctness of the method.

DISCUSSION.

J. B. S. King:—Just a word in regard to the name of this nosode; it is generally called Tuberculinum aviare, but I do not think that that is correct. Tuberculinum surely belongs to the second declension and the proper adjective is

aviarium, so if my memory of Latin is not at fault the name should be Tuberculinum aviarium.

P. E. Krichbaum:—I enjoyed this paper very much; according to some critics Dr. Hayes has made some unhomoeopathic cures. He has shown that when Rhus seems to be indicated and is not that Tuberculinum cures. Also if Arsenicum seems to be indicated and fails, then Malaria officinalis will bring about good results.

TREATMENT OF THE PATIENT AND OF HER INDIGESTION COMPARED.

By Julia C. Loos, M. D., H. M.

Mrs. E. K., 37 years of age, had moved from the city to a distant one, where I seldom saw her and heard from her only occasionally. In Sept., 1909, she reported in person at the office, giving the following record:

Pain in back below the left scapula, extending through body to the front, day or night; if reclining, unable to continue, must sit up for relief of pain and easier respiration. Pain may continue several hours, sometimes all night; associated with soreness around the hypochondrium and sometimes with vomiting, which may or may not give relief. Pressure, ameliorated by eructation.

Appetite poor for days after such paroxysms. Mouth, offensive odor, breath fetid; teeth in poor condition.

Headache frequently, from vertex to occiput, may continue for a week, worse if she omits coffee, drinks three cups a day; aversion to coffee with headache. Pain sometimes from vertex to one eye; in eyebrow on either side.

Neck, drawing in left side at back, as if head would

draw back, extends down back; ameliorated bending head back.

Shoulder aching, constantly tired.

Cold with these attacks, followed by heat and perspiration.

Upon some consideration it was concluded that the characterizing features of these paroxysms should be sought in Kent's Repertory, as follows:

Chill, followed by heat with sweat, (2nd edition) p. 1254.

Back, spasmodic drawing, cervical, p. 931.

Head pain, better by coffee, p. 138.

This brought China to attention, which, by reference to the entire case, appeared suitable. China 8m. was given.

In October, 1910, I was urged to go to her home to see her. The report was that she had been much improved for a month the previous year and then had removed to a different place. During the intervening year she had suffered many intense paroxysms which four doctors, at different times, had treated. They appeared to be violent attacks of indigestion and were said to be due to obstruction of the gall bladder. It was practically impossible to enumerate all the drugs and mixtures of drugs she had received. Some of them gave temporary relief only by overpowering her sensibilities and sometimes partially overpowering her consciousness; others appeared to increase the suffering, but all undoubtedly gave more disturbance after the acute pains had passed. The revolt had been made against one doctor and then another and finally against all their drugging, when the last mixture containing ether for the heart disturbance and pain had almost finished the patient, according to the

report of her mother and sister. Her latest paroxysm had been one week previous to my visit and they had thought it questionable if she would be alive to meet me.

The doctors had tried to determine what was wrong and upon their various conclusions had administered their drugs, now for the stomach, now for the heart, now for the pain, now for the constipation and variously advising abstinence from certain foods until but very few foods were at her disposal.

The description given was that flatus appeared to collect and press against the heart, occasioning irregular heart action, with pain extending to the back beneath the scapula, sometimes occurring only in the back. Vomiting large quantities of "bile." These paroxysms used to begin after midnight but recently had appeared earlier. There was much pain in the thorax which had been termed, intercostal neuralgia. After the intense pains and the drugging, she had been very sensitive to noise. Rectal evacuations were regular until the drugging. She was hot and cold by turns, at times.

Headaches were frequent, usually frontal and temporal, at times in one or other temple, or in occiput or in the vertex: ameliorated reclining, binding tightly; pulsating ameliorated at times by reclining; aggravation from noise, light, motion, talking, talking of others, and by jarring.

Prostration intense, too weak to pick up things; easily fatigued, knees knock together in walking.

Head, jerking sideways, rythmically, awake or asleep, irrespective of headache.

Menses, absent three months after last September, then had copious flow and intense pain in head; irregular recently,

accompanied by much pain and headache.

Carefully, wisely should this case be handled. After all that had been done for her indigestion, the patient was steadily failing and her condition at that time did appear serious. Clearly much of her prostration and many of the most alarming symptoms were due to what had been used in medication and the lack of nutrition, from deprivation of food. The experience of this family had led them to the conclusion that Homoeopathy could do what no other medical treatment could accomplish and they were prepared to accept whatever dictum might be uttered from the standpoint of Homoeopathy. A thoughtful review of the history and the existing condition at that time, led to giving assurance that it was not hopeless and without doubt the woman might have comfort, restored ability to eat and digest her food and freedom from the troublesome nervous manifestations which made her miserable. Her confidence of relief obtainable from the different treatment made her stronger and brighter even as she awaited the doctor's arrival, as she said she knew she would be better. So far so good but more was necessary.

Comparing with the history of the previous year, allowing for all the drugging in the meantime, there appeared nothing to contraindicate a repetition of the remedy which had been called for and proved useful then, consequently China 8m was given.

In one week improvement was definitely reported in appetite, stomach, head and sleep and the jerking of the head was present only occasionally. In the next two weeks she had gained two pounds in weight and three quarters of a pound in the next two weeks, in spite of an acute coryza and

one and a half pound in the next two weeks, making a total of four and a quarter pounds within two months. This is indicative that there was some decided digestion and nutrition occurring. About nine weeks after the first dose, China was repeated, when some of the symptoms began to reappear.

An acute attack of pain in the head with loss of vision, fever and pain in right hypochondrium was the occasion for another visit from the local doctor who diagnosed a condition of "inflammation of intercostal muscles and closing of gall duct." The medicine administered, "carried off much bile and the intense pain was ameliorated" but much soreness in the right hypochondrium and pain in the epigastrium remained, also cough "from the stomach" and general weakness. A continuance of the liver symptoms and headache, persistent constipation and aching through the flesh was the occasion of a dose of Nux v. to antidote her noxious drugging. Since that Carbo veg. has been used. The general condition of the patient is decidedly improved, but recent reports are infrequent and indefinite. When a clear report can be obtained there will probably be evidence that further use of China will be needed to continue the work it so admirably commenced.

The history is recited to compare the results from our method of considering and aiming our prescriptions at the patient, expressed in the image of characteristic symptoms and the results of attempting to correct one or other organ as though that occasioned the sickness.

DISCUSSION.

H. L. Houghton:—The subject of this paper shows the great advantage which the homoeopath has over the

old school and over all those who depend upon diagnosis. All the known methods of diagnosis may be used to throw light upon a case and to increase our understanding of it but that does not help at all with the prescription. A good prescription may be made without a regular diagnosis and that is where we have the advantage over the pathologists. The diagnosis is not essential to the cure. If you can make a diagnosis, well and good; but if you cannot you can still make a successful prescription. If we still have a sick case on our hands after a prescription, we know that we either have made a mistake or else we are dealing with a case that is incurable, and thus the remedy helps in diagnosis.

C. M. Boger:—In giving remedies for chronic states it is often difficult to know how long to wait. It is my experience that a wait of four or five days is necessary before the remedy begins to act. Sometimes there is a terrible aggravation on the fifth day. I have seen it almost kill the patient. Under a potency of Calc carb. a patient was made so sick that it seemed doubtful to me whether recovery was going to take place or not. Men poorly instructed in Homoeopathy are apt to fail at this point. They are almost sure to prescribe for the aggravation or to soothe it in some way. It should be let alone. You must be sure that it is an aggravation and then you must let it alone. By observation you can learn something from each case that you treat. As I say it is a difficult problem to know in a given case how long to wait. Too frequent repetition gets you into trouble—more than before.

E. N. Chaney:—Do you ever change the potency in a case, high for several days and then low? The latter seems to give relief while the high is reaching the plane where it

acts. The necessity for waiting I believe applies only to the high. The low potencies may be repeated.

C. M. Boger:—Hahnemann explains that matter in the preface to Calcarea carb. The explanation there will answer for all remedies.

E. Rushmore:—I desire to speak in regard to the celerity of action of potencies. In a case of rheumatic fever I gave Aconite 900th with some amelioration; then I gave the 30th with not nearly so good results. The next day I again gave the 900th with prompt results, the patient soon becoming well.

E. E. Case:—I want to emphasize what Dr. Houghton said about the remedy often making a diagnosis for us. I have had a number of cases of obscure pelvic disease. I observed them carefully and whenever they did not respond to a correct prescription they proved to be malignant growths.

Julia C. Loos:—A low potency given after a high one, generally acts antidotally, so I cannot think that Dr. Chaney is right in what he says.

REPORT OF A CASE OF CHRONIC GASTRITIS WITH HYPOCHLORHYDRIA.

By Rudolh F. Rabe.

The patient, a woman of 60 years, presented herself for treatment on August 22nd, 1910. She was weak and decidedly emaciated, having lost greatly in weight. Her history showed the birth of a child at 28 years with much cervical and perineal laceration never repaired, a miscarriage at 35 years in the third month of pregnancy, followed by a decline in health. Climacteric at 55 years with frequent hot flushings. Menstruation had always been free.

At the time of my examination the condition of the patient was as follows:

Emaciation, decided. Skin dry and lifeless. Lungs normal, heart normal in size and position, no murmurs, but heart action weak. Liver and spleen normal in size and position, abdomen sunken. On palpation tenderness over the area of the stomach. Perineum lacerated to the second degree, prolapse of uterus with procidentia from exertion or straining. Cervix eroded, os uteri irregularly lacerated. For the past three years has complained of attacks of abdominal pain and vomiting. Bitter and sour eructations. Violent rumbling of gas. Fulness and pressure in epigastrium coming on an hour or so after eating. To relieve this pressure she forces herself to vomit. Often vomits food which has been eaten the day previous. Burning pain in the stomach. Vomits large quantities of fluid, seemingly more than she has drunk. Brings up ropy white mucus from stomach. Tongue looks dry, is red at the tip and coated whitish at base. Of late has had diarrhoea with dark green mucous stools. Usually very thirsty; water, especially if cold, causes burning in the stomach. Warm water relieves this; but craves cold drinks which are vomited an hour or two later. Has several hemorrhoids which came on after birth of child and have been more troublesome since the climacteric.

An examination of the urine, stomach contents and faeces was made on August 25th and the report of these examinations is herewith appended. So far as the stomach is concerned the total acidity appears to be not much below the normal, but free hydrochloric acid is diminished, being present in the amount of 0.031%, the normal being from

0.1 to 0.2%. The digestion of food in the stomach is almost nil. Although the presence of gastric cancer might be suspected, such a diagnosis, in the light of the evidence presented, is not justified and one of chronic gastritis with hypochlorhydria must stand as correct.

Rest in bed was enforced, fluid and semi-solid diet prescribed and one dose of Phosphorus 1000, given. Sufficient improvement followed to enable the patient to leave for her home, several hundred miles distant, in about three weeks. A single dose of Sulphur 21m was given about two weeks after the Phosphorus, then the latter repeated on September 30th, in a single dose of the 35m. On October 6th a report by mail of dreadful burning in the stomach, excessive thirst and vomiting was received. One dose of Arsenicum album 50m was sent. Improvement began at once, but was slow. Thirst decreased and burning distress became less. On October 25th, symptoms were becoming worse again. Arsenicum album 30, t. i. d., sufficient for one week, was sent. Improvement again commenced and the remedy was continued for ten days more. The patient was now going as long as two days without vomiting and was gaining a little in strength. On November 14th, a powder of Arsenicum 200, was given every night for ten days, followed by the same remedy in the 500th, every other night only, until ten doses had been taken. By November 29th, the patient had gained eight pounds in weight, was vomiting very little and had no burning or distress in the stomach. The patient was given no further medicine until December 20th by which time she had gained six pounds more or fourteen in all. She was now vomiting once in five or six days only and complained of very little

burning or thirst. A few days previous to December 20th a dose of Pulsatilla was taken for some painful varicose veins of the leg and seems to have relieved this condition. A single dose of Arsenicum 1000 was now given, but on January 3rd, 1911, after taking one of the proprietary predigested foods, renewed gastric burning and vomiting set in. A single dose of Sulphur 1200 Jenichen, was sent and restored order quickly. By January 31st the patient had gained six pounds more or twenty in all. Her weight from 100 pounds at the beginning of treatment had now increased to 120. Vomiting now occurred very seldom and a much greater variety of food was indulged in. On February 22nd after some apparent indiscretion in diet, the patient after an interval of two weeks, again vomited. She seldom had any burning, but complained of painful attacks of flatulence. Bowels, sleep and appetite seemed to be entirely normal. One dose of Carbo vegetabilis, 1200 Jenichen, was given with immediate improvement and the weight of the patient increased three and one half pounds more. On March 21st the patient reported continued gain in weight, strength, no burning in the stomach, no abnormal thirst, vomiting very seldom; appetite, bowels and sleep entirely normal. No new symptoms.

At the present writing, April 28th, 1911, the patient remains entirely well and free from symptoms.

The points of interest in this case are the diagnostic and pathologic findings, the apparent necessity for and unmistakable improvement under frequent repetition of the Simillimum, the ascending potency scale and the clinical relationship between and complementary action of the remedies employed, namely, Phosphorus, Arsenicum, Carbo vege-

tabilis and Sulphur. All four have burning pains as a general characteristic; at least three, Phosphorus, Arsenicum and Sulphur have a marked thirst, although Phosphorus is often thirstless. Phosphorus, Arsenicum and Carbo vegetabilis are cachectic remedies and produce profound weakness. The first two are decidedly complementary in action. The interpolation of the occasional dose of Sulphur always stimulated a flagging reaction and serves to emphasize the time honored dictum that Sulphur is to be considered when the indicated remedy fails or ceases to act. But by way of parenthesis let it be said, not unless Sulphur symptoms are really present.

No adjuvant treatment was employed with the exception of the application of a snug abdominal belt, which gave the patient a sense of increased comfort and lessened the tendency to uterine prolapse. Undoubtedly the latter caused some degree of enteroptosis and aggravated the vomiting, but it will be noticed from the recital of the case that, although the belt was worn from the beginning, almost, of treatment, real improvement began much later or after the administration of Arsenicum 30 in repeated doses.

It is believed that this case is a convincing illustration and demonstration of a homoeopathic cure. The procidentia will of course, require surgical interference, for which the woman is now well prepared.

The Sydenham Laboratories, New York, August 25, 1910. Name of patient, Mrs. H.; examined for Dr. Rabe.

URINE—CHEMICAL EXAMINATION.

Total amount in 24 hours, not stated. Specific gravity, 1020. Reaction, acid. Color, amber. Appearance, cloudy. Sediment, very light, white, flocculent. Urea, grammes per

litre, 22.4; grains per ounce, 10.5. Albumen, trace. Bile, negative. Glucose, negative. Acetone, negative. Chlorides, normal. Indican, very decided. Phosphates, normal.

MICROSCOPICAL EXAMINATION.

Casts. Hyaline, very few. Granular, negative. Epithelial, negative. Blood, negative. Fatty, negative.

Crystals. Uric Acid, negative. Phosphates, negative. Calcium Oxalate, negative.

Amorphous. Negative.

Cells. Red blood cells, negative. Leucocytes, very few, single. Epithelium, few, large, flat.

Cylindroids, negative. Mucus, in small amount. Spermatozoa, negative. Bacteria, negative.

BLOOD EXAMINATION.

Haemogobin, 82; Red blood cells, 4,200,000. Leucocytes, 8,360.

Differential count, 500 Leucocytes.

	Per Cent.
Polynuclear	67.0
Transitional	3.0
Lymphocytes	12.2
Large mononuclear	15.8
Eosinophile	2.0
Mast Cells	0.0
Myelocytes Neutrophilic	0.0
Myelocytes Eosinophilic	0.0
Total	100.00

Abnormal Red Cells. Microcytes, none. Megalocytes, none.

Nucleated Red Cells. Nomoblasts, none. Megalo-

blasts, none; Gigantoblasts, none.

Appearance. Variation in size, very slight. Variation in shape, very slight. Granular degeneration, none. Polychromatophilia, none.

Blood plates, normal. Plasmodium malariae, not present.

GASTRIC ANALYSIS.

PHYSICAL EXAMINATION.

Received 64 c. c. of a light green liquid showing on standing about 6% sediment.

CHEMICAL EXAMINATION.

Reaction	Acid to litmus	
Total acidity	44	0.11%
Organic acids and acid salts	13	
Combined HCL	9	0.031
Free HCL	22	0.084
Lactic acid	absent	

MICROSCOPICAL EXAMINATION.

Food residue, many undigested starch cells. Moderate number fat globules.

Crystals, negative.

Cells, few superficial epithelial cells. No red blood cells. Occasional single leucocyte.

Mucus, in moderate amount. Stained a bright green.

Bile, marked reaction.

Bacteria, of characteristic types. No pathogenic.

FAECES EXAMINATION.

Color, dull brown.

Odor, slightly offensive.

Appearance, mushy mass.

Reaction, very faint acid.

Mucus, few unstained masses.

Bile pigment, negative. Tests for hydrobilirubin, positive.

Biliary acids, negative.

Trysin, present.

Indol, in very large amount.

Skatol, traces.

Proteids in suspension, in large amount.

Concretions, absent.

Fermentation test, 10% putrefactive gas volume.

MICROSCOPICAL EXAMINATION.

Food residue, many starch cells.

Fats, few globules.

Blood, negative. Tests for "occult" blood negative.

Epithelium, occasional, degenerated, large, flat.

Pus, negative.

Crystals, negative.

Ova, negative.

Parasites, negative.

Bacteria, within normal limits, large number of anaerobic type. Tubercle bacilli negative.

SYNOPSIS OF URINE, BLOOD, GASTRIC CONTENTS AND FAECES.

Urine. The findings show a renal disturbance, the exact type of which is questionable. If bile was being absorbed into the stream it would account for the picture, but repeated tests for bile proved negative. The indican is very heavy, indicating a pronounced putrefactive condition of the intestinal tract which is confirmed by faeces examination.

Blood. There is no evidence of a suppurative or pronounced inflammatory process. For a case of this duration the degree of anaemia is small. The differential shows nothing abnormal.

Gastric Contents. The appearance on removal was a light green color which proved to be unaltered bile. The mucus present microscopically was stained a bright green color. The total acidity is not very much below the normal. There is no evidence of any lesion in the stomach as would be shown by presence of blood, pus, and a desquamation of the epithelium. The digestion of the food intake is poor, which may be accounted for by the presence of bile.

Faeces. There is nothing abnormal in the findings except the large putrefactive gas volume. The common duct is open as shown by the presence of hydrobilirubin. The presence of trypsin would exempt any pancreatic disturbance. It is thought that most of the food passes into the small intestine without much help from the stomach and hence the resulting putrefactive changes.

DISCUSSION.

J. B. S. King:—This report is to be commended for its thoroughness: the examination of the urine excluded all organic disease in the kidneys; the blood examination is thorough but reveals nothing of importance except a slight deficit of Haemoglobin and Red Blood Corpuscles. The examination of the faeces reveals nothing of importance, nor does the final summing up of the analyst throw much light upon the case. The only purpose of such thorough examination could be to prevent criticism of what the homoeopathic remedy actually accomplished. This common weakness of our reported cases, is thereby avoided. The

procedure here offered would be too elaborate and expensive for daily work and would have to be confined to reported cases.

F. W. Patch:—There is a necessity for some standard for our work; much of it is ineffectually reported for lack of accuracy in diagnosis and thoroughness. If we had some standard set before us, it would be wonderfully helpful to work up to it. I think that the time is ripe for homoeopathic societies to adopt some requirements for reported cases. In my own work I have used a printed form which has been of the greatest assistance to me. Not that it helps to arrive to the remedy; that is not claimed for it but it is a constant reminder to me that I must be thorough. The adoption of a standard would make much more available data for arriving at conclusions by means of statistics.

Guy B. Stearns:—A physician who has all the pathological findings before him has often an indication for a remedy. Take a puzzling case, a case that you are not sure of and on examining the urine you find an excess of phosphates and your mind would be immediately directed towards a number of remedies. Not only does it call up a group of remedies but it also suggests a line of questions to ask the patient in order to find out the real condition. In the same way excess of Uric acid, or of Indican or a decrease of acidity would each give you a point of departure in the study of the case. They all call to mind something of a remedial nature. Hence there is a great deal to learn from this sort of analysis. There is too much unreasonable objection made against modern methods of diagnosis, by Hahnemannians. The findings of the pathologists are mentoned, if at all, with scorn. The other day antitoxin was

mentioned; now I believe that antitoxin has brought down the death rate of diphtheria. If it is a fact, it should be acknowledged; nothing is gained by denying it, if it is a fact. It is not as good a method as ours, but I believe that it has done a deal of good. It has not in my opinion any relation to the homoeopathic law.

Stuart Close:—I endorse the position set forth in the paper and also the suggestion of using that paper as a model for future reports. I consider the suggestion made by Dr. Patch that there should be a standard for published papers to toe up to a most important one. We would thereby be protected from the play of the imagination that sometimes presents imaginary results. It would make our reports more valuable and would cut out from our discussions much that is irrelevant and inconstant. We take too much time to say very little of importance. If we had some standard to serve as a guide it would be better both for the discusser and the listeners. One other point was the observation of the action of the potencies. The 40m of Arsenicum was given without result but when the 30th was given in repeated doses a reaction was brought about and the way opened for the administration of higher potency. I have paid some attention to the degree of the vital reaction of the patient: where we have a case that has been long ill, in which the vital force is in a depressed condition, the lower potencies act better at first. Then when something of a reaction has occurred, the higher potency is more needed. In certain types of people of a nervous, irritable nature, the high potencies bring about too violent an action. Such do better at least at first, on the 6th or 30th.

C. M. Boger:—The case reported was one which the

essayist took plenty of time to investigate and he did it thoroughly. Those of us who have much to do have not so much time at our disposal and cannot do that kind of work. It is worth while, however, to cure a case while the other fellows are watching and making the diagnosis. Fortunately we are so made and our sicknesses so express themselves that it does not require a microscope to solve the problem. Disease demonstrates itself in ways that can be seen if only we have eyes to see with. A case came to me in which a short examination revealed to me that the main trouble was the relaxation and stretching of the uterine ligaments. The uterus sagged backward and the whole system was in that condition of relaxation. It was not at all necessary to have the urine or blood examined, and it would have been mere folly to have examined the faeces. Moreover, the woman did not have the money necessary for such an examination. To me Sulphur was written all over that case. I gave one dose of the millionth potency and there was a reaction in five days which lasted for two weeks to the great benefit of the patient. I re-examined her and found a decided difference in the condition of the uterus. In a little time with a few more doses of the same, every symptom that she complained of disappeared. She now began to complain of new symptoms: pain in the region of the liver; she could not lie down on that side. No doubt the displacement of the uterus originated in the previous condition of the liver. She had light colored stools followed by dark colored stools in alternation. Magnesia carb. was given and in three weeks she came in a perfectly well woman. She says that she feels better than she has for many years. The point is that while not all of us have the time to make these exhaustive exam-

inations in the rush of practice, yet we can attain to excellent results without them. It is our business to cure cases without going through all that analyzing, expensive as it is, both of time and money. Fortunately God has so made man that if he is sick, symptoms present themselves and offer a means of curing.

P. E. Krichbaum:—I commend the paper and the scientific examination made. I have only one criticism to make; the results of the thorough analysis are astonishingly meager. In Montclair, we have a stomach specialist, and being of an inquiring mind I asked him some questions, the result of which was that even with the most thorough examination you have got to study the patient just the same, and that without that you cannot arrive at any satisfactory conclusion whatsoever.

W. H. Freeman:—I was unfortunate in not hearing the paper but I came in in time to hear what Dr. Close said about the relation of potencies to temperament. I have a case of clear cut cirrhosis of the liver; it was said to be a fatal case but I have had him for three years. At the present time he is under Sulphur. He gets it about every thirty days in the millioneth potency. I began at first with the 30th, with the intention of going up or down as the course of the case might indicate. After the 30th, he felt better for two or three days only. I repeated the 30th and kept repeating it as long as it helped. Slowly I have had to go up to the 50, then the c m and finally the millioneth. He has been tapped but twice in the three years that I have handled him. Before that it was much oftener. It is not a curable condition; he has got to die of it, but it shows what the remedies can do and that the low acts, and

that it is a good plan to let it act as long as it will before going higher. There are some individuals who will not respond to high potencies but who will respond to low ones. For instance I had a woman with valvular lesions of the heart from rheumatism. Pulsatilla 30th acted beautifully and when she came back I gave her the same in the 200th. But it was without action of any kind so far as I could determine. I went higher without benefit and had finally to drop to the 3rd and got a fine cure. At least the symptoms disappeared for three months. She came back with symptoms calling for Kalmia.

CLINICAL CASES.

By E. A. Taylor, M. D.

Case 1—Mrs. C., age 32, was apparently well up to the time of her confinement. Labor was difficult, forceps were used with complete laceration of the perineum, extending into the rectum and including the sphincter. The tear was repaired at once by the physician in charge but the patient developed distressing symptoms of vesical irritability, and the doctor, thinking that there was some involvement of nerve fibers in the contracting cicatrix, performed a second operation in the hope of correcting the trouble, but the condition remained as before and she finally came into my hands.

An examination showed that the perineal tear had healed and the surgical work seemed to have been successful in restoring the integrity of the tissue, but unfortunately the patient was in great distress. She was troubled day and night with a frequent desire to urinate, passing but a small amount of urine each time with great distress at the close of urination. There was little pain during urination but immediately following it there was a sensation of spasmodic

closure of the neck of the bladder, with bearing down and sharp cutting pains in the urethra. She is exceedingly irritable, whch is contrary to her usual disposition. Thirsty, drinks large quantities of water. This bladder trouble makes her cross and ugly, prevents sleep, impairs the appetite and causes general discomfort. A sample of urine showed absence of sugar and albumin but much mucus and a number of dark clots. On asking about the condition of her bowels, she replied that they moved freely enough, and she said, "they move a little every time I urinate." She received Muriatic acid 30, a few doses of which cured her completely and permanently. Once when the symptoms returned after the first dose had exhausted its curative action, she said that she was worse every afternoon at four o'clock and continued so until bed time; but as Muriatic acid has some pain symptoms from four p. m. until midnight we did not change the remedy.

Case 2—S. J., ten years of age; has been a rather delicate boy all his life, and it was feared that he was tubercular as he had many enlarged cervical glands; was weak and pale and had been troubled for months with a painful and persistent conjunctivitis, involving the ocular and palpebral conjunctiva which was exceedingly red and congested, and any attempt to open the eyelids, resulted in pain and a profuse gush of tears. The profuse lacrymation and excessive photophobia with the enlarged cervical glands were the obvious features of the case; but it was learned that some years before he would have a stool without knowing it until after it had occurred. Aloes was given without benefit and this illustrates one of our follies, namely, basing the prescription upon the past history when the same does not find confirmation in the present symptom complex. Now,

while it was true that this boy had had that Aloes condition, yet he did not have it now and had no other symptoms calling for Aloes.

It should not have been given. But we might say that there was a paucity of symptoms, all the more reason then for paucity of action, since symptoms are the only signals that can guide us to the goal. Why had we failed? Was it because there was psora present and if so how should we know it and what should we do for it? Is there any treatment for psora *per se* any more than there is for pneumonia or rheumatism? Hahnemann never taught such a doctrine, though some attribute to him this fatuous philosophy.

The mother of the boy brought him to my office usually about nine or ten a. m., and although she said that he slept well, yet I observed that he *yawned frequently*. This occurred every time he came. Why should this boy, who had slept well all night be so frequently and persistently yawning in the forenoon? Other boys do not do so and he formerly did not. It was part of the morbid perspective; an obvious deviation from the normal state and as such possessed value far beyond any generalization, supposition or theory. With this fact noted we proceeded to select a remedy and grouping the symptomatic phenomena of profuse lacrymation, extreme photophobia conjoined with morbid yawning and enlarged glands we gave him the remedy having all these in the highest rank and cured him. The eyes healed; the enlarged glands subsided; the pale cheeks took on the rosy hue of health, the yawning ceased and he is now a hearty, healthy, strong and vigorous boy, made so by Rhus tox given in the 10m potency.

The remedy was given on the above symptoms, and al-

though not classed with the antipsorics, the cure was none the less prompt and permanent.

Hahnemann says that "The totality of symptoms observed in each individual case of disease is the *only indication* to guide us in the selection of a remedy." Hahnemann was right and all the deviations and diversions of his so-called followers will not disprove this basic principle nor diminish its value. It is the solid rock upon which rests the science of therapeutics and upon which it will ever remain.

CLINICAL SKETCHES.

By Lawrence M. Stanton.

In writing of clinical work I am always burdened on the one hand by the necessity, actual or imagined, of detail and scope of presentation, and on the other by a conscientiousness lest the "cures" should backslide and in the end the reader be deceived. But to call such cases sketches changes the point of view. The work is now primarily for the writer's profit and is not ever quite intended for exhibition. There is relaxation in this attitude, which relieves one of some, if not all, obligation.

It matters not, then, if the work is fragmentary, if a limited experience is presented instead of the whole history of a case. Or if the writer chooses to go further and detach certain details from such clinical experience he is at liberty to do so, if he does so for the sake of emphasis or to spare his reader.

In this sketchy way I offer the following cases:

I—A lady consulted me in regard to a large wart occupying the dorsal aspect of an entire phalanx of one of her fingers and extending nearly half an inch above it. Surface somewhat seedy; occasionally throbbing but no pain in it.

She had had it for the past fifteen years and during this time it had been frequently burned off with an acid or otherwise, but it had always quickly returned. There was nothing in her general condition pointing to a remedy. Finally, however, she mentioned the fact that when a girl she had burned her finger badly and that from the scar had sprung the wart. Immediately Causticum suggested itself as the remedy, as in fact it proved to be. In less than two months under the 45m potency the wart had entirely disappeared. The remedy was repeated once in this time.

The case well illustrates the reputation Caust. bears for the chronic effects of burns, whether the patient expresses it by saying, "I have never been well since that burn," or whether we find some local pathological condition as result.

II—A boy twelve years old presented himself with both hands pretty well studded with warts, perhaps a dozen in all. Some were seedy, while others were of the smooth variety. One occupied the end of a finger under the nail and encroached upon it to the extent of having eaten it away; in fact the nail was itself warty at its margin. The boy had had a soft corn between his toes some time ago, and callous places on his feet were frequent enough to seem unusual in one of his age. The little patient was in perfect general health.

Under Antimon-crud. 2c the warts were gone in six weeks and the ragged, broken finger nail had become a healthy one.

If you recall the Ant-crud. nail affected with warty growth; its warts, some smooth, some seedy; its callous places and corns on the feet, you see what an excellent likeness of the remedy the patient presented.

It was several years ago that these two cases were in

my care and at the present time there has been no return of the warts.

III—After a period of protracted hot weather one summer, a man called to see me suffering from an excruciating headache. He had had it for several days and could neither work nor sleep. He approached the office from the waiting-room in the most cautious manner, steadying himself from table to chair or other object of furniture so as to avoid jar or sudden motion. At first I hardly knew what was the matter with him and, as he was an actor, wondered if he were playing a part at my expense or possibly for my amusement. The pain was of the full, bursting, hammering kind; his face was not flushed.

In going over his case I could find nothing but the continued heat to account for the headache.

Nat. mur. 10m was given with the promptest relief.

It is hardly necessary, I suppose, to call attention to the close resemblance in headache that Nat. mur. bears to Bell. and Bry. As a summer remedy, however, I am quite sure it is often overlooked. Its complaints from the sun are many, and Dr. Saunder, in The Homoeopathic World, says he has cured several cases of sunstroke with it. Add to this as a causative factor the loss of water and salts, chiefly sodium chloride, from the system occurring in hot weather and it is evident we have in Nat. mur. an excellent remedy for the troubles of this season.

IV—Another case of headache, or rather headaches, the patient having suffered from their recurrence since boyhood. The account of his case was sent me from California by a relative of the patient with the request that I prescribe upon it if possible. I transcribe from his report: "The patient suffers periodically from the most terrible headaches, lasting

three days. He neither eats nor sleeps during them and yet when things are over he gets right up a well man, as strong or stronger than before. Most remarkable! Constipation invariably precedes these attacks, perhaps for two or three days. Their coming on is further presaged a few hours before by slight dizziness and cold knees and weakness. They are always on one side of the head but interchangeably. Their extreme point is the eye but it extends over it into the forehead and on the temple; sometimes at the back of the head. Hot applications rather than cold help. Is very chilly during them. Has to lie down—head simply falls if he sits up. Can't stand light, especially at the side. Sick at stomach but only little vomiting and then only greenish bile. Spits a great deal during the attack. The pain is most piercing, yet he is usually stoically indifferent to pain. Feels as if head would come off. Eating late at night or little indiscretions will bring on a headache."

On the great strength of the one symptom, "Spits a great deal during the headache," I sent Epiphegus, 30th potency.

Some months later the patient wrote from Geneva, Switzerland, "A thousand times thanks, the medicine has conquered my headaches."

V—This patient was suffering from a sub-acute bronchitis which three months previously had followed an acute attack.

The cough was accompanied by a profuse amount of expectoration, sometimes stringy, more often not; cough occasionally ending in sneezing; ineffectual cough and hawking. Respiration wheezing, whistling and laborious. The chest walls painful to touch and when sneezing. Much constriction of chest. Auscultation gave sibilant and sonorous

breathing, together with coarse and subcrepitant râles, over the left side only.

A rapid recovery was made under Senega 2m and 2c, one symptom only persisting. More correctly, I believe, this condition did not show it self until now. She could not lie on her right side without oppression of respiration, which at night frequently wakened her; ordinarily she slept preferably on this side. Squilla 9c, and she had no further trouble.

VI—This sixth case is one of acute articular rheumatism, the patient having suffered a number of attacks in the last four years. Through one of these I had conducted him, but tediously and with hardly the relief he had received from the salicylates.

Now he had come down with a recurrence of his trouble. What was to be done! Out of a dross of symptoms I succeeded in extracting two which truly seemed golden. One was "increasing rheumatic pains just in proportion as the sweat increases" and the other "warm, profuse sweat soon after falling asleep." On these two symptoms Tilia europea 30th potency was given with the happiest result, the patient making a recovery that astonished us both.

A symptom I had noted in the previous attack, i. e., "restless sleep on account of the bed feeling hard," is also an interesting one in this connection, it too being found under Tilia.

VII—If I should try to give you the full history of the following case I would probably fail in doing so and undoubtedly you would be wearied by the attempt.

Of the past suffice it to say that the patient had been an off-and-on invalid for many years and of her symptoms there was no end. Most of these had a physical basis, however, for she was not of the foolishly imaginative kind or hysterical.

In recent years most of her trouble had centered about her back and this had been diagnosed, curvature, a dislocated vertebra, or what-not, and treatment had fluctuated with the diagnosis, the prognosis, however, remaining invariably bad. Every now and again she would come down with an attack of painful disability of some portion of her back. Such attacks would lay her up for weeks at a time, if not for several months. The present one involved the lumbar and sacral regions. Her suffering was intense. She lay on her back like a log, not being able to move an inch from this position, and resting on either side was impossible. This inability to move was not, however, so much on account of the pain that moving undoubtedly caused as it was an actual paralysis of the muscles involved. I satisfied myself thoroughly on this point and noted it as a valuable indication for the remedy. The abdomen was bloated, and gas was continually passed from rectum. In the lower segment of the abdomen, left side, corresponding to the location of the sigmoid flexure, and extending through to the back, was a continuous pain which could not be well described; it was much aggravated by touch. The stools contained mucus which was jellylike in consistency.

These, then, were the symptoms—the paralysis of the back muscles; the aggravation of pain on the least motion; the pain in the sigmoid curve of the colon; the lumpy, jellylike character of the intestinal mucus—these were the clear symptoms, if the confusion of others were disregarded, that pointed to Colchicum as the remedy. The 5c potency was given. The patient made a record recovery, getting up from bed in a few days and in a few more being able to start on a journey.

DISCUSSION.

Julia C. Loos:—True Homoeopathy must be keenly discriminative in observing, classifying and deciding upon the symptoms of a case; the marked differences to be found by a trained mind in different cases of the same disease illustrates this. It is easy to conclude after a hasty or careless examination that there are no peculiar, uncommon or characteristic symptoms in a given case but a careful view will give the marked modalities and differences which distinguish that case from all others. Each case presented in this paper was skillfully characterized homoeopathically speaking and that was what appealed to me in it.

CLINICAL CASES.

By Clara H. Williams.

Case No. 1. *Coryza.* Mr. W. wanted something in a hurry. Symptoms: sneezing, eyes watering, nose red, watery and burning. Throat and larynx smarting and burning. These, and as the day previous had been unusually warm and dusty, caused me to give him Ambrosia 30. x 6 doses; powder to be taken every four hours.

Next day, he called and said, "That is dandy cold medicine. The cold is all gone but I want a few more powders. Don't forget what you gave me."

Case No. 2. *La Grippe.* Mrs. B., after being ill three days and using home remedies, called me in and I found her in bed with red face, temperature 103, aching and tired all over. Throat inflamed, tightness over chest, thirst for small quantities of water and throbbing in the forehead. Very hard, dry, croupy cough, causing burning and hurting all along the larynx, trachia and larger bronchia.

Spongia c. m. in six teaspoonfuls of water. One teaspoonful every three hours. Patient better next day.

CASE NO. 3. *Tonsilitis.* Mr. M's sister came for medicine saying that her brother had several little ulcers on his tonsils, which were swollen. He was very feverish, face red, head ached but he did not want it raised up. Light did not hurt his eyes, he only wanted to be still. Neck stiff and muscles sore.

Fer. phos. 200 in six teaspoonfuls of water, one teaspoonful every hour until three have been taken, then three hours apart. This was all the medicine given.

CASE NO. 4. *Acute Indigestion.* Mrs. R., age 90. I was called in the afternoon and was given the history of pains in stomach since shortly after midnight the night before. Bowels had moved three times, stools were small and dark. Had vomited sour, bitter mucus. Patient was restless and seemed worried mentally. She had taken a Seidlitz powder, but it did not stay down. Had taken the so-called diapepsin tablets which did no good. She was thirsty for small sips of water. Had eaten a piece of veal the night before for dinner. Arsenicum c. m. in six teaspoonfuls of water, to be taken in three doses, one hour apart. Two days later, I called and patient met me saying, "Do you know, Doctor, you were scarcely out of the house until I felt better. I did not need all the medicine. I never had anything work like that."

CASE NO. 5. *Cramp.* Mrs. M. K. was troubled with cramp in foot for two years. It would come on unexpectedly and caused her to sit down where she was. She could not dance, something she was very fond of. The cramp seemed to be worse in the fourth toe.

Coccus cacti c. m. was given, and a powder to be taken if she got another cramp. Two weeks later, she went to a dance and danced without having a cramp until ascending the steps at home. Then for several times, she told me, she took a powder before going to dance and could dance all right. Has not had the cramp, nor medicine for over two years. Her physician had advised her to have the bone scraped as he thought there might be something the matter there.

CASE NO. 6. *Injury.* Mr. N., aged 18, came to see if Homoeopathy could save him from the knife as a specialist had advised scraping the bone. History: Eight years previous, while out playing leap frog, he struck his knee against a stone. He used all sorts of local applications and everything his physician could think of but it continued to pain him when he would be on his feet any length of time. He could not work at anything, the pain made him so nervous. Objectively, there was nothing the matter, but by palpation and manipulations, there was quite a sensitive spot found on the inner side at the attachment of the muscles. No temperature, no redness, no swelling at any time. Could not bend it going up stairs, the pain was so severe.

Ruta, c. m., and in four days, he came to the office, saying that he was much better. Could bend knee going up stairs. Medicine continued. Improvement went on and no trouble had returned two years later.

CASE NO. 7. *Intercostal Neuralgia.* Mrs. M. L. asked me by 'phone to send her some medicine for pains. She had taken cold while traveling, from one of those sudden drops in the temperature and she got chilled. Had sharp pains all around her abdomen and chest so sore that it hurt her to breathe or to do anything.

Ran bulb. c. m. in six teaspoonsful of water, spoonful every two hours did the work.

CASE NO. 8. *La Grippe.* Mr. B., headache, pains at times all over body, shifting, sore and aching, sore throat, muscles stiff, felt tired.

Eupatorium perf. c. m. Next day, reported pains all gone, feeling fine except his head, which felt confused, dull, tired mentally. Wanted to lie down and be let alone.

Gels. c. m. Next day reported feeling all right. No more medicine.

CASE NO. 9. *Gout.* Mr. S. was awakened from sleep one night with a pain in his second toe. He slept in a tent in the yard. The night was rather warm after a cold spell. The pain was very severe and made him so nervous, he got up and limped into the house. Could not put on shoe next day to go to work. Later in the day, he managed to get his shoe on and came limping into my office. The toe was swollen, red and looked as if it had been sunburned and was so sore and sensitive you could not touch it. I asked him if he had ever had his feet frostbitten and he said he had not. However, to me it looked so much like it, I gave him a dose of Agar. 10 m and when leaving the office about fifteen minutes later, he said "Well, that foot feels a good bit better than it did when I came in here."

That night, he went skating and no more medicine.

CASE NO. 10. *Felon.* Miss Josephine, aged nine, got one of her fingers hurt some way but did not know how, until it began to pain and swell. Of course, the usual home remedies were used. Poultices, etc., but still the swelling and pain continued until when she came to me, it had extended to the elbow. She could not sleep for pain. The

finger was very sensitive, discharging pus, finger bluish black looking with red, rather purplish red streaks up her arm.

Lachesis 200, internally and same used dissolved in water to apply to finger. No poultice. Improvement began at once and continued. The mother said the other day; "That was the first time, she had ever heard of giving medicine internally for blood poison."

THE RESPONSIBILITY OF THE CLINICIAN TO THE PROFESSION

BY Z. T. MILLER.

Who was it said there is no such thing as "absolute truth." Be that as it may, there are very few of us that possess the obtainable relative of fact.

There are two important factors in the practice of Homoeopath. The proving of remedies; their use in the treatment of the sick. Provings are obvious; the treatment of the sick: Ah that is a different proposition.

Quite as serious a proposition is the detailed account of our work; or what we are pleased to call "Clinical Experience."

I shall, no doubt, incur your anathema when I declare that most so called clinical reports are labor lost. When I say this, it is not in criticsm of any one in particular, other than myself.

I once reported the case of a man who, during a course of treatment for complete baldness as well as the entire absence of eyebrows and whiskers, grew such a crop of hair, that he had to have it cut, once. About this time I was asked for a clinical paper for our State Society and as it seemed "good stuff" I, with the usual pride, gave it out,

taking to myself, I fear, more credit for the magnificent work (?) than I gave to the man who left us the system by which we earn our living. But what was the humiliating sequence of that exuberant haste to swell out with pride? Why Dick is as bald as ever, and if it were not for a tupee he would go round with a head piece as slick as the slickest billiard ball that ever jumped the game. I reported another case and felt satisfied with my wonderful skill, when lo, notwithstanding her favorable reports, I learned that she had gone to an Osteopath, with what result I do not know. Now these cases should never have been reported, for they may mislead some one who may read them. My only consolation is, they were printed in transactions that usually find lodgement on the shelves that are never disturbed again.

I once knew an enthusiastic young Homoeopath who gained considerable notoriety reporting a large number of cases of typhoid fever with a death rate of two per cent. I happened to be working in the same epidemic. A few years after I asked him if he really believed that all the cases he reported were typhoid fever. He frankly admitted that he did not believe half of them were. Of the cases I treated, I am sure that only one out of ten was typhoid, the rest being simple gastric remittents, such as never die.

From this I concluded that the responsibility of the clinician to the profession is one whose gravity cannot be overestimated, and is frequently underestimated. I admit that clinical record is often very charming literature even if some of it has to be classed with fiction, such for instance as the cases I myself reported.

The objective, or obvious in clinical observation, need

not be classed with the subjective that the patient details, and which is so often unreliable, but submitted as evidence. If we were able to sift the fact from willful deception, it might be included in the testimony, but we can't and that part should be eliminated. After all; should we place very much weight upon such experience. Can it really be utilized to any good purpose in the next case we are called upon to treat. I think not; Mrs. Jones and Mrs. Smith both have typhoid fever, so called, but no homoeopath would predicate the treatment of Mrs. Smith on that of Mrs. Jones, unless they were identical, in every respect, which, you know could not be the case. Therefore clinical report, in so far as it bears upon our efficiency, may well be eliminated; but in so far as it tells us what sickness can be recovered from, it is of the utmost importance. If this is true, you will agree with me, that very much that now cumbers our transactions could be omitted, especially those I have mentioned of my own.

When a clinician presumes to place his tests upon record for the benefit of his fellow workers he owes it to them to allow nothing to enter into the instruction, for such it is, that is not as near truth as he can make it; and, as in the making of good wine, he should allow sufficient time to elapse, with frequent examination of the purifying process, to be sure that all the lees are filtered out. This I did not do, hence, my brew was worthless.

As an example of the clinical testimony of the laity in support of curative potentials, you will pardon me if I cite the wonderful results following the ingestion of Duffy's Malt Whiskey or Hartman's Peruna. When I read the evidence of longevity produced by either of those marvelous

medicines I wonder that I do not fill my case with them, and to fortify my claims, fill my hide also as a living example of the efficacy of both.

Cases that in themselves show no tendency to spontaneous recovery, and that recover from the administration of one remedy can be credited with instructive quality, confirmative proof. But I question whether dependabable data is to be gathered from tests where a number of remedies have been unsuccessfully used for a given purpose, they, followed by the seemingly curative remedy. How are we to know what modifying effect the preceding treatment may have upon the case after the discontinuance of its use. This may be splitting a hair and disqualifying much interesting proof of our acumen but the purposes of science must not be asked to countenance anything in the least questionable. The recorded symptom must have the inherent quality of truth, if there is such a thing, and nothing short of truth entitles it to a place in the Therapeutic Gospel.

Failure means two things. Either we do not know how to handle the armamentarium medical or the armamentarium medical is not what it is represented to be. If we do not know, we are certainly incompetent and our testimony must be thrown out. If the equipment is faulty we are still incompetent but for another reason. In both events human frailty or human credulity, or both, makes us lame ducks.

The clinician is handed a mass of material which, to handle according to the law, requires a mind capable of coping with geometrics, ethics, psychics and a conglomeration of all the physical mix of rottenness to which human flesh is liable. He is expected to unravel and adjust a mystery, such as belittle any that Sherlock Holmes ever tackled. In doing

this he assumes a responsibility that measures lengths with death, and I need not tell who is vanquished. It is a credit, sometimes to make a losing fight, but the jolts smack of the prize ring.

"Doctor, my ears are a great deal better." A young girl so exclaimed as she came into the office. Have I at last found the remedy for the eczema on your ears? I was overjoyed. "Doctor, does it make any difference, I have been taking sulphur and cream of tartar this week." Need I ask you whether you see the point?

In my hospital work I try to impress upon the internes that now they have an opportunity to gain clinical experience such as they will never get on the outside. I make a prescription, by the time I get back I find a hypodermic or a purge has been given, or there has been a smeer of antiphlogistin or "something just as good" and that is the way my advice is taken. A nurse said: "Well, I would not have that man attend me, he gives a dose of medicine every week." And there you have it. I have almost concluded that the only way to get pure clinical data is to camp on the patient with a gun, and then I would not be too sure that the patient had not smuggled peppermint or wintergreen chewing gum while I was at devotions.

Do you know what I mean when I talk about the responsibility of the clinician to the profession? He must be a good cyclone wind mill for nothing else will separate all the chaff that gets mixed up with the grist of medical harvest.

Accurate reporting of desperate cases that recover, is the real province of the clinician. To illustrate. I have in mind a case of a man who I treated for gonorrhoea over

thirty years ago. He married a handsome young woman and dropped out of sight for twenty-eight years. When I saw this woman again she had been a long sufferer from rheumatism, evidently gonorrhoeal. In addition she had a valvular deficiency. She again was lost sight of until last November when I found her in the hospital, swollen to twice her size, regurgitant pulsations on both sides of the neck, great shortness of breath, inability to lie down. She was taking Crataegus and nothing else. Not improving, she went to her father-in-law to be placed in my charge. While she had not been well, the present aggravation was precipitated by a murder of a dear friend at her home. One day I was sent for in great haste as she was dying, I found her in bed bathed with cold sweat and dyspnoea. She said she was "dying but had a good home to go to." I usually watch dying people, and wonder what is happening. What attracted my attention most was the absence of the pulsations in the side of the neck. The pulse, too, was good. That must mean that compensation was being re-estab, lished, and if it was she must get better, which she promptly did. The next day she could breathe better, the swelling not so great, and from that time to the present writing, dropsy is subsiding, she eats and sleeps well; urine more plentiful, bowels regular, but she has one of the most unsightly ulcers on her left leg I ever saw. The skin became inflamed, blisters formed, slough set in and now the thing looks like a crater, for which I am afraid to do anything. What is going to come to this woman? Perhaps before this paper is read I will have a conclusive report. Now, this woman has a son about twenty years old who has always been delicate, has ozena, swollen glands, blind in one

eye. Test was made and spirochetae discovered in the blood. 606 was administered; the glands reduced, ozena ceased to be offensive, but a large induration at the point of injection was followed by a slough. He now took Pneumonia of the right upper lobe with expectoration of much blood, high fever, profuse night sweats and diarrhoea; He has recovered from all this. The boy denies ever having had syphilis or gonorrhoea. How this young man came by all these frills without the fun, would be interesting to know. What kind of a mix up has the poor mother. Does syphilis and gonorrhoea mixed in the same person produce the kind of a heart this poor soul has? The husband is a great big fellow, weighing at least 200 pounds. I shall watch the final outcome with interest. Now comes the funny part. The day after the one she thought she was dying she told me that God had taken charge of the case and brought about the improvement. I supposed, of course, that my occupation was gone, and so said; but she insisted that I stay on the job, and I felt flattered to be associated with such distinguished counsel. In this case it would be impossible to make more than a symptom progress report for I have not the remotest idea what the celestial repertorial study of her status led to.

Neither of these cases can recover to more than a tolerable existence, but that they have for the present, at least, passed through crises wherein both would have been excused if they died, is of interest.

The clinician who makes concise and, correct repertorial studies of his cases; makes analyses that show a grasp of the subject in the patient and of the subject in materia medica is hugging his responsibility close. He compasses

that part of the doctor business that is the almost insurmountable obstacle in the labor of most of us. It will not be inferred that such careful study is always followed by the hoped for results, poor prodigal flesh does not return to the house of health even at such bidding. It is the best we have and seems in keeping with the tenets of the cult and as such must be commended.

CHRONIC GASTRIC CATARRH.

By S. L. Guild-Leggett.

In June of 1902 I was called upon to prescribe for the children's nurse of a friend and patient. A. L. was thirty years old and had had stomach trouble many years. In childhood she had suffered from diarrhoea with enlarged abdomen; and it had continued until her eighteenth year. This condition had been cured by Dr. M. of Skaneateles, but was followed by eczema, especially in the bend of the elbows and knees. This caused her to scratch and scratch and cry, and lasted her through the summer and was cured (?) in winter and colder weather. The tonsils were enlarged and finally removed three or four years previous to my knowledge of the case.

In 1900 she had been called malarial and dosed with quinine. Every fatigue affected the stomach.

Stomach: Subject to attack of pain, worse as soon as she eats any kind of food. Violent distress, better as soon as she can lie down. Alternation of anorexia and bulimia. In attacks, hunger, which if gratified, greatly increases distress. Nausea, aching, drawing, bloating, better lying, worse from pressure. Eructation, tasteless gas, after eating. Attacks, during: Watery leucorrhoea; lienteric stool. Attack: After, during convalescence, profuse, offensive gases per rectum.

Abdomen: Hot weather increases burning at times, pains with cutting in sides.

Stool: At times offensive; regular, lienteric.

Food: < fat, cheese, butter, fruit, pickles, milk, coffee, acids.

Thirst: Much water. Eggs disagree.

Menses: For three times regular. Usually late from 5 to 8 weeks. During, stomach worse and some pain in sides of abdomen. Flow: dark, offensive, bland, lasts seven days. Much more painful in youth.

Leucorrhoea: Watery; staining yellow; acrid at times.

Perspiration: Feet, profuse, offensive; hands, slight.

Fauces: Dark, reddish, especially the pillars.

Tongue: Purplish, ragged edged, coated at the back.

Eyeballs: Congested.

Headache: Seldom, until of late. Present attack followed much sewing, and caring for babe. Came with nausea and headache, hands cold, fear of malaria; during previous attack had suffered all summer from cold, when the temperature was 100 degrees or more.

For Stomach: Rhubard tablets. For headache and nausea: cascara.

The location and characteristics of "pains in stomach and abdomen," "< after eating" were covered by ARS., COLOC., Graph., KALI-C., LYC., Nit ac., Petr., PULS., SEP., Sil., STAPH., SUL., ZINC.

The concomitants of foot-sweat; lienteria, late, dark and protracted menses, by: LYC., PULS., SEP., SUL.

The modalities: Worse from fat, coffee, and from satiety. Were covered by Sulphur only. Other symptoms falling into line, she was given Sulphur 81m on June 7th with plenty of the next best remedy.

July 11, '02. The report was "Better, much better."

She could not eat breakfast without "nausea" but could take a raw egg; was beginning to be "so hungry" again; was not easily satisfied; ate "better and better"; craved food that aggravated. During menses had only remained in bed two hours. For two weeks had had no offensive perspiration of the feet.

July 14, '02. Reported pain under right scapula, worse to lie upon, and received a prescription of Nux cm.

Sept. 16, '02. Stomach had been much better, but at time of report she was worse in eyes, head, nausea and burning of stomach. For three weeks before had been without pain in stomach. Could not sit up evenings for pain in limbs. Stomach was aggravated at the last menses. Menses regular. Loose stools, two or three daily. Perspiration of feet during past week. Sul. 81m.

Dec. 31, '02. Stomach again worse for two or three weeks. Menses: Present—also pain in bladder, worse when urinating; urine, turbid on standing. The same symptom occurred the month previous. Nausea each morning. For two mornings had waked with headache. Had been able to eat breakfast until this morning. Drenching perspiration of feet of late, corrosive. Could eat everything but pickles and cheese. Stools regular and normal. Sul. cm.

Jan. 21, '03. Patient reported much aggravation of stomach symptoms after the last medicine; gnawing, burning, nausea; tongue and teeth coated white, in morning, wearing off about noon. The leucorrhoea had been worse; at time of report better. Short of breath. Throbbing in head while ascending stairs. Urine, turbid on standing. Abdomen: Tender to touch. Menses: Two days late; acrid; offensive.

Feet: Profuse perspiration; less bleeding under the toes and ball; acrid; rots shoes.

Stools: Loose but once or twice. Alternate anorexia and bulimia.

Post-nasal discharge. Still worse from coffee.

Re-study, combining symptoms for brevity: "Gnawing," "burning, stomach"; "profuse, offensive foot-sweat," "aggravation from coffee." ARS., NIT. AC., PULS., SEP., SUL.

Post-nasal discharge.

Menses: Irregular, scant, dark.

Foot-sweat with soreness. NIT AC. This remedy was given in 5m potency.

May 3, '03. While the medicine lasted (two weeks), continued to feel badly, then began to improve. Relief of throbbing head; of gnawing and burning stomach. Relief of shortness of breath, and of urinary symptoms.

Catarrh: Better until a late cold.

Can now read or work evenings and sit up late, as could not before. Remained pale and thin through the winter.

Status at beginning of May: No sleep after 4 or 5 a. m. Waked with bitter taste, a white coat on tongue, only relieved by taking lemon juice.

Aphthae: Frequent. Mucous membrane tender.

Menses: Regular to the day; offensive.

Menses: Previous: pain during entire week preceding.

Feet: Had again perspired freely, worse from noise of children.

Eating: Periods of ravenous hunger. Desired sweets, but they aggravated the nausea.

Stomach: Seemed worse since hot weather.

Nerves: Anxious over her work—sewing, etc., until finished.

To the symptom "Sleepless after 4 a. m.," add "Acrid leucorrhoea," and we have: BOR., CAUST., NAT. M., PHOS., Ruta., SEP., SUL.

Gnawing and burning in the stomach is covered by: PHOS., RUTA., SEP., SUL.

Offensive perspiration: Sole., SUL.

Tongue: Coat white; bitter taste: PHOS., SEP., SUL.

Aphthae: Phos., SUL.

Menses: Offensive. Phos., SUL. Again I gave Sulphur 81m.

May 16, '03. A cold and cough, for a week, constant cough evenings; worse talking, better by expectoration, after coughing a long time; hurts a spot in left chest. Had been better; looks better. Had been thirsty. Phos. 200.

July 3, '03. Gnawing and burning in abdomen worse. Nausea in forenoons, but worse towards evenings. Sul. 200.

Nov. 11, '03. Stomach: Again worse; a little nervous; no sleep; must walk floor.

Menses: Two days late; had wet feet previous to flow; regular, until Nov. period.

Tearful. Stools, in chunks, which aggravate piles.

Feet: Perspiration again offensive; turns stockings white.

No appetite.

To be married in January. Sul. 81m.

Nov. 25, '03. Much better.

Sleepless: After 2 a. m.

Cold: "Frozen all the time."

Stools: Better at first, then lumpy again.

Hands and feet: Moist. Psor. 42m.

Feb. 15, '04. Slight return of symptoms. Psor. 42m.

March '04. Found herself pregnant and after a prescription or two of Pulsatilla she passed into the hands of an obstetrician. I understand that from a delicate child and feeble womanhood she has developed into a remarkable healthy specimen of womanhood.

THE PRESENT AND FUTURE OF HOMOEOPATHY.

By W. W. Sherwood.

Mr. President, and Fellow Members of the I. H. A.:

The Law of Homoeopathy has been recognized now for over a century and will continue to exist as long as eternity. We have had in the past in our school many lecturers and masters whose faith and works were never questioned. Today we have comparatively few men in our school who are great, because there are few who are firm believers in our foundation principles. The law made known to us by Hahnemann, similia similibus curentur, is our only reason for existing and unless we believe it, and our faith is strong enough to practice it, we have no reason for being or for calling ourselves homoeopaths.

We must recognize the fact that not all who graduate from homoeopathic schools remain homoeopaths; in fact, many who graduate from our present day homoeopathic schools do not even know the whole truth that might be theirs. This is a sad fact, but also a fact for which many of us are to blame. Is it not time that we had a revival spirit among ourselves and pledged each other to do our

best to awaken the entire school to its half hearted condition? There are too many men of the present day, men high in the profession, well known to you, some of them teachers in homoeopathic colleges, that are an actual drawback to the advancement of Homoeopathy. The medical student, laymen and everyone should be taught that not everyone calling himself a homoeopath is a homoeopath. Only a few days ago I was told that there was no difference in the homoeopathic and allopathic treatment. The patient had been under so-called homoeopathic treatment for several months then called an allopathic physician and could see no difference in the treatment. This homoeopathic physician had been educated in an allopathic school, finished his education with one year in a homoeopathic school, called himself a homoeopath and practiced—certainly not Homoeopathy, and I do not know whether the allopaths would claim him or not. Yet this same physician is on the faculty of one of our best homoeopathic colleges. We have as members of some of our homoeopathic organizations, even on the teaching faculty of some of our colleges, men who show no respect for the teachings of our great master, Hahnemann, or for his principles. There are men today who are not only using in their private practice, but advocating to our students the use of serums, vaccines, antitoxins, specifics, 606, etc., as being far superior to homoeopathic drugs and sometimes even calling them homoeopathic. If we accept some of the literature published in our homoeopathic journals as correct, some of the papers read before our homoeopathic organizations and some of the therapeutics taught in our homoeopathic colleges as homoeopathy, then we deserve only the most severe criti-

cism. We need badly a house cleaning in our own ranks and need it quick.

On the other hand there are many good Hahnemannian homoeopaths who never attend a meeting of any of the medical societies, national, state or local. They do not go because the other fellow, the mixer, has everything his own way. They say: "We never get any homoeopathy there, so what is the use of going?" It is true that in many of the meetings today the homoeopathy presented is poor, but why? Many times because Hahnemannians refuse to prepare papers when asked to do so. We are not, as a school of medicine taking advantage of all of our opportunities to let the people know that we have something superior to all other schools of medicine.

There is no good reason why we should sit quietly and silently and allow the other schools of medicine to tell the public that we are of no account. We do wrong in allowing this. It is time the homoeopathic school united and demanded its just rights. It has been justly said by a certain physician that there is no more reason why the regular school of medicine should attempt to dictate to and control us as they are trying to do, than it is proper for the Methodist Church to dictate to the Episcopal, or vice versa. We as a school have certain rights that, if we unite and insist upon, will be recognized, without a question. Unity does not mean simply banding together for the purposes of defense and legislation, but it means a harmonious school within ourselves. Ours, above all others, should be a harmonious sect for we have a law of cure which is as unchangeable as any law of nature and which, as mentioned before, is our only reason for existing. Teach as Hahne-

mann taught, practice what we teach, insist upon the right to do so, and results will speak for themselves. By our works we shall be known. Nothing in medicine can cure easier, quicker and more permanently than the single similar homoeopathic remedy and we should strongly condemn the man who is using 606, serums, vaccines, toxines, specific, etc., and calling them homoeopathic remedies. No remedy is homoeopathic unless it be given singly and according to the law of similars.

We do not need a re-proving of remedies according to a present day popular notion, but we do need, and need much, that those who advocate the re-proving of our Materia Medica, begin to study that Materia Medica diligently so they will know how to apply it accurately and when they have that knowledge they will not in their weakness cry out for a re-proving according to scientific, present day laboratory pathology. There is no place in homoeopathy for the lazy man or the man who is not willing to work and work hard. A thorough knowledge of the remedies is essential in order that they may be recognized in the symptoms presented by the patient.

Our school has the advantage over all other medical sects inasmuch as we have a law for our guide, a law that is just as true today as it was a hundred years ago. We ought, every one of us who desire to be called homoeopaths, to study that law and understand it better than we do. If we all understood Homoeopathy better and practiced it more faithfully we could look forward hopefully to the future and see a final victory for our school when all others would have to admit that ours is the superior method of practice, but we can hardly expect such a future unless there

is greater harmony and less of the spirit of criticism and jealousy than is now present among us. When we stop to think what our school might be and contrast it with what it is, we cannot but see some of our faults; then let us be ready to correct our errors and strive for a future Homoeopathy unblemished by false teaching, misconception and error, the pride of all who may see our good works.

TWO CASES DEMONSTRATING POTENCY AND REPETITION.

By Carolyn E. Putnam.

So much has been said *pro* and *con* potency and repetition, that even those of much experience must oft hesitate as to the best adjustment of these important details in critical cases.

That being the case, how are we to wisely advise the novice relative to items of so great moment—matters which must often puzzle even the sage in our midst?

The following cases are given to demonstrate what a low potency at rather long intervals, and a high potency at very short intervals, are sometimes capable of accomplishing.

The *manner* of administration of both potencies was influenced more by environment than by any law, as experience has determined it—an environment which seemed to forbid the more classical and painstaking course which we are wont to follow under more favorable circumstances.

Both were instances of making a bold stroke because one could not go more carefully, and my only reason for reciting them before this distinguished body is to provoke discussion, and rather to solicit advice and verification from

the experienced, than with any thought of giving an account of skill in applying the law, as the matter of choosing the potency, and its manner of repetition, must needs require at all times the closest observation of the patient, for their careful adjustment.

As a rule, when we trust the repetition of the dose to the judgment of the patient, or when we select an inferior potency for a profound chronic state, we do not expect the best results.

CASE I. Carrie K. Colored. Age, 27 years.

History. Married 3 years. No children.

Menstruation vicarious from 12 to 15 years of age, during which time she would fall in fits, lasting several minutes, with hæmorrhage from nose and mouth.

After 15 years of age, the menses established, with cessation of these symptoms, and she remained well until aged 16 years, when she had measles, culminating in pneumonia, which confined her to the bed for three months, and left her with a dry wheezing cough, having a decided metallic ring, preceded by tickling in the larynx, and followed by a hurting under the sternum.

The cough was worse after midnight, and on using the arms, with shortness of breath if she walked very much.

Never expectorates. Thinks she would get better if she could raise something.

Tongue white—as though whitewashed.

Temperature normal.

Respiration normal, except on much walking.

Pulse 80.

As soon as she begins to use her arms, the cough commences, and it becomes incessant and monotonous, first

single, then two, followed by three, and so on throughout the entire day as she works, ceasing only after work is finished, and setting in after midnight until morn. The manner and aggravations of the cough have been unchanged for eleven years, except that they become worse in case of an acute cold.

I had ample opportunity for noting objective symptoms, but little time for close study in this case, as the woman above mentioned had now become installed for a second time in my own household, as laundress, and having failed in an attempt of a previous season to cure her, I had determined that, although a capable laundress, I could not retain her unless that *incessant, monotonous* cough could be cured.

The result follows:

April 13, 1911. Ant. t. 6x trit., one dose, and 6 powders to be taken, one every night if she awakened coughing, and if not relieved, to be followed by Sulph. 12x, one dose (formerly determined to be her constitutional remedy).

April 20 reports: Took all the powders, including Sulph 12x. Cough worse. Commenced coughing every night as soon as she lay down, and continued until morning, and now she thinks she has the *grippe,* presenting the same symptoms which she had last winter, viz: occipital headache, with lameness and soreness running down neck and over to forehead. Aches all over, with soreness. Is tired and prostrated. Has lost the whitewashed tongue, and instead presents tongue sparely coated greyish, slimy and foul.

Temperature, pulse and respiration about normal.

Phyt. 15th cent., one dose, and 3 powders to be taken,

one every night if she continued to cough, and followed by Phyt. 30th cent., 3 powders to be taken one every night, should cough still continue.

This was the same remedy and potencies called for in the attack of grippe of last winter, and which cleared up the acute attack, with neither aggravation nor amelioration, nor change in anywise of the chronic cough.

April 27th, she reports: Coughed, vomited and expectorated all night long every night since last week. No sleep on this account. Had to keep the cuspidor right by the bed. Would commence coughing as soon as she lay down, and continue until morning.

Expectoration creamy, muco-purulent, and profuse. More than a teacupful each night.

Head better. Aching and soreness better, but weak and greatly fatigued from loss of sleep. No appetite. Looks thin.

Tongue again appears as though whitewashed.

Ant. tart. 6x, 3 powders to be taken, one every night if cough continues.

No report until May 12th, when she reports: Took a powder every night until the three were gone, when the cough and expectoration stopped all at once. She has not coughed once since. Remained in bed resting for ten days. Eats well, and has gained flesh, though she still feels quite weak, as she is menstruating.

Tongue quite clean.

Can sleep all night without waking.

The cough of eleven years standing suddenly ceased, and has never returned in the slightest degree, up to the present writing.

The feature of the case which to me is worthy of note is the action of the inferior potency of Ant. tart. (viz.: the 6x trit.) in clearing up the encapsulated lesion of so long standing.

I attribute the reaction in the case to Ant. tart. because Sulph. had been chosen as the constitutional remedy and given a number of times the year previous, and Phyt. had also been used the previous winter.

Inferior potencies were chosen in each instanec, lest the more powerful potency might create a degree of suppuration which nothing would check, as we sometimes find in such affections.

CASE II. Della S. Age, 54 years.

History. Married. Mother of 7 children, the youngest of which is 17 years old.

Had dropsy with each pregnancy; otherwise history good.

Not divorced, but separated from husband and family for past eight years. Very emotional, and as she related her sorrowful history, I felt sure she was suffering of a "broken heart," having been married *at the tender age of 16* to a man whom she loved, but with whom she could not live on account of increasing periodical drunken sprees, in which he would drive everyone from the house.

Has been supporting herself by obstetrical nursing for past eight years.

First saw her September 22, 1910. Found her living in a room alone, and waiting on herself, save as neighbors would run in and place things within reach of her cot. Has been ill 5 months, with cardiac dropsy, following acute rheumatism.

Dropsical effusion complete to neck. Even the uppermost parts receive deep denture. Surface bright red.

Abdomen and lower limbs immensely dropsical, with perforations about ankles oozing water.

Left arm so stiff cannot raise hand to head, with several large lumps in areolar tissue of forearm.

Heart's action tumultuous, but no insufficiency. At times tremulous.

Pulse very irregular in all respects.

Has been sitting on edge of bed for three weeks, without ability to lie down. On lying down for a few moments, coughs and smothers so that she has to sit right up.

Can only sleep in short naps, with head hanging forward on chest. Wakens with a start, and has a severe paroxysm of smothering, followed by coughing and expectoration of quantities of clear, tenacious mucus, which strings from mouth to cuspidor, accompanied by profuse, clear, tenacious nasal discharge, and watering of eyes.

Breathing labored and very difficult. Talking aggravates labored breathing and causes frequent paroxysms of coughing.

Likes plenty of air, and her feet in a cool place. Soles burn. She puts them out of bed.

Very loquacious, countenance bright and hopeful, memory very lively. Wants to live. Wants to get well.

Has been under old school treatment through insistence of friends, but is sure she can get well if she can only procure her old time homoeopathic treatment.

The following summary of the case called for Bell. and Sulf., Bell. running several points ahead, and Dig. ninth in the list:

Alternating moods.
Activity of intellect.
Dark hair.
Nasal discharge watery.
Thirst.
Expectoration watery.
Anxious palpitation.
Heart's action tremulous.
Left upper extremity.
Dropsy externally.
Vesicular eruption.
Dreams vivid—of falling.
Pulse rapid, soft, small and irregular.

Bell. 6x, a powder to be taken at intervals when worse, otherwise placebo. (Inferior potency chosen because I only hoped to palliate.)

Bell. gave so much relief of the most distressing symptom, viz., the spasmodic cough, that she rested well lying down, and in considerable comfort most of the night, *improvement continuing* for 4 or 5 days. Then improvement ceased after Bell. CM: the Sulf. symptoms becoming most prominent, and one dose of Sulf. 12x, followed in a few days by one dose of Sulf. CM brought the case to the following crisis on October 3rd, 7 p. m.:

After several days of increasing comfort, with all functions going betterward, was taken with a bad spell about midday after eating some doughnuts.

Is sitting on edge of bed as she did ten days ago, looking immensely bloated, surface cyanotic, lips purple, head hanging on chest in a stupor like sleep. As I approach she rouses, but does not know me. Looks at me wildly,

with eyes protruding, and calls me "Willie" (her husband's name). Legs purple and cold to knees. No radial pulse. Much cold sweat about face and head.

Fifteen or twenty minutes after Carbo veg. 2c, one dose, she raised her head, and cried out imploringly to give her something to make her die easy, as she feared she could not recover.

As the vital force rallied in response to the dose of Carbo veg., the most apparent symptoms were:

Respiration slow, deep, difficult, irregular, performed by frequent deep sighs.

Beating of heart small, scarcely perceptible; later a few rapid small beats, followed by several slow and stronger beats.

Face blue; copious perspiration, especially of face and head.

Dig. 2c, one dose, repeated in half an hour, at which time I left her in the care of the most incompetent attendant it would be possible to find, with instructions to give a powder of Dig. 2c every half hour until relieved, then to discontinue and follow with placebo.

The next evening, October 4th, nurse reports: Very much better. Continued giving medicine, a powder every half hour until all of the 12 powders left were gone, as they did her so much good. Has been passing quantities of urine. Passed a bucketful last night, with great relief of all symptoms.

Placebo.

This urinary elimination of the dropsical effusion which seemed to be so actively established by the repetition of Dig. 2c every half hour for some seven hours, continued

for five weeks, until the dropsical effusion was entirely eliminated, with the exception of a little swelling about feet and ankles.

For a week or ten days she was very thin, and quite weak, but the appetite and nutrition had by this time become so well established that she began to take on flesh and strength. At the end of the second week her family became interested, and took her home, where she was carefully nursed nearly back to health by daughters and husband.

During this time she received Dig. 2c at several intervals, when improvement seemd to come to a standstill, always in multiple doses at short intervals until improvement would establish. Later she had Dig. CM a few times, and intercurrently the symptoms called for Bell. or Sulf. several times.

At the end of five weeks the master of the house fell from grace, and even under these pitiful circumstances his spree became so profound that the family was obliged to seek other quarters, and the invalid refusing to be taken to a hospital, was carried from one friend to another, gradually taking on the old condition until after two and a half months, bad as ever, she reached the charity ward of a hospital, where Homoeopaths are not *en force,* and died under Allopathic treatment four days after entering, bemoaning her fate, the agony of death being increased by twelve hours of stercoraceous vomiting.

We learn a lesson from every case we treat. The lesson learned from the above case was that there was a deeper and more lasting reaction from the multiple doses of a dynamic potency at short intervals than I have been able to obtain in any similar case, where the remedy was given at longer intervals.

DISCUSSION.

R. F. Rabe:—This case is an illustration of the wonderful power of the indicated remedy in even an incurable disease. Nothing could have cured that patient and the homoeopathic remedies had a far more comforting and palliating effect than had the powerful drugs used in the hospital. The drugs there used, however, had nothing to do with the fatal issue of the case. Homoeopaths sometimes take such a view of the matter and it is not just.

W. H. Freeman:—I am not so sure, when I consider the marked beneficial action of the remedies but what that case would have been cured if the environment had been a comfortable, cheerful and happy one. I believe also with Dr. Rabe that we should be charitable in criticizing the efforts of the old school. Those men do the best they can; they have not had the advantage of a training in homoeopathic principles and practice and do not understand the method and its advantages. The art of homoeopathic prescribing is not so easily picked up; it requires time and study to acquire it. It would be a failure if it was attempted without the education and experience that it requires.

P. E. Krichbaum:—Of course we ought to be charitable towards the honest efforts of the old school doctors but it is hard sometimes, especially when we see no disposition in them to acknowledge the slightest good in Homoeopathy. I had a case of chronic interstitial nephritis in which I came in contact with the old school in a way that makes it hard to view them with any charity. The patient came to me three years ago with an old school prognosis that she could not live longer than three months. Instead of dying she went along for three years the last two of them being mostly

in a sitting posture in a chair. Towards the end of that time the legs became in a bad condition from scleroderma: the skin thickened and ulcerated. The employer of the patient insisted this spring in having a specialist from New York come to see the case. One came and reported that the patient was in excellent condition but that the legs were in a horrible state and needed surgical attention. He said that if these were attended to, he could take charge of the medical part of the case and have her well in a few weeks. Her husband came to me for advice and I told him that any surgical attention such as was contemplated would probably wind up her career in a short time. She was fixed up according to the ideas of the specialist and she came home in a box in a very short time, even less than I expected. There was absolutely no attention paid to the fact that three years before she had been given only three months of life and that under no other treatment except homoeopathic, she had lived in a fair degree of comfort for as many years.

C. M. Boger:—Many remedies exhibit their physiological action, even in the high and medium potencies; in such a case the remedy is not the simillimum and is only palliative but may nevertheless be extremely useful.

R. F. Rabe:—Do you mean that the potencies in that case give the same kind of action as when given in the tincture or crude form?

C. M. Boger:—Yes, the remedy is only palliative when it does that. It is quite a common experience to take a case in the last stages of a chronic disease like Bright's disease and relieve some painful or destressing symptom, like backache with Belladonna, without in the least influencing the course of the disease or the fatal result.

Carolyn E. Putnam:—I lost all connection with the case after it went to the hospital although I visited her in a friendly way afterward. I was interested in watching the treatment and the results. It seemed to me that instead of giving relief it really made the suffering worse on the whole. I tried to encourage her by saying that at least she slept a good deal. "No," she said, "I do not sleep, I suffer horribly; I feel horrible all over." It really seemed to me that her death would have been more peaceful if she had received no treatment at all.

CLINICAL EXPERIENCES.

By Erastus E. Case, Hartford, Conn.

Case I. An iron-molder, aged 67 years, has had diarrhoea nine months. Stools yellow, fluid or pasty, often involuntary in the night; hurried calls by day. No pain, soreness or tenesmus. Aggravation from 11 p. m. until early morning. Mouth dry; saliva thick, cottony; no thirst; tongue white.

March 25, 1909. Four powders Pulsatilla 1m, one to be taken after each of the first four stools, but not oftener than once an hour.

April, 1. Improvement from first powder. No stools now in the night, less frequent by day. No medicine.

April 26. Two formed stools daily. Feels well save weakness from long lack of nutrition, but has resumed work. No medicine.

May 27. A tendency to relapse. One powder Pulsatilla cm made a cure.

Case II. A dark haired woman, aged 27, has flowed three weeks out of four for nine years. She looks fleshy,

but the tissues are soft. Face expressionless like dough. Eyes dull.

Menstrual discharge dark, coagulated, acrid; worse in summer, and from mental excitement.

Leucorrhoea yellow, odor of decaying fish.

Constipated during menses, diarrhoea the rest of the time.

Sleeps late in the morning, always sleepy and tired.

Foot sweat stiffens the stockings.

Exhausted by slight exertion. Hardly able to come to the office.

The peculiar odor of the leucorrhoea directed attention to a remedy which covered the symptoms.

July 10. One powder Sanicula 10m on the tongue.

July 25. The flow soon stopped; leucorrhoea less profuse, not so offensive; sleeps well; bowels regular. No medicine.

Aug. 7. A wonderful change—eyes bright, face animated, has taken up housework with pleasure. No menses yet, little leucorrhoea. No medicine.

September 18. Menses came at correct time, but too free. More leucorrhoea since then, same odor. One powder Sanicula 20m. She afterward received a dose of Sanicula 50m on Dec. 11th, and cm on February 5, 1910, and a cure resulted. She began work in cotton-mill in September, 1909, doing as well as the other girls.

CASE III. Menses profuse, odor of decaying fish, relieved by one powder Solanum tuberosum aegrans 1m.

CASE IV. A dark, fleshy woman, aged 74 years, has grumbling pain and pressure in stomach, with qualmishness and eructations of gas, late in the night.

Tongue bluish-white. No other symptoms.

Arsenicum hydrogenisatum and Gymnocladus canadensis only have such a tongue. Condition did not seem serious enough for Ars. Relieved by one powder Gymnocladus canadensis 1m.

CASE V. A stationary engineer, aged 24 years, has been rowing during the day (Sunday), reached the shore too late for a trolley car, walked three miles, becoming drenched by a thunder shower, went to sleep and awakened at 1 a. m.

High fever; restless; bursting headache; eyes bloodshot; face red; panting, hurried respiration; stitches in left side in region of heart; pulse 150, weak; full of fear, thinking death was imminent. He has had arthritis which injured the valves of heart.

Here was an opportunity for a rare remedy. Patients usually call the physician too late for its correct use.

One powder Aconitum napellus 200 on the tongue. He soon fell into an easy sleep and was on duty the next day.

CASE VI. June 28, 1909. A slender, dark haired woman, aged 58, married 33 years, childless, eyes astigmatic.

Perpendicular hemiopia, followed by black spots before the vision (headache used to follow this, not lately); aggravated by bright light, from being in a public assemblage.

Wakes with frontal headache, sometimes relieved by a cup of coffee, if not it lasts until sunset.

Fullness with eructation of food unchanged in taste after eating.

Constipated; takes cathartics daily.

Palms and soles hot in the night.

Vertex hot.

Formerly had fissure ani.

Flushes of heat followed by sweat.

Wakeful in the evening, sleeps late and tired out in morning.

Vertigo from descending.

Weeps easily without cause.

Apprehensive of accidents to friends.

Has always been under the care of homoeopathic physicians; asks for help, but must take physic, nothing else of any use.

All other medicine forbidden. One powder Sulphur cm Fincke.

August 3. Improved at once and soon began having natural stools. While on vacation, bowels became constipated and she resumed cathartics. Still has hot vertex and soles. One powder Sulphur cm Skinner.

September 13. Bowels have been in fine condition. Vision and health better. Soles burn like fire in the night. One powder Sulphur 3cm.

January 20, 1910. Much better. Lately nausea from riding in trolley car.

Skin of hands dry and cracked.

Feet peel especially around the heels.

Itching on the body and shins worse in bed at night.

Stools daily, but so hard, large, and knotted, that they hurt the anus; feels as if it were cracked. One powder Graphites 1m.

April 29. Has been very well. Vertigo while lying quietly, also when descending. One powder Borax, 1m.

May 7. Better at once, vertigo returning. One powder

Borax 40m. She was brought to a better state of health than she had known for many years. She is also convinced that Homoeopathy can cure constipation.

CASE VII. May 5th, 1909. A blonde lady, aged 32, married 5 years, no issue, has been a year under old school management, and no better. Diagnoses: Inflammation of the liver, impacted gall-stones, chronic appendicitis. Finally, laparotomy urged to find out what the trouble was. That sent her to Homoeopathy.

Whole right side of abdomen sore and painful; worse from any motion, from pressure, from lying on the painful side. Constipation from torpor of rectum; stools dry, clay colored. Menses early, profuse.

Leucorrhoea bland, stains brown.

Hair dry, falls out, tangles;-dry dandruff on scalp.

Very thirsty, never hungry.

Tongue yellowish-white.

Dyspnoea and palpitation from lying on left side, must sleep on the back.

Night sweat upon the chest during sleep.

After a careful study. One powder Bryonia alba 1m.

May 30. She was soon better, except that her joints became sore. On the 15th, a red, rough eruption came on the legs and the side was quite relieved. The eruption is gone and the side is again sore, but less so than at first. One powder Bryonia 40m.

September 25. The side soon became and has remained comfortable. Hard, red bunches, like blind boils, covered the legs, hot, itching, remaining several weeks. She afterward needed Sulphur and Sepia for constitutional upbuilding.

Her former physician asked about her some months later, and when told about the eruption which cured he shook his head and said, "I know nothing about that."

CASE VIII. November 10, 1908. A college professor, aged 35 years, has had neuralgia two weeks under the care of a supposedly homoeopathic physician.

Stitching pains from below the right eye, up through the outer angle of the eye, to, sometimes over, the eyebrow; also they shoot transversely from the pain centre to the temple.

Aggravated by motion, by the slightest touch (wiping the eye will bring on the pain), from 12 p. m. to 5 a. m., from lying down, no sleep in bed for two weeks.

Some better from cold applications, from drinking cold fluids. One powder Spigelia 1m on the tongue.

November 12. He slept well in bed six hours the first night, more last night. The pain is returning today. One powder Spigelia 40m made a complete cure. A repertory was used, and the patient's wife, who questioned the proceeding, was told that in the algebraic equation X has a certain value. In the therapeutic problem, when the drug symptoms and those of the patient balanced the equation, the remedy represented by X was found, and it would cure the patient.

CASE IX. December 13, 1909. A man aged 74 years, formerly obese, comes from old school treatment with gangrene of the three small toes of the right foot. Prognosis —death within one month.

Septic poisoning is plain; haggard, greenish face; eyes suffused, fishy appearance; tongue dry, red, glazed; pulse rapid, tremulous. Surgeon said heart was too weak from

fatty degeneration to permit anæsthetic for any operation.

Foot and ankle cold to touch; hot and painful unless wrapped warmly.

Dead toes dry. Too restless to stay in bed at night, worse after midnight. One powder Arsenicum album 40m.

Dec. 28. Stronger; appetite returning; tongue moist, slightly coated. Blisters on the back of the foot, but skin otherwise healthy up to line of demarcation which is plainly shown. Improvement seems to have stopped. One powder Arsenicum 50m.

Jan. 2, 1910. Foot better, again losing strength. One powder Arsenicum 70m.

Jan. 11. Seemed better, again weakening. One powder Arsenicum cm.

Jan. 20. General condition much better. Foot symptoms changed. Gangrene extending to second toe, moist, putrid odor.

Burning pains, worse from warmth (must keep foot uncovered), worse before midnight, can sleep after 12. One powder Carbo vegetabilis cm.

From then onward he did well under Carbo vegetabilis in potencies varying from 200 to 5cm, the latter of which caused such an aggravation that it was given only once. The dose was repeated whenever the granulations became unhealthy, the foot especially offensive, or the condition of the patient seemed not doing well. Ignatia, in potencies from the 200 to 40m, was used as an intercurrent remedy for jerking of the leg, which sometimes wakened him from sleep. He was able to eat three square meals daily, besides liquid food at night, regained his flesh, had regular stools, looked healthy, could sit in a wheel chair all day, enjoy his

cigar, newspaper, and friends, and get a fair amount of sleep at night, until March 15, 1911 (16 months after coming under treatment), when he had chill followed by pneumonia with unconsciousness, and death in 60 hours. Gangrene had taken all the bones of the foot excepting the os calcis, leaving healthy granulations all about the stump and down the back of the heel around the tendo Achilles. Although not a cure, this proves the wonderful power of Homoeopathy in prolonging life and making it comfortable.

CASE X. Jan. 1, 1911. A slender, brown haired woman, daughter of a tuberculous old-school physician, had imperfectly developed eruptive diseases of childhood; at one time albuminuria several months; frequent attacks of tonsillitis afterwards; typhoid fever at 21 with slow convalescence; then frequent attacks of facial neuralgia and left sided sciatica; constipation and cathartics almost every day since childhood. She was married at 23; had first child at 25, a son, who at 13 months, dying with marasmus, was saved by Homoeopathy. She came under my care at that time, 1906. A year later she bore a strong healthy daughter. Spigelia put an end to the neuralgia; Kali bichromicum controlled the sciatica; Bryonia followed by Alumina cured the constipation; Sulphur, Phosphorus, and Lycopodium, in potencies ascending to or toward the millionth brought her to a state of quite good health.

Overtasked after moving she had felt weak for some ten days, today her legs gave out and she fell to the floor.

Fever slight, 99 degrees.

Dull pain in forehead; head feels heavy; difficult to raise it.

Nape of neck sore; hurts it to bend the head backward.

Vision dim from looking at an object closely.

Saliva too free.

Stitches up and down in region of heart from respiration.

Lumbar and dorsal spine sensitive to touch; painful.

Legs and arms numb, heavy, can scarcely move them.

Worse at 11 a. m., relieved by food.

Four powders Gelsemium 1m to be taken at two-hour intervals.

Jan. 2. Slept poorly, feels better. No medicine.

Jan. 4. Improvement seems to have ceased. One powder Gelsemium 200.

Jan. 5. Much worse. Case taken anew.

Cutting pain in and about the eyes extending to the occiput. Sensation as if the head were lower than the body.

Eyeballs lame and sore to touch or motion.

Vertigo comes in waves, especially worse from motion.

Dorsal lumbar spine sore and aching; worse lying on the side.

Arms and legs numb, sore to touch, nearly helpless.

Arms and hands hot and restless in the evening.

Drawing sensation in the left leg; heel retracted; pain in sole. Feet cold and damp, burn in the evening.

Poor sleep; anxious dreams; jerking in sleep. Bed feels hard.

Motion aggravates everything.

A careful analysis of the generals with Boenninghausen's slips gave Bell., Bry., Nux vom., Rhus. tox., Sep., and Sul., nearly equal claims, but Bryonia covered the peculiar symptoms best; the only remedy I know having the

sensation as if the head were lower than the body. One powder Bryonia 200. On evening of the same day, she felt better, especially of headache, that is now growing worse. One powder Bryonia 200.

Jan. 6. A frightful aggravation of the headache and vertigo followed the powder immediately, keeping her awake all night. She felt as if she would fall through the bed even from moving the eyes with closed lids. That is passing now and feels better than she did yesterday. No medicine.

She afterward had one dose Bry. 200 on the 10th, Rhus t. 200 on the 18th, Bry. 200 on the 22nd. She began to sit up on the 13th, to walk on the 18th, improving daily, but left leg was weak.

Jan. 27. To please her son she has been using his polo stick instead of a cane. It was too long, and every step hurt her back, but she said nothing about it. At 11 a. m. a pain shot up the whole length of the spine to the vertex. A severe convulsion followed with loss of consciousness, with head retracted, dyspnoea, jerking as it passed off.

I found her with pain and soreness the whole length of the spine to the occiput. Cutting pains from the nape of the neck, also from the eyes, extending to the vertex.

Pulling sensation in cervical vertebrae from bending head forward. Pulse slow and thready.

Paralysis of extensors everywhere, even difficult to protrude the tongue, or to open the eyes. One powder Cimicifuga 200.

3.30 p. m. Another convulsion, less severe. (Powders had been left for such an emergency.) One powder Cimicifuga 200.

Jan. 28. 1.30 a. m. A third convulsion, still less severe, without loss of consciousness. One powder Cimicifuga 200.

12.30 p. m. Another convulsion, less severe, with dyspnoea and pain about the heart. One powder Cimicifuga 200.

8 p. m. Saw the patient the first time during an attack. No convulsion this time, but slow respiration, abdominal only, walls of chest immovable. Patient said heart felt as if it were in a vise. One powder Cactus 200.

The powder was scarcely on the tongue before patient whispered "That is good." Friends in the room observed and were astonished at the immediate relief.

Jan. 29. Slept poorly last night because of headache. At 8 a. m. a return of dyspnoea. One powder Cactus 200. That was the last powder required for that condition.

Jan. 30. 3.25 p. m. A slight convulsion. One powder Cimicifuga 200.

9 p. m. Called just as another convulsion was over, more severe than the last. Query. Was this an aggravation? It seemed wise to wait and see inasmuch as the patient was otherwise better. No medicine.

Jan. 31. Patient slept six hours last night and is plainly better, but paralysis of the extensors is almost complete. Dr. Stuart Close saw the case with me and advised Tuberculinum as an intercurrent remedy. Gave in evening one powder Tuberculinum 1m.

Feb. 1. She was nervous "as if she should fly" after the powder, but slept a little toward morning. Burning like fire in the upper back and left shoulder, then she could move the left arm. Much vertigo coming in waves. No medicine.

Feb. 2. Slept well; spine less sore and painful; intense itching the whole length of the spine down left leg to heel.

Today, for first time took a deep breath which relieved the pressure on chest, then yawned repeatedly, long and deeply. Right shoulder and arm burning today. No medicine.

Feb. 3. Prickling whole length of arms and can move them. Can speak also. A rough eruption extends from neck to heels, itching, burning. No medicine.

Feb. 4. Had another good night. Yesterday the eyelids itched and felt hot, then the eyes could be easily opened. No medicine.

Feb. 6. Symptoms call loudly for Bryonia 200, which was given, one dose.

Feb. 8. Another demand for the remedy. One powder Bryonia 200.

Feb. 14. Patient eats and sleeps well. Bowels move normally. The gain seems to have stopped. One powder Tuberculinum 20m.

Feb. 18. Another demand for Bryonia. One powder Bryonia 1m.

March 2. Repetition called for. One powder Bryonia 1m.

March 17. Frequent cough from a dryness and tickling in larynx, with aphonia and sensation of weight on chest. One powder Phosphorus 1m soon relieved.

Briefly told, she received a powder of Tuberculinum 20m March 18; Bryonia 9m April 4; Tuberculinum 40m April 10; Bryonia 9m April 15; Bryonia 20m April 20; Bryonia 40m May 5; Tuberculinum 40m May 11; Bryonia 50m June 3. **No medicine since.**

Menstruation came on April 24, after a three months absence, then normally May 26.

Tuberculinum was given when progress seemed stopped and no other remedy was indicated. Always within a few days Bryonia symptoms would reappear. Whenever the potency of Bryonia was raised there would be an aggravation. This was most noticeable at the last dose, the 50m, when for a few hours patient had soreness and pain in the nape of neck, dyspnoea, paralysis, etc., much as at the worst stages of the disease.

All the functions of life are in good working order. She has grown fleshy, with hard muscles, is able to turn over and hitch about the bed, exercises her extremities while lying down, was first raised on a back rest June 3, and this is done daily, remaining at an angle of 45 degrees for a few minutes at a time, carefully guarding against a relapse.

When a little overtired the back will feel sore and ache a little, but this will be relieved by massage. No part is paralyzed, but there is weakness of the extensors of the left first finger, and of the left foot. Motion of these is possible but there is not much force in it.

A question to discuss: Are all cases of Poliomyelitis anterior acuta dependent upon a tubercular root? Two other cases (all I have ever treated ab initio) were tubercular in history. One, a boy of two years, recovered from the paralysis, but afterward died from tubercular meningitis. The other, a college student, of tubercular ancestry, recovered excepting loss of power of adduction of the right thumb. Both of these cases yielded to Gelsemium.

DISCUSSION.

S. L. Guild-Leggett: There is little opening for a dis-

cussion when a paper like this, containing so many successful prescriptions, is read. I rise only to make a plea that papers reporting cures especially with unusual remedies like Gymnocladus and Solanum tuberosum should give something of the process of reasoning by which the writer arrived to the conclusion that such and such was the remedy. I would like to see the mental reasoning by which the doctor arrived to his conclusions: that is what I come here to learn. In many of the cases reported I would have to work out the case myself with the repertory to get any reason for selecting the one that was selected.

E. Rushmore: A student asked Hahnemann why he gave a certain remedy in a case that he had brought to him and received for reply, "go and study the materia medica."

Stuart Close: I consider it a great privilege to have been called to see a case with Dr. Case and to see the fine work which had preceded the time when he called me. I doubt not but what the case would have recovered if there had not been overexertion and relapse. The coming on of the relapse suggested to my mind the great extent of the underlying dyscrasia and after examination had revealed that there was tubercular history. That in addition to the symptoms suggested a remedy and I think that the final result will be a cure. It will be slow but the point is that it is a case that under the ordinary methods of treatment would have ended fatally. It was an interesting case because of the type of disease that it brought to our remembrance; it was of interest also because of the possible relation of the symptoms to tuberculosis. I think that we may take tuberculosis to be one form of suppression of Hahnemann's psora: it is a manifestation of a chronic miasm and

has its origin there. With this in mind we get a great deal of light on these deep-lying cases of chronic disease.

B. LeB. Baylies: I should like to know more about the mental workings of the prescriber than is given in this paper. I think it is instructive to see the prescriber's ideas of the disease and how he relates it to the remedy. In that manner each hearer is led to compare his own methods with those of the author and may be improved thereby.

W. H. Freeman: I think that it is well to incorporate in a paper the method by which we arrive to a conclusion. If the paper simply gives a list of symptoms and the drug that was given it may be that another drug would have been given by another prescriber and the result be better or worse according to which one arrived at the simillimum. Now, Dr. Rushmore's answer is not a good one; it is not enough simply to say, go to the materia medica. I think that Hahnemann was unjust when he made that reply. Students cannot always do that with advantage or at least with success. It is of immense use to them to give them a path in the wilderness of symptoms. The selection of symptoms, the arrangement of symptoms, the discrimination of symptoms is not shown in the materia medica: it can come only from experience and hard work and it is an immeasurable boon to an earnest student to have the way shown him. A paper is more useful to us, if the reason why a remedy was selected is given.

R. F. Rabe: The most practical way, in my opinion is to place the analysis of the case on a large sheet of paper and follow it with the repertory work. For teaching a large sheet of wrapping paper can be used and hung upon the wall. I would like to ask whether in that Bryonia case

the patient was worse from lying on the painful side, if so it is quite remarkable. In the Spigelia case, too, it was right sided although Spigelia is quite a left sided remedy. With Phosphorus which we regard as aggravated by lying on the left side it sometimes happens that it is just the reverse. I think that in the Bryonia case where the position was with the head lower than the body, Sticta and Phosphoric acid, if I remember right, have that.

E. E. Case: The distinction of Sticta is that there is a sensation as if the feet were floating in the air above the head.

R. F. Rabe: I noticed that the administration of Cactus in one of the cases reported resulted in prompt relief and we all of us could report cures and distinct effects from the same remedy and yet the pharmacopoeial council of the American Medical Association has thrown Cactus out of the Pharmacopoeia. It has been decided that it is not worthy of a place in the materia medica.

F. W. Patch: In regard to the possibility of the miasms being at the bottom of tuberculosis and other deep seated diseases I had an experience that made me think that it might be also at the bottom of anterior poliomyelitis. I had some years ago a young man of twenty ill with typhoid fever. He was given a dose of Tuberculinum in a potency and I never saw anyone go so near death and recover as a result as he did. In the same family, later another young man had anterior poliomyelitis, which suggests the possibility of there being a miasmatic basis for both. It would be an advance in our transactions and would make them more valuable if some standard was adopted; it would elevate the character of our reports.

C. M. Boger: Glonoin has that symptom of the head seeming to be on a lower level than the feet, more prominently than any other remedy. I had two cases of anterior poliomyelitis in the same family in both of which Homoeopathy was successful. Another case that I knew of, under allopathic hands was paralyzed completely in three months. In none of these cases was there any evidence of tubercular or syphilitic history or of anything of that sort. I cannot think that this disease is due to any particular miasm although any miasm may be present but not in a causative relation.

B. LeB. Baylies: It seems strange that the virtues of Cactus are so entirely unknown to the old school. I was in consultation recently over a case of Rheumatism in which acute symptoms of endocarditis had arisen; there was severe constriction across the whole chest, orthopnea and acute pain in heart and also in head. Cactus relieved him rapidly; in ten days he was up and able to walk about.

R. F. Rabe: In that case of gangrene I thought I saw indications for Secale: was it considered at all?

E. E. Case: The criticism as to statement of the mode of arriving to a conclusion is very just: I would have put it in had not the paper already seemed long enough. I follow two methods in my work: one is to pick out the uncommon or peculiar symptoms and find the remedies that have them then hunt up the one that has the rest of the case in its pathogenesis. The other way is to take the locations and corner the remedy down by the modalities usually by means of the Boenninghausen slips.

Secale was carefully considered in that case but rejected.

BUREAU OF OBSTETRICS.

W. H. FREEMAN, Chairman.

The Chairman made the following remarks upon

THE PROVINCE OF HOMOEOPATHICS IN OBSTETRICS.

While not wishing to have it thought that the chairman of this bureau desires to detract in the slightest from the doctrine of the vital necessity of proper constitutional treatment during pregnancy and parturition, he still feels it incumbent upon him to call attention to the fact that Obstetrics is really a mechano-surgical part of the medical art and that the therapeutic art is here only an adjunct to the main thing. However important it may be, and we all know that it is important, yet in this branch it occupies a secondary position.

We should not allow our devotion to correct therapeutics, prevent us from acknowledging that we advocate the strictest adherence to the skilful application of the mechanical principles underlying the obstetric art. Therefore it is to be hoped that a brief outline of the proper technical routine and principles will not be objected to.

First, frequent careful examinations of the pregnant woman are necessary. Such examination should include the state of the heart, lungs, urine, breasts and pelvis. This should be done as early as possible. Examinations should be made also at the fifth, seventh, eighth and eighth and a half months. The urine should be examined every month up to the seventh month and every two weeks after that period. The placental location should be diagnosed by auscultation. In primiparae careful pelvic measurements should be made. During the late months the size of the

fetal head should be estimated with the view of its capability of passing through the bony ring of the pelvis.

When the head shows *undoubted* disproportion the competent obstetrician should hold himself ready to induce premature labor in the interests both of mother and child, or else she should be sent to a hospital where Caesarian section or other major operation can be performed if found necessary.

Diagnosis of position by external palpation and auscultation is now a recognized necessity by all competent obstetricians. Anyone who undertakes to manage a case of labor without familiarizing himself with these methods is unqualified and wickedly negligent.

Correct diagnosis of abnormal positions and of deformities in the pelvis may often be corrected if known in time and may save not only suffering and injury but possibly the life of the mother or child or both. To estimate when the head is becoming too large for the size of the pelvic outlets is comparatively easy for the man of experience but it can be learned by experience only.

How to use the forceps, when to use them, when *not* to use them should be part of the knowledge of every obstetrician. It requires study, knowledge and practical experience. Yet it is a part of medicine that is never or at least seldom mastered by the majority of physicians who practice obstetrics. Delivery by forceps should never be precipitate or hasty but should always approximate and imitate the slow dilatation, the contractions and the descent of a normal labor. It is usually advisable to remove the forceps when the head reaches the outlet.

The method of rotating the head from a posterior to

an anterior position by skilful manipulation and the application of the forceps to the head after such rotation is simple and easy and renders easy an otherwise tedious and exhausting labor. Every physician ought in justice to his patients be acquainted with it. As a matter of fact not one in a thousand knows how to perform it.

The application of moist heat to the vulva during the second stage of labor will prevent nearly all laceration yet few take advantage of this procedure.

Negligence to acquire proficiency in obstetric diagnosis and technique is a crime on the part of everyone who takes charge of this class of cases. No amount of proficiency in correct homoeopathic prescribing can take the place of these mechanical facts and the knowledge of them.

The essayists who are about to entertain you will dilate upon the important part that homoeopathic therapeutics plays preceding and during pregnancy and labor and in the puerpural period. The discussion of them, I hope, will be full and free.

ADVANTAGES OF CONSTITUTIONAL TREATMENT PRECEDING CONCEPTION.

By Stuart Close, Brooklyn, N. Y.

If the unborn babies had any voice in the matter they would undoubtedly demand a clean bill of health from their parents before they started on their nine months journey "out of the Nowhere into the Here."

Every child ought to have the privilege of being well born, as society might at least see to it that such restrictions were thrown about the civil contract of marriage as to

prevent the criminal, the physically unfit and the chronically diseased from marrying and propagating their species.

But society has not done this, and so we have generation after generation of children born with lowered vital resistance, weakened tissues, imperfectly developed organs, latent tendencies to disease ready to spring into activity at the slightest provocation, often with actual disease already started on its blighting course. Such is the endowment with which the average child begins its career as an individual. Poor, helpless little wayfarer, projected into the world without his knowledge, consent or volition, a victim of circumstances over which he has no control, and of forces misdirected by ignorance. No wonder that his entrance into the external world is marked by a cry of anguish!

The least we can do for him is to do our best to give him a healthy pair of parents before he is conceived. The next best thing is to treat him homoeopathically after he is born.

The importance of our special topic appears when we consider the subject of chronic disease in its relation to heredity, for in this lies the crux of the whole matter. Although modern materialistic medicine looks askance at the old time doctrine of heredity, it is still face to face with the great and momentous fact of the transmission from parent to child of inborn tendencies to disease.

The act of procreation, in some mysterious way, imparts to the product of conception the attributes and qualities and organic tendencies of the parents, which they in turn received from their progenitors. That these inherited tendencies are modified in the new individual does not essentially change the fact of transmission. Turn and twist and

try to evade it as they may, there is no escaping the tremendous fact and the problems which it involves.

If we could bring one individual of each six into the world free from inherited disease and from latent tendency to disease, and if these individuals were to marry and procreate children, we could imagine it to be the beginning of a new race of healthy human beings—providing the woman did not eat prematurely of the "fruit of the tree of knowledge of good and evil" and upset all our plans, as Mother Eve did once before. There at once we front the problem of heredity again in its most ancient phase. The very tendency to eat stolen apples and upset preconceived plans has been handed down through so many generations that the ideal of "Health, Holiness and Happiness" promptly disappears.

Failing to attain the ideal, however, we may strive to approximate it. Fortunately, heredity as a law, is exact, impartial and impersonal. In itself it is neither beneficent nor malevolent. Good is transmitted as well as evil, health as readily as disease, strength as freely as weakness. The law of heredity is only a phase of the law of similars. Like causes produce like effects. It merely rests with us to conform to the condition of the law. If we desire to produce healthy children we must provide healthy parents. Conversely, if we would have healthy parents we must grow them from healthy children. In either case, the only thing left for us to do is to begin to cure their diseases and restore them to health by applying the principle similia in another form. Like cures like. We answer the old catch question, "Which was first, the egg or the chicken?" by saying that we don't care. We can begin with either. It makes no

difference whether we begin our work of raising the standard of health by treating the child or the parent, except that we gain a point for the present generation by beginning to treat the parents before the conception of their child.

If we are so fortunate as to be able to treat the resulting child also, we have advanced the cause a long step for the benefit of succeeding generations.

So we may console ourselves with the thought that every physician who is loyally applying the principle of similia in his practice, is doing his part toward raising the general standard of health and bringing about the medical millenium.

Evidently then the question resolves itself into a consideration of the subject of the chronic disease and how to deal with it.

To come directly to the point we may say that chronic disease has its origin either in uncured or suppressed acute disease, or in the direct infection by inoculation or otherwise. Once established on a basis of inherited tendency hereditary transmission follows as a matter of law and necessity, and continues until ended by art in the establishment of a cure in the individual affected.

From one point of view there was a time in the history of every chronic disease when it had its beginning, and in its beginning it was not chronic but acute. This is as true of disease generically, which may be traced back through a hundred generations, as it is of disease specifically, limited to the lifetime of a single individual.

In its acute primary uncomplicated form, disease may be easily cured. But the cure of chronic, secondary, com-

plicated disease is quite another matter. Control and cure depend first, upon the recognition of the basic tendency or predisposition, and, second, upon the ability to really cure instead of merely palliating or suppressing acute disease in all its forms. If we can cure all existing actual manifestations of disease we may safely leave the removal of latent inherited tendencies to the operation of time and the unhampered resistance of the living organism under favorable conditions. Once freed from the awful incubus of suppressed disease the vital organism will react normally and begin to store up energy.

It is at this point that the tremendous responsibility of the medical profession is revealed, both for existing conditions and for the future. In its habitual employment of palliative and suppressive measure in the treatment of disease since time immemorial, the medical profession has accumulated a heavy burden of guilt. But when to this is added the responsibility for the direct inoculation and propagation of disease, as in vaccination and the modern so-called serum-therapy by which the divinely established wall of separation between the animal and the human species is broken down and degenerative processes set up, the record of iniquity becomes so black that it is difficult to speak of it in terms of moderation. One is tempted to think that the world would have been better off if the medical profession had never existed. It is a question whether bad treatment is not worse in its results than no treatment at all. The state of the patient whose chronic disease has been suppressed is actually no better than before. In many respects it is much worse. The most that can be said in favor of suppressing syphilis, for example,

is that the disease is rendered superficially less actively contagious—less acutely dangerous to the community, less obvious; and that the patient's social condition is thereby rendered more tolerable.

But when we consider the long drawn out suffering and the relentless progress of the internal, chronic, complex disease towards its inevitable end, the apparent gain by suppression weighs very lightly in the balance. In the jargon of the hospital and the clinic the suppressed case always "goes bad." It is "misery long drawn out," with no gleam of light or hope for the future.

It is strange that physicians who are so acutely alive to the terrible consequences of the accidental suppression of an acute exanthematic disease like measles or scarlet fever, for example, should be so blind to the consequences of suppressing other forms of acute disease, with consequences quite as disastrous if not so obvious to a casual examination.

A chronic state thus engendered by suppression comes under the law of heredity, and is the basis of the diatheses which are transmitted from generation to generation, becoming more complicated at each remove from their origin by a sort of "breeding in and in" process. It is clear that diseased parents cannot propagate healthy children. Modern science has added nothing to the essential truth long ago set forth in the words of the Greatest Physician of all the ages: "Do men gather grapes of thorns, or figs of thistles? Even so every good tree bringeth forth good fruit, but a corrupt tree bringeth forth evil fruit. A good tree cannot bring forth evil fruit, neither can a corrupt tree bring forth good fruit."

Until physicians recognize these facts, accept the law

of cure and make themselves technically competent to apply it in the treatment of disease; and until the public is awakened to the need for medical reform and is instructed in the broad general principles of homoeopathic science and philosophy, we shall continue to see the existence of these gigantic evils in the world. They will disappear from the world at a rate exactly proportionate to the advance and acceptance of homoeopathic ideas.

Homoeopathic principles cover the prevention of disease as well as the treatment and cure of already existing disease; they include mental and psychical as well as physical diseases; they involve a new point of view as well as a new mode of treatment. They involve the regeneration of humanity and a higher plane of living. The mind which has been opened to the great philosophic truths of Homoeopathy can no longer be blinded and confused by mere externals.

The sophistries and glittering generalities of popular medicine no longer appeal to it. It looks beyond the seeming to the reality. It discovers the end from the beginning. It traces disease to its source, and directs its warfare accordingly. It does not waste its time and energy in dealing with the mere "end product" of disease, but attacks disease itself at its fountain head. It recognizes that "the life is more than meat"; that man is more than a mere mechanism; that life—that imponderable agency which manifests itself as a force controlling the cellular activity of all animal and vegetable matter—is the basic factor in all the problems of health and disease and the starting point of all processes of modification.

The modification of life processes must begin at the

center and work outward. Growth, nutrition and repair proceed by the appropriation and assimilation of compatible similar substances. Disease is merely perverted vital action. The cure of disease which is only the restoration of functional harmony, is effected by the similar remedy which equalizes the discordant vibrations by virtue of its similarity under the law of mutual action.

From this point we approach the practical side of the question which is the subject of our discussion—the advantages of medical treatment before conception—to which the foregoing remarks are preliminary.

We are all familiar with the trite but always good advice to obstetricians—to see to it that patients who expect to become mothers shall submit themselves to observation, direction and treatment as early in pregnancy as possible.

The carrying out of this advice, as commonly practiced, covers little more as a rule, than some general directions to the patient as to diet and exercise, and an occasional more or less perfunctory examination of the urine. A physician of somewhat more scientific pretensions will add to this, mechanical measurements of the pelvic diameters and certain examinations to determine the condition of the soft parts and the position of the foetus in utero. He does this in order that he may be prepared to meet mechanical difficulties which may arise.

This is all good as far as it goes and should be neglected by no one. But from the larger homoeopathic point of view this falls far short of the real requirements.

After the physical and mechanical factors of the case are determined the *patient* must be considered. This calls for a comprehensive investigation and study of the patient's

heredity and entire life history, to determine what elements have entered into the case which would tend to modify development or to produce deviations from a normal standard of health in their offspring. A history of all the patient's diseases should be made, as nearly in chronological order as possible, with notes of anything peculiar or unusual in any of the diseases, noting particularly the kind of treatment received and the character of the recoveries—whether partial, delayed or complete. Drugs used should be noted as fully as possible. Sequelae of acute diseases—especially of the infectious diseases of childhood should be carefully noted because these indicate not only the degree of the patient's vital resistance but the existence of the chronic miasms. Evidences of suppressed disease and subsequent pathological developments should be faithfully sought for and recorded. Habits of life, social environment, domestic circumstances and sexual relations should be investigated. History and consequences of physical accidents and injuries, mental shocks or experiences, emotional sufferings resulting from anger, grief, shame, jealousy, disappointment in love, etc., in short, physical and psychical trauma of all kinds, including the existence of hysterical symptoms resulting therefrom—should all be ascertained.

The menstrual symptomatology should be most carefully noted with all its concomitants, because this reveals the most significant characteristics of the patient's reproductive life.

Following the examination of the patient herself, her family history should be inquired into: parents, living or dead—their condition of health, if living; cause of death and age of death if dead; existence of family diseases or

dyscrasias, as shown not only in patient's parents but in their brothers and sisters and parents. The patient's brothers and sisters should be inquired after and their medical history briefly elicited.

All of this applies to the prospective mother, but her husband or fiance, the prospective father, should not be forgotten. Although his pathological influence ends at conception, his medical history, prior to that time, is not less important than the mother's, so far as the future child is concerned; and although we usually see him too late to make treatment of him of any value to the unborn infant, a knowledge of his diatheses and diseases is of the highest importance in the treatment of the mother and child, for he may be the source of the infection which has been transmitted through his wife to his child; treating him, if disease be discovered, may also prevent trouble with later children. The history of the father should be as carefully compiled as that of the mother.

It is of the utmost importance that the father's sexual history should be known, especially if there should be any gonorrhoeal or syphilitic taint. Every point bearing upon the existence of any chronic disease, dyscrasia, or diathesis in the father should be carefully considered in its almost inevitable relation to the mother and child, and given its due weight in determining the treatment of all the parties involved. His habits should be carefully ascertained, including his use of alcohol, tobacco and other drugs, and his sexual habits, as bearing upon transmitted tendencies.

Possessed of such records as I have briefly outlined, the physician is in a position to intelligently plan and carry out a course of treatment which will redound not only to

the inestimable benefits of both father and mother but to their child, born or unborn. Who can deny the necessity and value of pursuing such a course with our patients?

Upon us, as physicians, more than upon anyone else, devolves the duty and privilege of raising the standard of health and happiness of present and future generations; and we have, in our homoeopathic remedies, as well as in our philosophy, as applied to this supreme prerogative of man—the propagation of the human race—the most efficient means known to man for accomplishing that end.

We err if we limit either our thought or our practical application of homoeopathic principles to the mere administration of medicines to the already sick. Homoeopathy is broader than that. In its basic philosophy it includes not only the diseases of man, mental, physical, and psychical, but man in all his cosmic relations. Its views of the constitution of man and of matter; of the nature of life, health and disease, are based upon external and immutable law, and are as broad as the universe itself.

The man whose mind is thoroughly imbued with the principles of homoeopathic philosophy, occupies a viewpoint from which not only may he intelligently scan the entire horizon of medical and philosophical thought but penetrate deeply into many subjects which are mysterious to the uninformed.

He may exercise a beneficent power second to none, over the unborn as well as present generations. He may not only heal the sick, but he may remove the causes of disease, overcome or prevent the development of inherited or acquired morbid tendencies, facilitate normal development of the growing organism, and distinctly raise the standard of individual life.

By his advice, instruction and treatment he may not only improve the species physically, but mentally and morally, imparting new impulse toward a higher life and a broader outlook upon the universe.

DISCUSSION.

E. Rushmore: I notice that there has been published a report of an investigation upon the effects of alcohol upon the health of offspring as a matter of heredity and the statement was made that it had no perceptible bad effect.

B. LeB. Baylies: This is an exceedingly interesting paper and shows the application of the true principles of prevention, at least to my mind.

R. F. Rabe: I am reminded that some of the eastern states have forbidden by law the marriage of the insane, the crippled and the chronically or incurably diseased. That law is in force in the state of Michigan. In that state the habitually criminal and the criminally insane are liable to the operation of vasectomy whereby propagation is prevented. It seems so far to have worked well.

A. P. Bowie: If we were true to the principles of this paper and carried them out in practice there would be no use for such cruel and unjust laws as Dr. Rabe speaks of. Each one of us could do more in this line than we do. We should take upon ourselves the task of educating our patients in correct principles.

C. M. Boger: One of the wise rulers of the past said, "give me the children of this generation and there will be no trouble about the next." Homoeopathy can do more towards ridding the earth of habitual criminals and insane criminals than any other agency, by means of treating the children.

It is perfectly possible to prescribe for vicious thought and perverted tendencies. It is perfectly feasible to eradicate miasms including vicious tendencies if only the children can be brought under the influence of good prescribing.

P. E. Krichbaum: The proper environment and the proper food are also to be considered. Great attention is being paid to this by the old school and that is where the allopaths are coming to the front.

MEDICATION DURING PARTURITION.

By Rudolph F. Rabe, New York City.

The scope and limitation of medication during the progress of parturition must be accurately determined by the physician, if he is to be of the greatest service to the parturient woman. For nowhere in the practice of medicine are greater resourcefulness, skill and judgment required than in the obstetrical art.

Obviously it would seem, any purely mechanical difficulty is entirely without the sphere of application of the internal remedy. There can be no indicated homoeopathic simillimum, for example, for a justo-minor pelvis. A rhachitic pelvis, misshapen and misformed, lies beyond the power of the prescriber to correct. Here surgical knowledge and its application is demanded. Yet as an aid and frequently a most powerful one, the remedy homoeopathic to the dynamic side of the case so to speak, stands alone in its superiority. Thus, where forceps must be applied, owing to mechanical obstruction to the natural birth of the foetus, from whatever cause, a remedy selected with reference to the symptoms of the woman herself, regardless of the purely mechanical state, will pave the way for an

easier correction of the latter. In this sense the homoeopathic remedy is an aid and corrective, but subservient or at least complementary to the surgical measures primarily demanded. Hence it may be stated as a general working rule, that the homoeopathic remedy is always a secondary consideration in any purely mechanical obstetrical condition. That conditions arise which seemingly are mechanical or are so regarded by some physicians is frankly admitted. In these instances the internal remedy alone should apply and take precedence. As an example, may be cited the condition of rigid os, one which to be sure, may be overcome by forcible mechanical measures, but which more safely and scientifically yields to the well chosen similar remedy. It may further be stated that any condition of the parturient woman, which is a departure from the physiological and which is purely functional in the sense that any basic organic change is not of a strictly mechanical nature, should be corrected and can be corrected by the internally administered remedy, homoeopathic to the symptoms of the woman herself.

This statement would seem to define the scope and limitation of medication during parturition, a definition assigned to the essayist of this part of the symposium.

A further task is the presentation of the leading indications for the principal remedies useful during and immediately after parturition.

If there is any remedy in our armamentarium to which the adjective principal may be applied, it is Pulsatilla. This drug, in its pathogenesis typifies a certain well understood type of woman who, no matter what her illness may be, seems to demand at some stage at least, the exhibition of

this polychrest. Sensitive, fickle, changeable, easily depressed, shedding tears upon slender provocation, the Pulsatilla woman bears the irregular pains of labor badly and these are strengthened and made more effective by a timely dose of the remedy. During the puerperal period, if necessary for any reason to diminish the secretion of milk, Pulsatilla will be effective.

Caulophyllum is of value in developing true labor pains where these are spasmodic, flying in all directions, but doing no effective work. The os uteri is spasmodically contracted.

The woman of rigid fibre, strong and plethoric, whose pupils are unusually large, whose face exceptionally flushed and in whom pains are remarkably severe, coming and going with undue suddenness, demands Belladonna. Vaginal examination detects a hard, rigidly contracted cervix, the vulva hot and dry. During the puerperium a sudden rise of temperature with the facial aspect already described, no matter what the cause, a threatened mastitis with the breast rosy red, tender and hot, demands this remedy.

Gelsemium, the yellow jessamine, typifying as it does the sluggishness of southern climes, finds a useful field during labor. With os contracted, the sleepy woman, face dark-hued and of dull expression is disturbed by pains which shoot up the back or extend to the hips. Again, the pains may be entirely absent, an atonic state prevailing, with os widely dilated and a condition of total inaction present. The pulse is quite in keeping, being soft and weak. Where fever is present, absence of thirst is characteristic.

Secale cornutum is seldom used in potency by physicians, but commonly employed in fluid extract, tincture or more powerful preparation of the alkaloid, for its so-called phys-

iologic effect, during or after the third stage of labor. Its use here is empirical and routine and not based upon the law of similars. Homoeopathically the remedy suits thin, scrawny women in whom the pains of labor are irregular, ineffectual, spasmodic, weak or even entirely wanting. Post-partum hæmorrhage of black blood, worse from the slightest motion; symptoms of collapse with desire to uncover.

When, during the third stage of labor, the woman grows pale and bluish about the mouth and eyes and complains of nausea, the timely administration of a dose of potentized Ipecac may prevent hæmorrhage. If the latter be present, the blood is bright red, profuse and clotted. The breathing is heavy and oppressed.

After long, difficult or instrumental labors, the patient is apt to experience difficulty in voiding her urine and to complain of great soreness of the abdomen and vulva. If so, Arnica relieves these conditions very promptly.

Where the difficulty with the bladder is of a semi-paralytic nature, the result of long retention, with frequent and urgent desire, Causticum is demanded instead.

For the atonic constipation which is a frequent accompaniment of the puerperium, with total inactivity of the bowels as shown by absence of desire for stool, a few doses of Opium will arouse a normal peristaltic action of the intestines and enable a simple enema to produce a copious stool.

During the first stage of labor, where the os is rigid, where pains are strong, but badly placed, often shooting from side to side across the abdomen, with nervous rigors or "shivers," Cimicifuga is indicated. In the latter part of pregnancy, where false pains are troublesome, it may be very useful also.

Any list of remedies likely to be of service during or immediately after parturition may admit of almost indefinite extension, since almost any remedy, theoretically at least, may be called for. Here as everywhere else, the patient and not her disease is to be prescribed for; the uncommon, peculiar and characteristic symptoms are those to be selected by the physician as his guides to a correct remedial choice. No attempt has been made in this essay to give an exhaustive list of remedies or symptoms, but simply to present those more frequently demanded and of known reliability in action.

DISCUSSION.

P. E. Krichbaum: I want to emphasize the frequent occasions in which Aconite is indicated in pregnancy and labor. In the Transactions of 1898 I reported a case in which Aconite worked wonders.

President: I wanted to report a confirmation of the efficacy of Calcarea fluorica when indicated, but it came in under a paper that was read by title only. I have enjoyed this paper of Dr. Rabe's very much. The case I speak of was a fourth pregnancy with the same troubles that were present at the other occasions. There was constipation, hemorrhoids, marked inertia of the rectum, flatulence and an apprehensive mental state. Plumbum, Platina and Sepia were tried with only partial results but Calcarea fluorica in the 12th, four doses, cured entirely.

B. LeB. Baylies: The action of homœopathic remedies in correcting malpositions of the child *in utero* has been so frequently observed and verified that it shows that purely mechanical conditions are rectified by potencies.

HOMOEOPATHIC TREATMENT DURING LACTATION.

By Grace Stevens Northampton, Mass.

The proper treatment of a patient during lactation involves care given long before that period begins. All during pregnancy the breasts should be watched to see that they are in good condition. In the first place the nipples demand attention. Those that are misshapen may be improved by skillful manipulation, and the flattening due to pressure may be avoided by the wise choice of a corset which is not high enough to press upon the breasts. Frequent bathing, especially with water to which a little alcohol has been added, will do much to keep the nipples from becoming sensitive. If, in spite of cleanliness and general hygiene, the nipples do become sore during pregnancy, the condition must be due to some dyscrasia in the patient and a deep acting remedy should be given on the general indications. Graphites, Lycopodium, Petroleum, Pulsatilla, Sepia, Silica or Sulphur are those most apt to be useful, and the one indicated will probably heal the nipples so thoroughly that there will be no trouble when the child begins to nurse.

When lactation begins there must be most careful attention paid to keeping the nipples and the child's mouth clean. Both should be washed before nursing and the nipples after as well. The nurse should be cautioned not to touch the mother's breasts unless her hands are immaculately clean, and between nursings keep the breasts covered with a soft, clean cloth.

Guernsey, in his work on Obstetrics, directs that in case of sore nipples, the proper medicine should be given one dose dry on the tongue, and that after nursing, the nipples

should be bathed with a solution of the same remedy in water. There are many drugs that may be of use in case of sore nipples. If the nipple is red and itches and burns, Agaricus is to be thought of, especially if the patient suffers much from chilblains. A simple feeling of soreness, as if bruised, indicates Arnica, which is often needed during the first days. The patient who needs Chamomilla shows it by her mental symptoms and by the red, inflamed nipples which are exquisitely sensitive. Under Croton tiglium we find very sore nipples, but the distinctive feature is a sharp pain running from the nipple through to the scapula on that side every time the child takes the breast. Graphites has a thick fluid, oozing from the nipples and drying in a crust over them; and Sepia is to be thought of when there are deep, sore cracks extending across the crown of the nipple.

The plain and tenderness due to over-distension of the breasts before the child has learned to take enough milk can generally be relieved by giving the mother less fluid, or by using a breast-pump for a few times. But if the condition persists more than a day or two a remedy should be chosen to regulate the secretion of milk. This, however, is more apt to be too scanty than too profuse, and if it is not sufficiently increased by the addition of liquid foods to the ordinary diet of the mother, we must call to our aid the homoeopathic remedies.

Under Calcarea carbonica we find an interesting combination of distended breasts and scanty milk. The patient is sensitive to cold and shows typical calcarean symptoms.

Causticum may help when the milk becomes scanty in consequence of over-fatigue and anxiety. When the milk

is thin and scanty with a too profuse lochia, China will be our remedy, especially if there is distention of the abdomen and a general aggravation every other day. Phosphoric acid has scanty milk, debility and great apathy. Dulcamara may prove most useful if the milk is not secreted, apparently in consequence of the patient's having taken cold. The breasts are swollen and itch badly but are not painful.

When the child does not gain properly in weight, the mother's milk should be analyzed and her diet and exercise regulated in accordance with the result of the analysis. The fat in the milk will be increased by the addition of meat or other proteid substances to the mother's diet. If, however, there is too much fat, she should eat less meat and more vegetables and take more exercise. Additional exercise must be prescribed, too, in case the proteids in the milk are in excess. This is often the case with women of the richer classes and as a result the child suffers from indigestion and constipation.

A constitutional remedy given to the mother will often set both mother and child right. Aethusa is a remedy to be thought of when the child vomits immediately after nursing, although he has taken the breast eagerly. At first he seems exhausted by the vomiting but is soon ready to be fed again. His bowels are irregular, either costive or too loose. The mother, too, is not well. She has a bitter taste in the mouth and milk disagrees with her. In this case the same remedy may be given to mother and infant, or its effect may be trusted to reach the child through the mother's milk. Silica is another remedy under which the child vomits after nursing, but here he takes the breast hesitatingly, or even refuses to nurse, and the mother will show Silica symptoms.

This remedy is also to be thought of when there is a gush of blood from the vagina each time the child takes the breast.

The quality of milk is often changed by the emotional state of the mother, and anger or fright may render it for a time almost poisonous to the child. It is asserted that the milk of emotional mothers contains more water, less fat and more caseinogen than normal.

Chamomilla is of course the first remedy we think of when trouble follows a fit of anger in the mother, and will do much to relieve the suffering infant. The Lachesis mother wakes sad and disconsolate and is unhappy most of the day. Her milk is apt to be thin and blue and the child refuses it. When the mother is very sad, almost to despair, Agnus castus is to be thought of; great excitability suggests Coffea, and great apathy, Phosphoric acid.

If the mother has been so unfortunate as to take cold, causing congestion or inflammation of the breasts we think first of Belladonna and Bryonia as remedies likely to be of use. The Belladonna type of inflammation is of course more violent and comes on more suddenly than that of Bryonia. The breasts are hard and red, the patient's face is flushed, she has red eyes and an aching head with all the aggravations common to Belladonna, those from motion, light and noise. The Bryonia inflammation is apt to develop more slowly. The breasts are exceedingly hard, but rather pale in color. There is dry mouth with intense thirst, headache with general aggravation from motion and faintness and vertigo on sitting up. Constipation is also common, with very hard, dry feces.

There seems to be no excuse for the inflammation going

on to suppuration if it is attended to promptly, but with a certain class of patients the beginnings are always neglected and the doctor is called only after suppuration has set in. Again it may be that the patient has some Dyscrasia that renders her particularly liable to suppurative processes. In both these cases we have reason to be thankful that our Materia Medica contains a number of remedies which effectually control suppuration. Guernsey speaks enthusiastically of Graphites in cases of threatened abscess, especially where the breast is contracted by scar-tissue left from former suppuration. The remedy removes the inflammation and produces a free flow of milk. Phytolacca is of use when hardness of the breasts has been marked from the beginning, and continues even after suppuration sets in. Hepar, Mercury, Silica, and Sulphur are all standbys and must be given on general as well as on local symptoms.

As has been said before we have reason to be thankful for our remedies, and we should lose no opportunity for becoming better acquainted with them; but we should not forget that prevention of illness is better than cure, and that due attention paid to diet and general hygiene during pregnancy will render less prescribing necessary during lactation.

R. F. Rabe: Some years ago I attended a case in which a woman complained of cracked nipples and pain in the breasts; on inquiry I found that there were sharp pains running through from the nipple to the scapula and a sensation as if a string was pulling it. Those are the very words used in the proving and were not put into the mouth of the patient by me in the wording of the questions that I asked. Croton tig. brought on an immediate change for the better

and cured it later. For deficiency of milk I have used Ricinus com. and Urtica urens both with success. In septic cases during the puerpural period, generally due to infection Sulpher cm will often cut the case short. Pyrogen has several times disappointed me. No doubt it was not indicated; however, so far I have failed in such cases to see any good results from it. Echinacea on the other hand has served me well. I know of a case, not my own, of very bad septic fever cured by teaspoonful doses of the mother tincture. It was unmistakable and remarkable. Profound depression is characteristic of it. Bear it in mind in such cases.

Grace Stevens: I can recommend to your attention the indications for Causticum when the milk has been dried up or rendered scanty by too many social functions and the attendant excitement. It acts by restoring it and with changed habits there is no return. In a case of a child born after the death of the father, the mother, who had grieved deeply but had suppressed all manifestation of her grief on account of the supposed effect on the child, broke forth into terrible demonstrations as soon as the child was born. In two or three days the child seemed to shrivel up and became blue. The baby presented a pinched and dried up appearance. I gave the mother Pulsatilla and it seemed to affect the child, too, probably through the milk or through the changed state of the mother. The child soon became well again. It was a quick response.

HOMOEOPATHIC TREATMENT DURING PREGNANCY.

By W. A. Yingling, M. D., Emporia, Kansas.

Nature, the Vis Medicatrix Naturae, or the natural impulse of the vital force, that principle that governs the physical life and being, attempts to throw off all disease and restore health. The attempt of nature is successful in proportion to the vigor and harmony, the in-tunement, of the vital force. If normal in vigor, disease is routed, health is restored and harmony prevails. If weakened from any cause, there necessarily follows a lack of ability or power to restore health and very often injury is done by the efforts of unassisted nature.

Nature tries to protect the progeny, to perpetuate the species in both of the kingdoms, whether animal or vegetable. This is especially true of the more valuable life as in man. Yet the human species has done more to abuse nature, as well as to frustrate the plans of nature, than the other. In all this effort nature is under the domain of law, and must be governed by law. Nature can make no exceptions in the life and progeny of man. The consequences and results of the sins, the errors and breaches of the physical law, will be visited upon the progeny to the third and fourth generation. Heredity is a certain law of nature. Our beliefs or denial will not alter the fact nor change the results. Doctors have said, when addressing the public in the tuberculosis crusade, that there was nothing in heredity because no child has ever been born with developed consumption. This loose talk merely shows the ignorance of the speakers and that today we have a high science without common sense nor judgment. It is not supposed that a

fully developed tubercular disease could be transmitted to the child even though conceived by tubercular parents, but the heredity is there nevertheless, the soil has the seed of or the affinity for the disease, and under proper circumstances and from various causes the seed will mature in the kindly soil and progress into the fully developed disease. Even here, in heredity, nature attempts to protect the progeny by seeking to suppress the entailed disease. As long as it has the inherent power it is successful, but when weakened, or the soil becomes stirred up by some agency, the seed sprout and the disease progresses. In some instances, where the vital force is all-powerful, the hereditary tendency may be held in check through life or till old age makes the way easy for its final development. Many have gone through life in apparent health and died at past eighty from tuberculosis without other known cause than the debility incident to old age. Many young women have this exciting cause following the end of the first gestation, other and older women at the menopause. But all the way through, nature has put forth her efforts towards a restoration to health. The trouble is, man frustrates nature by his own individual or personal disregard and abuse of the laws of physical man.

In the vigorous, nature accomplishes her purpose of protection against the ravages of disease, but in the weak, to prevent failure, the beneficent Creator has established a cognate law to do that which unassisted nature is unable to do. The proper medicine properly administered will restore the natural, recuperative powers and allow the vis medicatrix naturæ to restore and maintain a state of mental and physical health. As to what this cognate law is must

be decided by results. It is plain to us, as other schools of medicine largely deny the ability of such work, that the law of similars is alone the natural cognate law to protect and help nature in her endeavors to restore health to the human family, especially. It is not the province of medicine to *cure* disease, but to restore this vis medicatrix naturæ to a normal condition so nature may bring about the change from the condition of disease to one of health. The physician is the assistant of nature as long as he works in accordance with the laws of nature. When he forces nature by drugs he weakens and injures the natural force so that greater "sins" are entailed on the progeny even to "the third and fourth generation." As ignorance of the law does not excuse the transgressor, there may be a "great weeping and gnashing of teeth" in the great Judgment when we must render an account of our stewardship.

Nature recognizes childbearing as a natural function, hence it should be healthy as well as easy. That it is not easy in most cases comes from the result of broken law. Yet this cognate law of nature can so far restore to normal conditions that labor can be made comparatively easy. Every true follower of Hahenmann can vouch for this declaration. As a means to this end the proper treatment of the complete as well as complex, sick condition of the to be parturient woman aids and materially contributes to the desired results. Routine prescribing here will not accomplish the result. A careful taking of the case, the true totality of symptoms, must be the basis of the prescription. The repertorial list of remedies suitable to the state of pregnancy is small compared with its possible extension when the prescription is based on the similitude of the symp-

tomatology of the woman in hand. Any remedy may be indicated that covers the case and will restore the recipient to that state of health which will result in normal labor and a healthy child. Of course, common sense bars deformities of the bones and mechanical conditions over which medicine can have no control. A lady six months pregnant, 33 years of age, came to me with a sick condition incident to her pregnancy. Being so old she feared a severe time at her labor, especially as she was much complaining and really sick. Her symptoms called for Pulsatilla. I noticed she had a very marked pterygium. I did not find Pulsatilla in the list of remedies having cured or produced ptyrygium, but as the complex of her symptoms called for this remedy I gave it in a high potency. After some six weeks or two months she asked me in her report whether the medicine was intended to also cure the growth on the eye and that she was in every way much better, almost entirely well. She was restored to health and had, as she reported, only about two hours of actual labor pains. The child was unusually well-formed and healthy, and remained so.

I may say wtih truthfulness and without any purpose of vain boasting that in a very large experience in an obstetrical practice I have always relied exclusively and waited upon the indicated remedy with success. Included in this success I can sincerely say I have never seen a rupture, except one very slight breaking of the fourchette in a very nervous little woman and in instrumental cases. The necessity for the forceps have been restricted to three cases, as I now remember, certainly to not more than four. At a State Society I heard a very good brother say that at least 60 per cent of parturient women were necessarily ruptured. This

brother spoke from his own personal experience and not from the standpoint of one who has a working knowledge of the law of similars.

During gestation the woman's functions are all unusually active in the endeavor to reproduce progeny in health, hence, meets the medicinal agent more than half way in its efforts to restore health and reproduce a desirable offspring. From this fact the best time to treat a woman for any constitutional or chronic condition is during the period she is carrying her offspring. From such treatment I have had many say, not only that they had an easy labor, but got up from the ordeal feeling so much better and stronger in every way and that the usual complaints were not present. The treatment can only be in line with every other true homoeopathic treatment, that is, according to the true totality of symptoms and the Law of Similars. To select a single disagreeable condition for relief, while it may remedy that particular trouble, is not in accordance with the higher and truer science of homoeopathics and does not restore the patient to a state of health. The basis of the prescription is not merely the complete present condition, though that is most important, but the family and personal history may contain facts of sickness and disease that overrule and outweigh in homoeopathic importance the present ensemble of symptoms to a sufficient extent to at least be the deciding factor in the case. The first interview must be careful, searching, patient, confidential and without haste or hurry.

As every individual case must have a careful individual investigation and prescription, suited to its own idiosyncrasies, it would be useless to go into detail as to remedies,

especially as such a procedure would prolong this paper beyond desired limits.

I may add in conclusion that in my experience the nearest remedy to a specific for securing easy labor is Actea racemosa. I trust the word "specific" will not loom up so large as to hide from your view the qualifying word, "nearest." There is no such thing as a specific, but there are remedies much more frequently called for in certain classes than others, and, in the absence of guiding symptoms upon which to base an intelligent prescription, these near specifics may be used. It quiets the nerves, relaxes the soft parts and does shorten labor in the majority of cases. But always keep in mind the need of the individual case in hand and select the remedy in accordance with the symptomatic requirements.

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PROCEEDINGS OF THE THIRTY-THIRD SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION

HELD AT

THE NEW OCEAN HOUSE, SWAMPSCOTT, MASS.

June 24, 25, 26, 1912.

BUSINESS TRANSACTIONS.

The Thirty-third Annual Convention of the International Hahnemannian Association was called to order by the President, John Hutchinson, at noon, June 24th, 1912.

It was moved, seconded and carried, that the Program as printed be adopted as the regular order of business.

It was moved, seconded and carried, that papers whose authors were present be read first; papers whose discussers were present next; papers whose authors and discussers were both absent be read last.

SECRETARY'S REPORT.

The Secretary begs leave to report that the regular or routine work of the Association has gone on as usual during the past year. The activity of the President and his chairmen have produced a full and interesting program for your consideration. The present membership consists of: Honorable Seniors 25, Active Members 107, Associate Members 55, Honorary Members 3, making 190 in all according to the Secretary's list unrevised by the Treasurer.

Since the resignation of Dr. P. E. Krichbaum as Treasurer the stock of old transactions has been divided into two lots and sent, one to the firm of Boericke and Tafel for disposal at a reduced rate of 50 cents per volume and one to the Secretary

for safe keeping. At present there are in the Secretary's hands the following volumes:

2	Vols.	2	Vols.
1910	102	1898	22
1909	56	1897	45
1908	32	1896	48
1907	27	1895	55
1906	10	1894	24
1905	50	1893	00
1904	9	1892	24
1903	35	1891	00
1902	100	1890	00
1901	62	1888	20
1900	49	1887	8
1899	63	1881-2-3	48

Besides the above there are three dozen volumes on sale at a second-hand book store in Chicago. Since taking charge of the above stock the Secretary has sold 80 volumes at the agreed price of 50 cents.

The Secretary calls attention to the confused state of the By-Laws caused by ill-advised changes made hastily and without due consideration.

The Association has always had three classes of members; these were orginally Active, Junior and Honorable Seniors. The Active Members signed the Declaration of Principles and had to submit a thesis to the Board of Censors; the Junior Members did not have to sign the Declaration nor submit a thesis. At the end of three years they had either to become Active Members or be dropped. The class of Honorable Seniors consisted exclusively of members of the Association who were recommended to the honor of this class by the Board of Censors for certain services rendered to Homœopathy or to the Association. The idea of these clearly defined classes was somewhat obscured by changing the title Junior to Associate on the motion of Dr. Howard Crutcher a former Secretary. After this change in title it became the custom not to drop Associate Members at the end of three years if for any reason they did not care to be advanced to Active membership and hence there are a number of Associate members who have remained in that class for more than the prescribed time.

To be an Honorable Senior was once properly regarded as a high honor, but at various times its numbers were increased by those who had done no special service to entitle them to the honor, but simply because the Board of Censors did not want to drop them and did not know what else to do with them. Hence some have been advanced to that honorable class directly from the Associate membership which rather degrades the quality of the class.

To still further complicate the matter, at the last meeting notice was given in writing of the creation of a new class of Honorary Members and under a suspension of the rules three men were elected to that class immediately. Some are on that honorable list who have never attended a meeting of this Association. This matter needs consideration and improvement. The Secretary bespeaks more interest and coöperation on the part of the Publication Committee instead of allowing the work to fall entirely on the shoulders of the Secretary as heretofore.

F. W. Patch: I move that the report of the Secretary be received and the matter of the classification of members be referred to a committee of three appointed by the President. Seconded. Carried.

President: I appoint Drs. King, Turner and Powel as that Committee.

The next business was the report of the Treasurer.

TREASURER'S REPORT, 1912.

Receipts.

Cash from former Treasurer	$260.73	
Cash from Dues	370.15	
Total		$630.88

Disbursements.

Stenographer, printing, postage and stationery, J. B. S. K.	$169.00	
Freight and drayage on Old Trans.	37.50	
Printing 1911 Transactions	386.80	
Total		$593.30
Balance		$37.58

WILLIAM R. POWEL, *Treasurer.*

AUDITOR'S REPORT.

We have examined the accounts of the Treasurer and find them accurate and properly recorded.

Signed:— MAURICE W. TURNER, M. D.

PRESIDENT'S ADDRESS

THE SCIENCE AND ART OF MEDICINE.

BY JOHN HUTCHINSON, M. D., NEW YORK, N. Y.

Members of the International Hahnemannian Association:

It is said, and well said, that in no better way can the cause of Scientific Medicine be strengthened than by its faithful practice. At this point, then, we have proper emphasis given to the Art of Medicine as the suitable companion of its Science. Science is the knowledge of what is to be known; Art teaches us to do what is to be done. And if still another definition were required, we might answer that by Scientific Medicine we mean Homœopathy. Homœopathy comprises the elements of Scientific Medicine that are applicable to patients, that provide cure for the sick.

As physicians, members of this body assembled at its thirty-third annual meeting, we are impressed by a definite duty, the art of *applying* scientific medicine, that it may extend its help and care to mankind. Our members are found on every part of the globe. Membership in the International Hahnemannian Association is a credential of the higher attitude toward the great obligation of medicine to heal the sick.

We are deeply concerned with the relation borne by our Association to the world of medicine and to the general public —to scientist and to layman. The problem of reaching the heterogeneous factions everywhere is almost forbidding, but it certainly exists for us. Much sentiment in general medicine leads voluntarily away from the spirit and form of Homœopathy; but this sentiment concerns itself, however, in such manner with facts radiating from the law of cure that some discernment of that law must result. And yet it does not often seem to result. In some minds, holding as they will the

conviction that medicine is destined to progress by spectacular strides, there is attempt to deny any limitation that might be implied by the recognition of Homœopathy as embodying the law of cure and the science of therapeutics and the art of practice. Some minds do not lend themselves kindly to those ideas which reckon fairly with fixed principles and facts.

Yet, viewing as we must the variety and mutability of popular medicine, we cannot fail to be gratified by that welcome from thinking classes for this Association's declaration of principles which has stood for thirty-three years. It is one more evidence that the simillimum administered in most serious cases has made a reputation not to be gainsaid. Further, as long as distinct organizations exist in politics, religion, or medicine, so long will the discriminating public expect a doctor to belong to some particular school and stick to it.

Our position is in a sense militant; it becomes so by virtue of the normal trend and restraint of our practice. It is unthinkable—with our largest possible opportunities to observe both immediate and ultimate consequences of unsound therapeutic measures—that we should be indifferent to the character of cures that are such only in name. Accordingly, we are bound to combat the Specific idea, which aims to provide the specific remedy for a specific disease, as being false, both theoretically and practically. This idea has taken hold of the newspaper public, it is supported by scientists who ought to know better, and—we regret to say—it occupies the minds of many who stand in the ranks of Homœopathy. The specific idea is fundamentally opposed to the very principle of the similar remedy, for it views disordered health as an entity apart and distinct from the sick individual. It is the false approach to the sick man.

The cancer mortality in the State of New York reaches nearly 700 victims a month, and the cases are increasing, the rate not being influenced by season, apparently. It is not to be wondered at that any idea of rescue from such a state of things should be grasped by the public. Not yet is the public ready to understand its cause or its consequences. But when we con-

sider the form which this malady takes in different subjects, the variety of its morbid tissue, the *un*uniformity of its manifestation, and the possible range and extent of causes, it is impossible for scientific medicine to promise a cure that is specific in the accepted sense.

We combat, in particular, treatment instituted on the basis alone of bacteriology, including, as it does, whatever pertains to serology as such. This treatment is even more unnatural and despotic than forcible depression of high temperature, from which latter practice we are happily able to report reform in the very school of its origin. To-day its reference to the febrile process is as a reaction of benefit to the organism, a protective act of nature.

We have still to combat the tendency to institute circulatory stimulation. How "heroic measures," as so often described in the case of some noted man at the point of death, is going to help him to live, much less to recover, is going to do anything but hasten his dissolution, since no strong man in the world when well could safely endure that "heroic treatment," is one of the mysteries that will probably make history like Herculaneum and Pompeii.

But why multiply items? If the slogan, "Don't interfere with Nature," is to be shouted whether scientific or not, why should the shouters refuse to listen and heed sometimes?

While the truth of Homœopathy is acknowledged, the larger reality of it seems not yet to have been grasped by those modern laboratory scientists of international fame who have paid verbal homage to the fact that Homœopathy embraces features of scientific value which they have occasion to utilize. While the principles of Homœopathy are one by one being steadily incorporated into general medical knowledge, the unique facts of its practice gain but slow recognition in the minds of men whose attention and training have not converged to the special study of Homœopathy, nor to its work that Hahnemann founded. We may very properly cling to the habit of citing Hahnemann's name in reference to fundamental Homœopathy, for none of his genuine followers has led farther forward than he, and some of his pseudo-disciples

are responsible for unfortunate retrogression and mistakes that still work injury.

But to return to the interesting enemy from without. It is affirmed that some of our men have been upbraided for giving too low potencies, upbraided by men who not many years ago ridiculed any potency whatever, high or low, as containing too little medicine to produce the slightest possible effect. Now, from the same source comes information that the antitoxic body can be detected in some instances in a dilution of one to 100,000,000,000, distinguished from ordinary chemical action by atomic dissociation that liberates specific electrons. Further, it is complained that the microscopes have not high enough power to demonstrate that which really exists in known pathology, though it was not so very long ago that our friends as well as our enemies were telling us that no medicinal substance could reside in our medium and high potencies because the microscope could not disclose it. But it comes to the same thing. What we said then they are repeating now: *"So much the worse for the microscopes!"*

Thus are we supplied with examples of conflicting opinion that is inevitably to be settled in the long run on the side of Homœopathy. You will undoubtedly admit that the larger difficulties of applied Homœopathy are accentuated by the policy of the dominant school. It may perhaps be insisted that we do not wish to belittle that policy. In justice to it, we must concede that if its order of study was to be followed and its kind of research had to be done, the task was logically its own, not ours. Yet we have not been deprived of its possible value. Whatever its shortcomings, the dominant school has nevertheless provided medical thought and speculation with much suggestive material and many interesting facts. As has been truly said, it teaches almost everything medical except how to heal the sick promptly, comfortably and safely. This being so, it might be urged with a measure of plausibility that the whole field is ours, and the difficulties complained of should disappear by virtue of our superior therapeutics. They should, and they do, other factors being equal. But is not the contention entirely reasonable that any therapeutic agent pro-

claimed to the large lay public as the latest and best, when really failing in superiority to the internal similar remedy—the remedy answering to the exact nature of the case—is an obstacle in the way of good practice?

Anent this discussion, let me submit to you the following extracts taken from a lecture, entitled "Anaphylaxis" [the word now adopted for a form of hypersusceptibility, that Homœopathy has always reckoned with], by John F. Anderson and M. J. Rosenau, of Washington, D. C., delivered to the Harvey Society, New York, December 5, 1908:

"It has long been known that the blood of certain animals is poisonous when transfused or injected into certain other species. Many instances might be cited showing that the blood serum of an animal of one species has *poisonous properties* when injected into an animal of another species. But the blood serum of the horse *apparently lacks such poisonous action.* Very large quantities of the blood serum of the horse may be injected into man, rabbits, guinea-pigs, and many other animals *without serious inconvenience* except occasionally a slight reaction at the site of inoculation."

"In a certain proportion of cases the injection of *horse serum into man is followed by* urticarial eruptions, joint pains, fever, swelling of the lymph-nodes, œdema and albuminuria."

"In exceptional cases, *sudden death has followed an injection of horse serum in man.*"

"We have shown that ordinary *horse serum is a comparatively bland and harmless* substance when injected into certain animals; but these animals may be rendered so susceptible that an injection of *horse serum may produce death* or severe symptoms."

"We are now able to state . . . that diphtheria antitoxin in itself is *absolutely harmless.*" [No italics in the original.]

These quotations, found within the limits of less than two pages of the published lectures, are not submitted on account of their peculiar logic, their assumption, nor their optimism. They are cited as merely characteristic of the mental temper of the laboratory to-day. It seems different from that open-mindedness that Hahnemann enjoined. There is something

of prejudice entering into a report, it seems to us, if that report characterizes a substance that has caused sudden death as comparatively bland and harmless.

It is logical for Homœopathy to prove every remedy. More than this, we see how important it is that everything that is ingested by man—not medicine alone, but also foods—be proved in the human organism, which is the Laboratory of Homœopathy. As properly conducted, this normal experimentation never endangers life, but, on the contrary, is of permanent benefit to health in many cases.

The rather large question has not been carefully settled as to the propriety of forcing foreign substances directly into the circulation by traumatic means. With us it is incumbent to learn the distinct effects of single substances upon the human economy when received through the buccal and gastric portals into the body. Our method of systematic proving is not generally understood. We are often told that a preparation has been "tried out" as if the process were identical with our "proving." But the actual difference is much like the two kinds of prescribing on symptoms. To begin with, our symptomatology is of a fine grade that is almost entirely misapprehended by those who have not taken the trouble to study it. The sequences and relationships that are to us of so much importance pass quite unnoticed by the pathologist. On the other hand, we deem of small value for the requirements of prescribing the gross symptomatology of headache, fever, diaphoresis, and find even less value in the so-called symptomatic prescribing accompanying it of a cathartic, diaphoretic, or other such agent.

The finer facts belonging to Homœopathy are not well elucidated by the superbly endowed biological laboratories of the present day. The methods of study therein are too crude. The aim *in toto* is crude. In scientific healing the truth must be recognized that the human temperament with which we must of necessity deal is impressible with what are or may be considered slight influences.

We cannot accept either physiology or pathology alone as the science of medicine any more than we can say that biology,

or chemistry, or psychology is the science of medicine. Though having its important place in medicine, any one of these sciences is remote from the power to heal the sick. A little logic is enough to show that our knowledge of the science of physiology is likely never to be large enough to enable us to reconstruct, *sui generis,* a process that is disturbed, returning it to its normal. We cannot restore gastric function by supplying the deficient secretion, whatever its chemistry. Our chemistry of pepsin, acids or alkalies is inadequate. It does not meet that peculiar demand which is vital. Chemistry does not reach it. We determine that the system lacks iron, and then we administer that element in atrocious doses over an absurd period, but the tissues refuse to accept our bounty. How much more inductive reasoning will it take to teach successfully the lesson that a larger principle is involved in cure than that based on the presumption to reckon directly with the crippled function as if it were isolated, in the belief that chemistry inside the body is identical with chemistry outside the body?

We know well, and so does the world know, that Homœopathy provides a better method for the care and cure of these conditions.

When, after years of investigation, Hahnemann described the chronic disease forces, he stated broadly and most comprehensively the problems of heredity and diathesis. His teaching as to the profoundly serious phases of chronic ill health, and their curability under proper medicine, completely refutes the general assumption to-day of the incurability of patients afflicted with chronic disease. His conception of what should be learned of the patient in any illness as outlined in his schema is invaluable. We could not for a moment relinquish that schema. It covers the case of illness in its completeness. Its mental section claims, yes, it wins and compels our homage. Mind health and its relation to body health was never so well shown before, nor since. Nowadays, with all our attention to physical culture, the mind is left in the lurch. Much is heard about mental culture, but some of it appears to be counterfeit. Even if it is conceded that a man's mind is

the best part of him, traditional medicine had to receive this emphasis from so-called Christian Science. And now, Homœopathy, whose remedies for disturbed mental health are indispensable, is being told quite seriously that its remedies never reach the mind. What shall be said then as to the efficiency of those which restore to the mind its poise after fright, grief, anger, apprehension, delusion? It must at least be admitted that they reach and cure the patient.

The most conspicuous danger or menace to any school of philosophy or practice is Assumption. It has wrecked a lot of handsome craft. It is so easy to sail away on a good-looking sea of statements, and then forget all about the old landmarks until we dash into them and meet destruction. It is so easy to believe what we wish to believe. It is so hard to reflect always on either known or unknown facts as they stand, leaving out, until these facts are thoroughly scrutinized, whatever we are predisposed to deduce from them. Apposite facts are enough for science. If our conclusions cannot be made without displacing facts, or hiding them for the time being, so much the worse for that kind of philosophy.

The extension of the practice of Homœopathy will banish Assumption. It will forbid a man of science to put forward his mere belief as anything worth attention. He may be a very good man, and we may like him very much, but that is not to the purpose, the facts back of his or anybody else's belief are what count.

It is often remarked that medicine is not an exact science, but it should be remembered that logic is an exact science. Is it not possible to employ enough medical logic to imbue our work and progress with the precision uniformly essential for the healing role? Logic being not only an exact science is also the simplest and most elementary of all the sciences. It is then peculiarly fitting that the law of similars should be availed of by the purely logical method.

We cannot help wondering if Hahnemann, profound as was his classical learning, did not have in mind the Organon of Aristotle when he prepared his own. If anything impresses

us as being uniquely characteristic of Hahnemann's personality it is his high respect for standards.

Aristotle said: "Science must start from something that is not proved at all." Also, "You must study facts, not beliefs."

The philosophy of normal medical reasoning has been built up by the method of induction, a mode that has come down to us from Socrates and Aristotle.

The assembled facts in the study of a case of illness, not diagnoses, not explanations, but only the facts that appear, which do not ask for proof nor need it, since they simply exist—the induction of facts brings its demand up to the provisions of the law that is universal.

The grammarian who was first to distinguish nouns from verbs and give them names did not invent nouns and verbs, he did not prove that they were nouns and verbs, he simply called attention to their existence in language. He had good reason so to do by the fact of their *peculiar* differences. As nouns and verbs they satisfy the essentials of a sentence, which in its turn comes under the complete requirement of an expression of thought or feeling or action.

Against well-verified knowledge, accumulated by inductive research, there contrasts the essentially emotional attitude of the dogmatic mind—*belief*—combined with a perfectly accurate mode of reasoning on wrong premises. The result is that it feels perfectly certain of its conclusions in those cases in which they are quite as likely to be wrong as right. Men are led most easily by their emotions, but they are not held by them. The emotional element is fickle. Any belief based on emotional foundations is pretty certain to be unsound. Opposed though it is to the scientific, emotional belief invades that circle and induces much error.

Now and then some unnecessary fog is engendered by brisk discussions of the limitations to be encountered in the scope of the homœopathic remedy. But it must appeal to us that as far as limitations go they are more concerned with deficient scientific judgment than with the scope of the remedy. We know well by this time that the science of Homœopathy demands art for its employment, else the Organon would never

have been written. The vital organism cannot be controlled by materials alone, else Materia Medica Pura and Chronic Diseases would have been ample equipment for the physician without the Organon.

It may be that the quality of the practice of Homœopathy has not improved since the time of Hahnemann. We are inclined to the opinion that the men of his period who understood his teaching, and who assisted him in making his provings, made as fine prescriptions as have ever been made, and that resulted in the highest cures. The cheering fact at present is that the world has many more men now than it had then to do work of the same high grade.

If Homœopathy has not changed in a hundred years, since its active life began, it is certain that its school and its practice have progressed, that its philosophy has had fuller interpretation, and that its materials have been utilized in a more advanced degree, however unwilling or unable some minds have been to acknowledge that progress.

Its reform of drugging methods began with Hahnemann more than a century ago, and this reform has not ceased. This is admitted by all—friends and enemies alike. Its constructive policy has included sanitation, hygiene, both mental and physical, and trustworthy regimen, external and internal, for public and private advantage. In a period of history and an age of cold storage, when pure milk, fresh eggs, and good meat are most difficult to procure, its aids are indispensable.

Is there *greater* achievement in medicine than the homœopathic prescription? It is more than an item of exact science; it is applied science; its success shows it to be also the reward of advanced art. The reason is not far to seek, since demand for the remedy is a vital one, evidenced by perfectly trustworthy indications that are always present in the curable case; and the art of the prescriber should not fail to reason directly to its requirements.

If the result of the exhibition of the similar remedy is not properly understood by the prescriber, he may fail to recognize it when it appears. With him it is only in fortunate and obvious instances that he may become aware of the complete-

ness of the unfolding cure, and so keep meddlesome hands off till that cure is revealed in its fulness. Too much stress cannot be laid on this item, but your President has no need to dwell upon it here, for this Association is, perhaps, more fortunate than any other in the ability of its members to meet this higher requirement.

Homœopathy might not have been the power it is in the world if Hahnemann had done his work less well. If he had not specified in detail the duties of physicians of the type ready to demonstrate both the science and the art of medicine, it is quite possible that the great purport of his discoveries would never have reached the world, and their logical nature have never impressed it. He, the sane, orderly and profound thinker, failed not to realize that whatever was to be useful to mankind must be defined for mankind with no uncertain stroke. Back of every declaration there must be substantial fact.

The foundations of Homœopathy are facts. They support the truth that in the healing of the sick that law must be respected and followed which says Likes are to be treated by Likes. And so the need is established for a clear comprehension of the EVIDENCES of vital disorder. Just what vital disorder is we may not know. It is not yet permitted us to know. We have never seen the vital spark since it began to illumine the temple that God made and pronounced done in His own image.

It is borne in upon the consciousness that we are not allowed to enter at will the chambers of the living temple. There are paths we may not tread nor follow, closed doors that we may not open, but it is given us to perceive and ponder all the evidences of physiological and pathological phenomena that spring from or have their origin in the vital organism. It is on our faithful observation of these evidences that our *utilization* of the law of cure must rest. The demand that this observation be exact, unimpeded, unadorned, is imperative.

78 East 55th Street, New York, N. Y.

Moved, seconded and carried that the Vice-President appoint a committee of three to report on the President's address.

Vice-President appointed Drs. Turner, Winans and Stearns. Adjourned to 1.45 P. M.

SECOND SESSION.

June 24th, 1.45 P. M.

Meeting called to order by President.

The following letter from Dr. T. F. Smith was read:

John Hutchinson, M. D., No. 78 East 55th Street, City,

My dear Doctor Hutchinson:—

I have delayed writing to you in the hope that I would be able to attend the meeting of the International Hahnemannian Association at Swampscott, but find that I must give it up; I am exceedingly sorry that I am obliged to give this up, but it is out of my power to go away after I return from the meeting of the A. I. H. in Pittsburgh. I was one of the original members of the I. H. A. and have never lost my interest in it and its work, even if I have been unable to attend many of its meetings. I can assure you that I am as fervent a believer in its principles as I was when it first came into existence, and never expect to lose that interest in it or to practice otherwise than according to those principles which it advocates.

I was brought up as a strict Homœopath, and was always taught the truth that was taught and practiced by Samuel Hahnemann, and the older I grow the more firmly do I believe and stick to those cardinal principles.

Please convey greetings to my fellow members of the Association who may be in attendance at the meeting, and tell them that I shall be with them in spirit even if I am prevented from being with them in person.

With much love for all of you, I remain, as ever, your old friend,

THOMAS FRANKLIN SMITH.

Bureau of Homoeopathic Philosophy

MAURICE WORCESTER TURNER, *Chairman.*

SUPPRESSION.

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

In medicine the term suppression is ordinarily understood to mean the forcible removal of some effect or symptom by external measures, regardless of the welfare of the patient. Such measures are the destruction of parasites, excision of the tonsils, cutting away of piles, the application of liniments and countless other procedures. In a broader sense it includes everything that distorts the natural image of disease and as such may be incidental and is moreover not always confined to any one method of practice.

As comparatively few men are privileged to see the powerful reactions which belong to homœopathic experience, it is not strange that much therapeutic nihilism should prevail; hence many look to preventive measures or the pure recuperative powers of nature for help. This is also largely responsible for much makeshift practice, with the consequence that the normal course of disease is rarely observed and its lessons are therefore lost. It is to be observed that the laity has learned much by often seeing unaided nature do better work than meddlesome physic. This has operated as a great and beneficent check upon certain methods of practice.

The homœopath who once sees the indicated remedy upset his cherished notions of prognosis will be very slow to surrender its power for any palliative whatever. It is a great pity that every practicing physician can not be brought to see at least one true homœopathic cure.

If it be true that similar causes bring about like effects, and we once admit that a similar acting remedy has ever cured a single patient, we thereby acknowledge the universality of the law and should cease trying hypothetical treatments based upon speculative diagnosis.

The human body is a great storehouse of potential energy which it is our business to direct when ever its expenditure becomes irregular or inharmonious. No man can do this by confining it, first here then there; for life exists by expression and its pent up internal forces will irresistibly destroy their container when treated thus. Knowing this the true physician realizes that every real cure proceeds outwardly and a symptom is the external reflex of an internal distress, the stamp of which it bears.

The habit of every cell in the human body is determined by the central nervous system, and it in turn is governed by the soul; therefore every disease has its mental phase, in which it stands rooted and grounded. The nervous system of itself acts largely automatically, regulating the life forces and expenditures, but it in turn is governed by the soul whose acts are all voluntary, but while it is quiescent the former acts automatically in a dynamic manner.

As cure commonly means the removal of some evil, distress or disability, its scope is broad and its attainment idealistic. What seems a cure to-day we may to-morrow know as a recovery only; for it is one thing to hold the vital forces well in hand, but quite another to eradicate disease.

While cleanliness has done much to limit new accretions to psora, syphillis and sycosis, it has accomplished nothing toward removing the death stamp which these miasms have fixed upon the human cell for thousands of generations; nor will it. Only a similarly acting non selfpropogating substance can stimulate the cell to throw off these poisons which have fastened themselves upon it and which daily ripen a rich harvest for the surgeon and the undertaker.

The common treatment of gonorrhœa is particularly pernicious in firmly implanting the sycotic miasms. It is a case of continuous suppression from the start, each step being more

insidiously destructive until death closes the scene. When we know how easily this infection passes from tissue to tissue, and how its presence excites rapid cell proliferation, we should beware of suppressing it or treating it lightly. How many women have been sterilized directly or indirectly by this poison? How many go to the operating table for the removal of its effects?

The many phases of psora can be met in but one way, by the similar remedy. Nor will a single drug ever meet all of them, hence a careful study of the "Chronic Diseases" of Hahnemann is most necessary if we wish to do the most good; always bearing in mind that the mind puts its stamp upon every symptom, and to do the very best work we must be able to see the imprint. It is true that this task is not always easy; for many conditions necessarily come on with an absence of mental phenomena. Then the task may be still more difficult; but we must train our minds to observe the slightest deviations from the normal, for it is the irregularities of disease that furnish us with the surest clue to the indicated remedy, hence the cure.

DISCUSSION.

D. A. Williams: It is a difficult matter to discuss a paper like this of Dr. Boger's for while it is interesting, it does not tell a great deal about suppression. It is rather an indefinite thing; there are a lot of us who think that we see suppression at times, but would be unable to offer satisfactory proof of it to another. Very often the statement is made that there is suppression present in a case when the fact asserted is open to much doubt. Suppression certainly does occur, but I think that it is too loosely claimed to be present when it may not be.

One of my early experiences showed me that such a thing was possible; I had a baby who seesawed between asthmatic bronchitis and eczema. I would use all sorts of outward applications for the skin trouble and it would disappear, but bronchitis immediately made its appearance. Then I would suppress the bronchitis and get the eczema again. I took this case to Dr. Wm. Wesselhoeft and he suggested a remdy which

I gave and the whole illness cleared up and the baby had neither the skin trouble nor the bronchial affection. It is frequently said to young graduates, you must not do this or you must not do that on account of the danger of producing a suppression, but I do not come across so very many cases of suppression. Perhaps my own mental view of the case is not deep enough to see a suppression where others would claim they saw it.

President: I call attention to the fact that all visiting physicians are cordially invited to take part in the discussions of this meeting.

W. H. Freeman: Those of us who always make a careful study of cases will be able to see the results of suppression and should be able to demonstrate its existence to others in nearly all chronic conditions, although it takes years of experience and conscientious case study to reach the point where we can always recognize it in all its various forms.

It is usually very difficult to make others see or believe in that which we see so clearly, however; and usually they are unwilling to see or acknowledge its existence, possibly for the reason that such would force the acknowledgement of wrong methods of treatment which, for reason of expediency, they may be decidedly unwilling to change.

Suppression is satisfactorily demonstrated in all cases where the simillinum removes present symptoms after which there is a return of some old condition that had existed preceding the application of suppressive agents.

G. B. Stearns: I believe that every case of chronic disease is a case of suppression, not necessarily a suppression from drugs, although often so. If we consider disease from a basic or perhaps better to say, very general standpoint, we may be able to see this. The organism of the patient makes an effort to overcome every acute condition of ill-health. If that is not completely overcome, a disordered conditions is left, which is not at the time expressed by symptoms, and the foundation of chronic disease is being laid. To that extent it is a suppression. If there is any outside element or influence that interferes with the reaction of the system to the

disease, you get further suppression, whether that interfering element be a drug, cold, warmth or what not. It is all suppression.

Richard S. True: We must remember that effects are not always immediate and that we miss evidence of a fact because we do not give enough time for it to occur, often interfering with it ourselves by impatient use of another remedy. I agree with Dr. Stearn's views of suppression.

W. H. Freeman: I have in mind a case well illustrating this subject of suppression: A young married man consulted me about five years ago for intestinal indigestion which my prescription failed to relieve. He then consulted his former physician who evidently relieved the condition by suppressive measures.

Very soon afterward, he became afflicted with *tic doulereaux* and was unsuccessfully treated for nearly a year by several of the best known nerve specialists in New York. After the expenditure of hundreds of dollars without obtaining a particle of relief, he again consulted me on the advice of a relative.

His symptoms aside from the pain in the right face and nostril were meagre and lacking in peculiar characteristics. Both Dr. Stuart Close and Dr. J. B. Campbell treated him in addition to myself for several months without success and it was only after I had selected kali carb. on the single symptom —*"pain in nose extending to occiput,"* that he began to improve and finally there was a complete cessation of the *tic,* but a return of the original intestinal symptom which cleared up after giving him natrum sulp.

Edith Phelps: What was the potency and the dose used?

W. H. Freeman. K. C. 200, 1 m., 10 m. and 45 m. Nat. S., 1 m., 10 m. and 45 m.

President: If there are not others desiring to discuss this paper I will call on Dr. Boger to close.

C. M. Boger: In closing I desire to say that I approve fully Dr. Stearn's remarks; he has a very interior and correct view of disease. Everything about suppression depends upon how you look upon health, or rather upon life. Life itself is a free expression and everything that restrains that expression,

especially by outward means, partakes of the nature of a suppression. In giving a homœopathic remedy we are trying to remove symptoms just as nature is trying to do, not opposing her efforts as suppressive measures do. The disease that is producing disorder of the internal organs is often also the cause of the same disease when it appears on the skin; it is simply working on a different plane. Usually such a miasm requires an antipsoric remedy to remove it.

HOMŒOPATHIC PHILOSOPHY.

RICHARD BLACKMORE, M. D., FARMINGTON, CONN.

In preparing a paper upon this subject, one is tempted to ask "what is meant by philosophy?" Out of the varied meanings given let us take that which is suggested by a transposition of the title, which transposition would give us "The Philosophy of Homœopathy" as being comparable in terms of definition with *e.g.*, "The Philosophy of Science" or "The Philosophy of History." In this sense the term means "the fundamental part of any science," "The propædeutic considerations upon which a special science is founded."

PROPER TIME FOR STUDY.

Meditating upon the above definition, one wonders whether or not the philosophy of homœopathy is studied at the wrong time. "The propædeutic considerations upon which a science is founded" ought properly to come early in one's educational course, instead of—as with most of us—at an advanced period of an endeavour to practice medicine according to the tenets of the homœopathic school, being previously ignorant of the real meaning of the term, and quite unconscious of "the fundamental part of the science."

DISEASE CAUSES AND METHODS OF COMBATTING THEM.

According to the popular conception of causes, sickness (or disease) is the result of toxæmia resulting from pathogenic bacteria, and the position taken is apparently unassailable.

There remains, however, the fact that of those exposed to such infection, many escape; that upon some the bacteria fail to produce or to develop toxines with appreciable results, and that of these immunes the number is sufficiently large to be a factor worth considering. It may be said that "the exception proves the rule," but this would hardly apply to disease causes which are under the dominance of natural laws. These being constant in their *modus operandi* there are no exceptions, and it therefore follows that any method of combatting the *causa morbi* must conform to the same jurisdiction. In this the science of homœopathy is secure, having its foundations upon truth itself, as compared with other systems which depend upon ideas promulgated by man, and he best understands homœopathy who is able—while admitting the materialistic—to lay aside his materialism and to place himself more or less completely in harmony with nature's higher forces.

This Hahnemann was enabled to do in a superlative measure, and he very early recognized the correspondences existing between certain phenomena of the manifested universe as exhibited in drug action, and certain phenomena of the manifested universe as exhibited in disease action, and to correlate the two. He was not the first to advocate the doctrine of similars, but to him belongs the credit of so formulating the theory, and of reducing it to a working hypothesis as to make it practicable and the foundation for a system of therapeutics which revolutionized the practice of medicine.

NEW METHODS INTRODUCED.

This revolution necessitated new methods of study, and in order to expound the doctrine as completely as possible, the "Organon" and other works were written, Hahnemann thereby clearly defining his own position, and leaving classics for the instruction of coming generations. Unfortunately not all homœopaths read these writings, claiming that they are too abstruse. Not all homœopathic colleges place the "Organon" in the important position it deserves as the corner-stone of the science and art of homœopathy, therefore a certain amount of

ignorance of, and disregard for, correct homœopathic knowledge results.

THE ROYAL ROAD TO LEARNING.

There is no easy road to any sort of knowledge. What is learned must be learned by hard knocks. A mathematician does not amass in one short life the knowledge he uses daily. The mathematical mind is born in him. Study that phrase awhile—born in him. If we say that inheritance comes from a mathematical parent, the assertion can be proven false, for "mental and moral qualities are not transmitted." We are what we make ourselves, and if we look for an easy to practice homœopathy we shall be disappointed, unless at some other time, in some other life

> "In the paleozoic age
> When you were a tadpole and I was a fish"

similar studies had engaged our attention.

Those who have this past experience behind them follow the Light with an intuitional sense of its unfailing rectitude, knowing that it is an emanation from the Only Source, upon others devolves the task of studying those things which are known to be true, and from them passing to others not susceptible of demonstration in terms of, and materials belonging to, the physical plane. The days of the grossly material are ended, and a new era dawning. "What is curable in disease and what is curative in drugs" is being studied from higher standpoints than of yore.

If this be meta-physics, make the most of it. Only thus, however, shall be understand Hahnemann's reference to Vital Force, and the efficacy of the homœopathic remedy to its attenuations. This it is which raises homœopathy out of the dust and places it upon a pedestal for all to admire.

REASON FOR DIGRESSION.

This digression was prompted by a remark that "it is only by bringing it (homœopathy) to their (certain practitioners') level that it (homœopathy) will ever be popular. It is because

they cannot grasp it that they run to allopathy, serums, vaccines, etc." Apropos of this objection it may be said that a carpenter measures a board with a two-foot rule, an astronomer measures distances in space in light-seconds; so must homœopathy be measured by its own standards, which brings me back to my task.

VITAL FORCE.

The profession at large and many homœopaths look askance at the doctrine of Vital Force, but it is proper and needful in studying homœopathic philosophy to consider it and to try to come to a knowledge of it. Homœopathy without its teachings concerning Vital Force is like Hamlet without its ghost. "Western Science is not yet prepared to give an answer to the question "what is Vital Force." For the most part Western Scientists deny that there is such a thing. They recognize physical and chemical force, and they believe that Vital Force is but another form of these which Science has not yet mastered. Dr. Kleinschrod, however, has given in his "Eigengesetzlichkeit des Lebens" (Inherent law of life) what he considers proof of the fact that there *is* such a thing as Vital Force; and in his "Erhaltung des Lebenskraft" (Conservation of Vital Force) he has sought to show how it is conserved, and how it may be strengthened or weakened. He says:—

"Vital Force is the natural principle of animate nature or life, and is synonymous with the essential activity of Life or of Animate Nature, while Force is the natural principle of Lifeless Nature, or of a lifeless natural structure." He restricts the term Force to what is commonly called the inanimate world, and the term Vital Force to what is commonly called the animate world. ("Theosophist," July, 1911.)

This is very close to the truth, and it is a source of rejoicing that a modern philosopher should proclaim teachings so closely analogous to those of Hahnemann only he is not so correct as is our founder who attributes Vital Force as a manifestation of the *One Universal Life,* and in this he agrees with occult teachings of hoary antiquity. Derangements of

this Vital Force result in disorder, in disease. It may be asked how, if this be true, can there be derangements of THAT which is inherently changeless and "without shadow that is cast by turning?" The answer would take us too far afield and in no way interferes with the essential truth that diseases originate as stated.

UNIVERSALITY OF VITAL FORCE.

The next thing to recognize is that this One Universal Life permeates everything. There is no such thing as inanimate nature or a lifeless natural structure Dr. Kleinschrod to the contrary notwithstanding. If we can just grasp that thought, just "tie to" that fact, a new meaning will be read into drug provings and disease pictures between which there are correspondences.

CURATIVE METHODS COMPARED.

Hahnemann taught that the first and only duty of the physician is to cure the sick, and gave explicit instructions as to how this might be done promptly and with certainty. Nowadays it is considered essential by those who are in the majority, that in order to fulfill this—or, a similar injunction—a necessary step is to determine what pathological change is in progress or has been entirely accomplished, so that the appropriate measures may be adopted, and if the specific micro-organism be determinable, an additional security is felt as to a successful course of treatment.

Such an assumption has its beginnings in ultimates, that is, in the developed or developing disease, loses sight of the fact that the disease by name is not the whole of the story, and is contrary to the spirit of homœopathy.

INDIVIDUALIZATION.

Diseases are named according to a complex of symptoms manifested and the anatomical changes incident to and productive of these symptoms, and fall naturally enough into groups. One of the principles underlying homœopathy is to dissociate these groups into individual cases, and to study each

in particular rather than as one of a group, and it is only by this individualization that even an approximately close homœopathic prescription may be made.

The homœopathic physician "observes in each individual disease only what is outwardly discernable through the senses, viz., changes in the sensorial condition (health) of body and soul. In other words, he observes deviations from the previous healthy condition of the patient, felt by him, and recognised upon him by his attendants, and observed upon him by the physician. All of these observable signs together represent the disease in its full extent; that is, they constitute together the true and only conceivable form of the disease." ("Organon," para. 6.)

If Hahnemann had materialistic ideas as to what constituted disease, that phrase "and soul" would not have been written in the paragraph cited. The paragraph is a clear refutation of the method of those who prescribe by disease names, whether it be done by an allopath or by a so-called homœopath. Without going into an academic discussion as to what the Soul is, it is nevertheless plain that Hahnemann meant that conditions other than those of the mere body—man's outermost garment—were to be carefully observed as an aid in determining the medicine to be given in any particular case, and stamps the neglect of these imponderable, intangible, physically undemonstrable symptoms as contrary to Hahnemannian teachings.

CHOOSING THE REMEDY.

Having carefully noted all the symptoms of "body and soul," the medicine is next chosen; and, while the admonition may be trite, the choice must correspond closely to the symptom picture. It does not particularly matter that the medicine has under its record of provings no similar physical state to that under observation, for it may not have been pushed to the point of producing gross physical change. The important thing is that it correspond closely to the totality of symptoms of "body and soul" exhibited in the sick-room, and to do this quickly and accurately a repertory is necessary.

As to the manner of using a repertory and of utilizing the relative value of symptoms, no suggestions will be made. Boenninghausen, Kent, Turner, Boger and others have given full instructions.

REPETITION OF THE DOSE.

Having found the remedy and administered it, another of the principles underlying homœopathy is to *let it alone.* One of the least understood things about homœopathy is the length of action of remedies, and—as a corrollary—the repetition of the dose. Because a little is good, it by no means follows that more is better. Rather is the reverse true. While improvement lasts, do not repeat even though many days elapse. It is not at all uncommon for a single dose of the indicated remedy to be sufficient to overcome the diseased Vital Force. Should improvement halt short of recovery, or the case go backward—supposing the essentials remaining the same—then is the time to repeat and quite possibly in a different attenuation, since it has been frequently found that when a remedy in a certain potency proves no longer helpful, a change to a higher plane will cause renewed activity. This is dependent upon meta-physical laws and is also undemonstrable in terms of the physical plane, and involves another of the principles underlying homœopathy, the minimum dose.

THE MINIMUM DOSE.

One of the errors Hahnemann cautioned against was to suppose the "recommended dose too small to cure." We shall be helped in our understanding of this if all phenomena be reduced to, or translated into, terms of vibration. The chemist of the future will see no difference in origin of the Force ultimating as dissimilar substances except in the relative vibratory equivalent resulting to them, thereby causing a seeming metamorphosis. An excellent article by a layman—Mr. Wilfred Howard—in a recent publication, puts this matter very well indeed. He says, "the whole theory of potentization seems to me to rest on this fact, namely:—that potentization is an attempt to attune the activity of a drug to a like activity,

or to a like plane as that upon which the disease is operative; hence the fact that medicine of a low potency will, in certain cases, be useless, whilst medicine of the same drug highly potentized proves effective." He further says:—"the application of the law of *similia similibus curantur* seems to me to involve two things, viz.:—1. Similarity of drug, or substance of like quality to that acting as actual organic basis for the disease. 2. Similarity of activity, or to put it in the terms of the physicist, similarity of vibrations per unit of time, to such substance."

Just what constitutes the minimum dose, whether in the tincture or in the M. M. potency, is not a matter of opinion, it is a matter of relativity of planes of force, of Vital force, for the Vital Force exists in the drug and cannot be lost, just as it exists in the diseased patient and equally indestructible.

AUTHORITY FOR THE FOREGOING.

I believe the foregoing remarks—incomplete as they are—to be essentially correct; and my authority for them is derived from the writings of Samuel Hahnemann particularly, various writers on meta-physical subjects generally, the oral and printed teachings of Drs. Turner and Kent, and personal observation upon the sick; and as such they are offered to the International Hahnemannian Association, hoping that someone else will just do better in this rather difficult subject, especially when hampered by the time limits of a programme committee.

DISCUSSION.

M. W. Turner: This is an instructive and refreshing paper.

E. Rushmore: This paper contains many admirable statements, also two or three that I feel compelled to take exception to: "Perhaps I did do so when you were a tadpole and I was a fish." I am able to refer to the highest scientific authority that the doctrine of evolution as implied in such statement has no scientific basis; it is all human speculation.

Also I believe it is not tenable to say that we make ourselves what we are. For the investigations of the last fifty years, especially by Mendel, appear to have demonstrated exactly the opposite, and that we do not make ourselves what we are except in regard to external things of culture and education; that education and culture are not transmissible qualities, but that we are and that we transmit what we inherit. A series of experiments conducted by investigators in England seems to demonstrate in the clearest way that the cultivation of the mind by education while affecting our own personality does not affect the personality of our children.

The paper says, when we give a remedy and it is the right one we should keep our hands off for a time, until it has been demonstrated that another is needed. Some of the most complete results in the way of cure that I have seen came from a single dose of the remedy allowed to work out its full effect. On the other hand I recently had a case of constipation in which Nux vomica 30 every few hours was given with some relief. I then sent the same remedy in the 9000th to be taken at first every four hours, and the interval between the doses to be lengthened as improvement appeared. He soon got to one dose a day and a little later needed no medicine, having daily natural stools which he said he had not had for thirty years. This shows that repetition may not prevent cure. At a meeting of this Association at Richfield Springs, N. Y., Dr. Fincke reported cases in which repeated doses were given and on which he made the above comment that repetition did not prevent the cure.

Richard Blackmore: I am glad that my paper brought forth no more serious animadversions than it has done. The subject matter has to do with laws of heredity which cannot be infringed or changed. In regard to Mendelism to which Dr. Rushmore refers, I would ask him to read a recent work, published December, 1910, I believe, by an English physician named G. Archibald Reid on heredity. It is evidently the last word on physical heredity. It would pay every one here to get hold of that book and to study it carefully. It is an excellent work and it calls things by their right name. We all

know enough to let the right remedy alone when it is working; that is what I referred to. Then you simply have got to sit down and wait. I do not profess to know as much about this subject as others in the society, but such as it is I offer it to the Association.

President: This leads up to a very interesting point made by one of our members, Dr. Boger, at the recent meeting of the American Institute. It was in the nature of a definition and I would like to call on him at this time to present it.

C. M. Boger: I have been signally honored by this Association in the offices of Vice-President and President and I thank the members. At the meeting of the American Institute one of the doctors, after taking up half an hour in defining a homœopathic physician, seemed to invite discussion. I immediately gave the following definition:—A homœopathic physician is one who follows the law of similia according to his ability. It is very simple and concise and it cuts both ways. The man who cannot follow it had better say so.

THE RELATIONSHIP OF MODERN ISOPATHY TO HOMŒOPATHY.

W. H. FREEMAN, M. D., BROOKLYN, N. Y.

From the standpoint of their pathogenetic similarity, as well as their undeniable curative power in certain cases, vaccines as well as nosodes are just as homœopathic as the proved remedies of the homœopathic materia medica.

By this we do not mean that administration of vaccines or nosodes is homœopathic procedure, but rather that it may be so in certain instances and that it is undoubtedly so when followed by curative reaction.

The empiricism; the crude methods of administration; and the fact of their not having been proven on the healthy, does not preclude their being homœopathic in certain cases.

It is not the proving of a substance which renders it homœopathic, but rather it is the power to cure the individual case

through pathogenetic similarity; and, strictly speaking, no drug is homœopathic under any other circumstances.

The relationship of the nosode or vaccine to the individual patient, must necessarily be either similar or dissimilar, and it is doubtful if it can be or ever is identical. In fact the often proclaimed close similarity and even identity of pathogenesis, is usually found upon investigation to be more apparent than real.

It is also a fact that careful study and clinical experience will demonstrate that the most similar or ideal curative remedy is usually not the corresponding nosode or vaccine, but one of the vegetable or mineral drugs which, if given an opportunity, will cure better and more certainly. This latter fact is easily demonstrated by the therapeutic test.

That the claim of exact similarity made on behalf of these agents, is neither logical nor scientific, is shown by consideration of certain factors often overlooked in the superficial discussion of the subject. Such are—the differences in various strains of similar bacteria; the differences in the bacterial complex of patients with apparently similar diseases; the changes of morphology and toxicity in bacteria after growth on artificial medica; and the changes due to sterilization, filtration, dilution, trituration or potentization;—and, last but not least, the peculiar constitutional tendencies and dyscrasiæ, hereditary or acquired, which often antedate the bacterial infection and frequently serving as the etiological foundation for same, are, therefore, not amenable to the vaccine for this reason, if for no other.

It must be acknowledged, therefore, that while there is always more or less similarity and consequent curative capability in the heterologous nosode or vaccine, that the relationship is never identity; and, also, that not only may certain essential elements of similarity be lacking; but that elements of dissimilarity may be so strong as to render the particular nosode or vaccine entirely unsuitable for the case, even wnen the plane of the disease requires a remedy of this class.

Autogenous emulsions grown in the laboratory from bacteria derived from the patient and killed by heat, as well as

the filtered toxins from living cultures so grown, are always closely similar but never identical with the parent strains growing in the tissues. Even this degree of similarity is often defective, owing to the growth of only one of the several varieties of bacteria present.

The Duncan natural-toxins approach the nearest to identity of any of the agents of this nature heretofore advocated in the treatment of disease. They are unaltered by heat, chemical action, or appreciable growth outside of the body, and they do contain, in addition to the various complicating bacterial toxins, the toxic results of chemical change in the tissue cells. They are logically the most scientific preparations of vaccine ever used in medicine.

They do undergo certain slight changes previous to ingestion, or injection, however, and whether or not curative reaction following their use should be considered as being based on the law of similars, or on a parallel law of identicals, if there be such a thing, the writer leaves for others to decide.

When the crude unchanged discharge or exudate is given *per orum,* it goes through nature's laboratory before absorption; and, when the filtrate is prepared for hypodermic use, bacteria and solids are eliminated.

They do not cause identical lesions following administration; such as would probably occur, if the crude material were injected; and such is neither expected nor desired and would be looked upon as a catastrophy.

Whenever curative reaction follows administration of one of these toxins, it is similar to that following the similar drug; but not only is it the identical toxin complex of the patient which is given, but also in many instances the reaction will occur only after the giving of material doses, the potencies being usually ineffective, which would point to the possibility of a distinctly biochemical rather than a homœopathic action, provided there is really a dividing line between the two.

Other factors of essential similarity which may be lacking in the nosodes and vaccines, are:—

1. Similarity in the plane or depth of action between the disease and the remedy, without which true similarity is lack-

ing and curative reaction will be impossible, no matter how close the symptomatic similarity may appear to be.

2. Constitutional peculiarities of the patient due to dycrasia antedating the active infection but which is married to and renders the activity of the latter possible. Although the nosode is often necessary to divorce such a combination, in the majority of instances the opposite is true and remedies of another type are necessary, the nosode being useless.

It can be readily seen, therefore, that the *curative* treatment of individual patients is somewhat more complex and comprehensive than the mere giving of a nosode, vaccine, autogen or natural toxin, even though the empirical use of one of these agents may occasionally be advisable or even necessary.

The logical conclusion, based on the foregoing must be, therefore, that the prescription of an unproven nosode or vaccine, whether potentized or crude, is always more or less of a makeshift and apt to prove curative only by accident; and clinical experience proves such to be the case. On the other hand, the corresponding nosode or autogen, is often curative when prescribed empirically, as a last resort, on the indication of *defective reaction,* when other well chosen drugs have failed to act curatively. *Dr. J. H. Clarke's* preparation of *Pertussin* will often cure bad cases of whooping cough when other well indicated drugs have failed miserably, and yet this nosode is absolutely useless in the usual run of cases.

DISCUSSION.

J. B. S. King: It appears to me that the basic principle of the treatment of disease by vaccines may be a homœopathic principle, but the method or technique or art of finding and applying it is different. Whether the procedure be homœopathic or not is a matter of little importance; certainly it is not according to the routine procedure of homœopathics, namely a proved remedy, a set of symptoms or rather two sets and the adjustment of the same. The Duncan natural-toxins spoken of by Dr. Freeman appear to be the most rational of these new modes for the reason that they are not treated, grown, heated, chemicalized, sterilized or otherwise altered.

They are simply filtered through sterile porcelain. Their use as also the use of autogenous serums, is founded upon the supposition that the animal generates an organic resistant—anti-toxin—against any morbid influence and the administration of that back to the patient will help him or her to throw off the disease.

Undoubtedly to the rational mind, though not to the senses, every influence, external and internal, traumatic, climatic, therapeutical and emotional must be understood to have some effect upon the fluids, blood, serum, secretions, etc., of the body. Its effect is represented there in a form or substance and in the case of disease that form represents that body's resistance to that disease and when given internally or turned back to the organism that brought it forth is supposed to be a help to nature and a curative influence.

G. B. Stearns: In considering the relation of vaccines to homœopathy we must discriminate between the use of vaccines and serum therapy—a difference which I think Dr. King lost sight of in his discussion. The vaccine is one thing and the serum is another. A vaccine is the product of the pus or of some other excretion of the diseased body; a serum is either a serous effusion or transudate or the serum of the blood of a diseased body. I believe that both of these act from a biochemical basis rather than from a homœopathic basis. In using the homœopathic remedy you begin with a certain strength, it may be high or low. If it is necessary to repeat the remedy you do not give the same strength, you raise the potency. The serum has to be used in the crude form, you get no effect from the potencies and it is repeated in the same or increasing doses.

Drug potencies take the cure away from the realm of mechanics to another sphere upon which we theorize a good deal without definite conclusions. The serum therapy follows the rules and laws of mechanical things to a large extent. That is, the larger the dose of it, the greater the reaction, while with the homœopathic dose there is no such relation between the quantity of the drug and the extent of the reaction. In the case of diphtheria, you get a reaction from the

serum at a certain dose; with twice that dose you get double the reaction. It is a pure material, antidotal reaction. You inject something which is as near as possible to that which the body is trying to elaborate for its own defense.

If in a given case, you can get the exact similimum it is better; but many cases can be saved, where the exact similimum cannot be readily found, by this procedure. I have seen this in hospital practice. I prescribed for a case of pneumonia to the best of my ability and failed and the patient was dying as truly as any one could be. The woman was given the horse serum—the pneumonia antitoxin—and the cure was as rapid and complete as anything I ever saw. I must attest to what did occur. I also have seen a case of septic endocarditis that was positively saved by the use of vaccine. No remedy held it, it kept getting worse rapidly until the vaccine was used. These are the facts of my experience. It is only my belief that it is upon a biochemical basis.

E. Rushmore: In regard to results of homœopathic treatment in diphtheria I may relate that many years ago there was an epidemic of the disease in Philadelphia in which the general mortality was 40%. The general homœopathic mortality was 14 per cent. There were three homœopathic physicians there, Drs. Hering, Ad Lippe and Felger, who together had 240 cases under treatment and they lost not a single case. Of course they were master prescribers.

M. W. Turner: In the two cases spoken of by Dr. Stearns as homœopathic remedies were used first, perhaps it was the remedies that acted after all. Time is sometimes necessary for the action of a remedy. What was the after history?

G. B. Stearns: As soon as they got well, they left the hospital, but where I have had an opportunity to observe, remedies have been needed after the serum. But that does not nullify the fact that the serum saved the life at the time.

POTENCY EVOLUTION, NOT AUGMENTATION OF FORCE.

B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

As the statue hidden in the block of marble needs the chisel of the sculptor to bring out all its inherent beauties, so does the method of potentiation described by Hahnemann develop the inherent yet latent virtues of matter in its most potential form for healing purposes. Crude drugs used allopathically pervert or exaggerate the natural functions of the body, complicate its disorders, and reduce its vitality. Drugs which excite like effects and phenomena in the healthy to those which they were discovered by Hahnemann to remove in the sick, his experience demonstrated were most safely and curatively administered in very small doses, and these doses prepared by centesimal subdivision, he denominated potencies.

He believed the evolution of the healing potency, the dynamization, directly proportionate to the subdivision and comminution of the drug, each succcessive step in the centesimal process having been accompanied by succussion. He says in his *"Chronic* diseases," "homœopathic *dynamizations* are real awakenings of the medicinal properties that lie dormant in natural bodies during their crude state, which then become capable of acting in almost a spiritual manner, upon our life force, that is to say, our percipient and excitable fibres." He also says: "Thus we obtain even with the fiftieth potency, medicines of the most penetrative efficacy."

Because of the identity of the line of action of the homœopathically selected remedy with the disease action, a degree of aggravation is likely to follow its administration unless it be adapted in potency to the nervous susceptibility of the sick. This aggravation is non-essential, but proves the homœopathic likeness, certifies the correctness of the image. We have held the mirror up to nature. It is demonstrated by the experience of those who employ high, higher and highest potencies, extremely attenuated as to quantity if, indeed any of the original matter remains in them, that they eliminate the morbid symptoms, and therefore restore health. Either then, the force

alone, or both the matter and the force are extant, the former in a more subtle form than it has heretofore been given the eye of man to perceive or his mind to comprehend, so tending to prove the indestructibility of force, if not the indestructibility of matter. Really, aggravations are not more frequent in proportion to what is called height of the potency, but in direct proportion to the susceptibility of the patient. The terms potency, potentiation, potentization, as applied to dose in a cumulative sense, are evidently incorrect. The *force* of the drug by this method of preparation, is not increased, it is evolved, rendered more penetrative and diffusible, more conformable or applicable to the sensitive organism.

Hahnemann was accustomed to administer the higher "potency," that is, the least dose which he deemed capable of curative effect in order to avoid aggravation. The idea that the "highest" potencies produce the greatest aggravation may be considered a superstition based upon erroneous nomenclature.

Homœopathicity in a general sense lies in the proper selection of the drugs, but its specific and most effective application in the dose.

Our fraternity employ all doses from that of the crude drugs and tinctures, to the highest attenuations. Although any of these will in some cases be effective, generally speaking, from the experience of many, benefit from the lower potencies, sometimes curative is often temporary, and it becomes necessary in order to complete the cure, especially of inveterate cases, and in order to eradicate the miasms and cure chronic cutaneous eruptions, to resort to higher potencies or to pass from the lower to the higher in the various steps of cure, in which course we should be careful to observe the motto "Festina lente." Do not interrupt the action of the previous potency or dose by untimely repetition. It seems that in acute cases and sthenic constitutions, repetition need not be so much delayed, but in chronic, especially in malarial fevers and in disease-manifestations upon the skin, especially of psoric or sycotic origin, doses should be few, and if repetition is re-

quired, at long intervals. Aggravation or deferred cure, if not failure, will result from too frequent doses.

So we best succeed in curing tuto cito et jucunde by economy of our medicinal resources.

IS TREATMENT WITH VACCINES CURATIVE OR PALLIATIVE?

BY DUDLEY A. WILLIAMS, M. D., PROVIDENCE, R. I.

In discussing the title of this paper, it is rather necessary that we have a clear idea of what we understand by the word cure. I feel certain a definition of cure cannot be made more simple or comprehensive than the one Hahnemann gives us in the Organon. In a part of paragraph seven we read:—"and thus, in a word, the totality of the symptoms must be the principle, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health." Again in paragraph 19:—"diseases are nothing more than alterations in the state of health of the healthy individual which express themselves by morbid signs, and the cure is only possible by a change to the healthy condition of the state of health of the diseased individual." Hence, the removal of the totality of expressed symptoms in any disease constitutes a cure of that disease.

Now what do the Vaccines or Bacterins do? Do they remove the totality of expressed symptoms or simply palliate?

I have been fortunate in being able to follow up a large number of cases treated by vaccines at a clinic established at our dispensary and conducted by a pupil of Dr. Watters of Boston. And I feel sure of my ground when I say that in the properly selected case, I have seen undoubted cures take place, *i.e.*, the totality of expressed symptoms has been removed and there has been no return.

The indications are empirical in every case and only on the certain evidence of a particular bacteria being present in pre-

dominence, is the vaccine treatment given. These cases are all treated by means of autogenous vaccines and not by stock preparations.

I have no desire to weary you with case histories, but those of you who have treated many cases of Riggs Disease know how intractable it is under the best prescribing. I have seen as many as twelve cases of this condition get well by use of the vaccines.

Now a thought as to where we are to class this form of treatment. Is it as some have said a form of Isopathy or is it Homœopathy in a crude way.

Hahnemann's expressions on the subject of Isopathy are very hazy to me. At least what I have been able to find in his writings. The foot note to paragraph 56 of the Organon and the paragraph at the end of the first part of Chronic Diseases with the foot note in the introduction of the Organon are the only references made to Isopathy by Hahnemann that I have been able to find. The reference to Isopathy in Chronic Diseases is absolutely unintelligible to me and the others give us no information.

Now the generally accepted idea of what isopathic treatment means seems to bring most men who try to classify the vaccine method to the opinion that the doctrine of Isopathy more nearly applies than any other. If we consider, however, that the bacteria themselves are dead and only the antigen remains (or to make it plainer, the substance which is capable of arousing within the body an antagonistic reaction against the particular bacteria from which the culture is made), we realize that there is a finer differentiation to be made than the doctrine of Isopathy gives us.

When the doctrine of Isopathy was promulgated, such things as bacteria were little known and in its crude form it did not anticipate any such method as Vaccine Therapy.

Personally I cannot bring myself to entirely accept the Isopathic Theory as an explanation for the results of the vaccines, neither can I see any direct relationship to Homœopathy. Von Behring and Wright I will admit, offer no theory for the action of the vaccines except the homœopathic

one. However, I cannot altogether see their mode of reasoning unless we consider Isopathy an allied constituent of Homœopathy.

There is no law for the application of vaccines. They are used entirely empirically and they are not always curative by any means. One can never be certain of the results in any given case, no matter how successful they may have been in a large series of similar cases. The Law of Similars as exemplified by the use of the Homœopathic remedy has no great rival in Vaccine Therapy, unless there be some law discovered by which it can be applied with certainty. This does not seem highly probable at the present time.

As to the palliative action of the vaccines, I must admit that I have seen what might seem to be a palliation at times. This is due no doubt to the fact, that mixed infection is responsible for the trouble and in growing the culture one or more strains of bacteria would not grow on that particular media, hence were not recognized in the making of the vaccine. As a rule, however, they either do no good whatever or exert a curative effect.

In the beginning as is usual with the Dominant School, they proposed to use vaccines for almost everything flesh is heir to. At the present time it is generally accepted as a fact that the best results are obtained in cases of infection due to pyogenic cocci. Hence the next few years I think will see Vaccine Therapy limited to a smaller sphere than it now claims to occupy.

The Medical Advance for October and November, 1910, contained editorials which express my opinion regarding the claiming as homœopathic of anything that cures. The unwillingness of our school to accept any cure as possible except by means of the potentized remedy, I have little patience with. There are other means of cure and we cannot attach them as adjuncts to Homœopathy by any weird reasoning.

To quote Dr. King:—"Homœopathy *requires* a proving on the healthy of the drug used; it *requires* a remedy selected upon the symptoms. Any restoration to health that does not fulfill these requirements cannot be properly called a Homœopathic

cure. Let us be accurate in our thought and precise in our language. Nothing is ever gained in the long run by being mystical or obscure or involved, or especially by claiming more than properly belongs to us."

Chronic Diseases. Second edition. End of the first part.

"The antipsoric medicines treated of in the following volumes contained no so-called isopathic remedies, because their pure effects, even those of the potentized itch-miasm (psorin), are a long way from being sufficiently proved to enable us to make a sure homœopathic use of them. I say homœopathic, for the prepared itch-matter does not remain idem, even if given to the patient from whom it was taken, because, if it is to do him good, it can only do so in a potentized state, seeing that crude itch-matter, which he has in him already, being an idem, has no action on him. The preparation that develops its power (potentization) changes and modifies it, just as gold-leaf, after being potentized, is no longer crude gold without action on the human body, but at every stage of its potentization is more and more modified and altered.

"Potentized and modified in this way, the itch-matter (psorin) for administration is no longer idem with the crude original itch-matter, but only a similimum. For between idem and similimum there is, for those who can reflect, nothing intermediate; or, in other words, between idem and simile only similimum can exist. Isopathic and æquale are misleading terms, which if they can mean anything trustworthy, can only mean similimum because they are not idem."

DISCUSSION.

C. M. Boger: It seems to me that in the use of vaccines and all such procedures you are losing sight of the fact that you are prescribing on a diagnosis. Of course there are some recoveries. In pre-antitoxin days the old school had a death rate of 60%; antitoxin came along and the death rate was reduced to 12%. Recent German statistics show that the average death rate in diphtheria treated with antitoxin, is 12%. With good homœopathic prescribing without antitoxin the death rate is about 4%. I believe that ratio will hold good with all other dis-

eases. I think that the vaccines and serums are a crude sort of Homœopathy, they bring about a reaction, but in an uncertain way. The only certain way is to fit the symptoms of the patient exactly with a remedy from the materia medica. Otherwise you cannot be certain of a cure. Today, that is not always easy. I believe or rather know that in a substance closely allied to the antitoxins, namely Lachesis, we have a remedy that will fit a larger percentage of cases of diphtheria than any other.

P. E. Krichbaum: We all know that nosodes do affect patients and cause a reaction, but I have never yet been able to cure a patient by the action of a nosode. They help, but they do not cure. If I have a complicated case and think that there is a malarial basis or a psoric basis I give Psorin or Malaria off, and then the next day or so, I go back and have to go to work and get the homœopathic remedy for that patient. It is generally clearer for the action of the nosode; that is all. Nobody is debarred from using such things, only I do not believe that they come under the homœopathic principle as Dr. Freeman admits. It is a purely antidotal, chemical relation. The more it is called Homœopathy the more *we* ought to call it something else.

W. H. Freeman: Antitoxin is often spoken of as being derived from Homœopathy.

E. A. Taylor: If it be admitted that this method is superior to Homœopathy, then the time for the dissolution of the International Hahnemannian Association is near at hand. The doctor in his paper, started out by quoting from Hahnemann to the effect that when we have removed the symptoms we have cured the patient and he quoted him correctly. Not only do we remove the symptoms but we remove them permanently; that last qualification is a peculiarity belonging to the indicated remedy and nothing else will do it in the same way. It is easy to remove the symptoms of acute disease—a little morphine will remove pain—a little astringent will remove diarrhœa. In acute gonorrhœa, how easy it is to remove the symptom of the discharge by an astringent injection. But have you cured those patients? No, not at all. These

methods remove the symptoms but they do not remove them permanently. When you do succeed in removing those particular symptoms in that way, you get some other worse symptoms in their place. In regard to diphtheria, here we have one of our oldest members relating of the brilliant success of three of the masters of our school in not losing a single case out of a large number in Philadelphia. No one would question the veracity of these men. Lippe never belittled diphtheria; he said that a fully developed case of diphtheria was a terrible thing and a thing to be dreaded. Nevertheless they cured more cases than by any other method ever tried. Taking statistics as a guide I refer you to Osler's latest work in which he collects a series of 300,000 cases with a mortality of 15%. Now under careful homœopathic prescribing, we can do better than 15%. Then why should we use their methods? Let us answer for ourselves what we can do. In one of the volumes of the International Clinics, published last year, one of the prominent teachers of the old school has an article on "Progress in Therapeutics" in the last twenty years and in it he deals with diphtheria.

He says that while he believes that antitoxin is beneficial and shows good results still he also believes that its claims have been greatly exaggerated. He gives this reason; up to the time of the use of antitoxin the statistics were based upon clinical diagnosis. Since using the antitoxin, the diagnosis is a microscopial one and takes in many mild cases of sore throat to the credit of antitoxin which did not used to be called diphtheria at all. You know and I know that many cases of slight sore throat would now be called diphtheria upon a microscopial diagnosis which it is no great credit to cure. This raises the percentage of cures credited to antitoxin. Add to that another fact which this writer does not mention, namely the local treatment used before the advent of the antitoxin, did harm instead of good. That is no longer used or only slightly and hence that drawback is gone also. I fail to see where we have anything to gain by using antitoxin over the homœopathic remedy. But on the other hand, I would be the last one to censure anyone for using it if they can do no

better. I am only saying that I do not think that we gain anything by it. We do not know as much as we should about our own remedies for diphtheria. That little work by Dr. Boger on diphtheria is a very useful one, but it is not as complete as it ought to be. We should all possess it.

M. W. Turner: In any action of a remedy, whether proved or not, something of its nature and action is disclosed at that very time.

Richard Blackmore: Two years ago I was asked to see a case with one who is a fine prescriber. We pulled down all the repertories we had and looked the case over from A to Z and finally got a remedy that surely fitted it. The patient died, which was a great surprise. I believe that the mistake was in not letting the remedy alone long enough. It was one of the Mercuries and in discussing the matter with Dr. Kent afterward, he agreed that that was probably the trouble. It is the *right* thing to do when you have administered a powerful potency, but it is often a hard thing to do.

W. H. Freeman: I think that statistics have been wrongly quoted in this discussion. The mortality in diphtheria with the use of antitoxin is put down at one-half to one-third of one percent and not fifteen. That rules out all cases that have been sick longer than two days.

E. A. Taylor: Any of you who have Osler's latest work will find that all that he claims for diphtheria is a mortality of 15% and that is what we are having in Chicago this winter.

C. M. Boger: The statistics of the German government are 14%. I take the German Journals and I know what I am talking about.

F. W. Patch: It is interesting to note that Forscheimer in his last edition has given up the use of antitoxin, and it is evident from many sides, that there is not the same faith in it that there was two years ago.

President: One of our members related a circumstance to me that happened this last winter. He was called to see a case of what he diagnosed as typical diphtheria. Being in a hotel it was referred to the Board of Health. The official came, pronounced it diphtheria and removed the patient to

a hospital where antitoxin was given. The next day the patient was returned recoved with a note saying that there had been a mistake in diagnosis as the quick recovery had proved it not to be diphtheria. The only explanation seemed to be that in this case it is possible that antitoxin was homœopathic and really made a cure, but the prescriber of it from the Board of Health was unable to recognize the cure, in spite of his own diagnosis.

E. E. Case: There are cases of diphtheria that no mortal power can cure. I had an experience twenty-five years ago; four little children taken sick with it and in twenty-four hours they were all dead. As a rule, however, Homœopathy cures diphtheria. I have never used antitoxin.

Carolyn E. Putnam: This discussion brings to mind one very serious case of diphtheria in which the indicated remedy cured. One of the students called me at night to see a case that he thought would not live until morning. The patient was a child four years of age who had run in from play at 4 P. M. complaining of sore throat. The temperature promptly ran up to 104° and despite the Belladonna he had given, she was in a stupor by 9 P. M., so profound that she could not be aroused sufficiently to examine the throat well. The fact of the trouble beginning on the right side, was all the history I could obtain, which together with the time of onset, and early and complete stupor pointed to Lyc. which was given in the 2c potency. At nine o'clock the next morning she sat up and played with her doll.

Richard Blackmore: I have seen a case of diphtheria, the diagnosis being confirmed at the college laboratory and at the laboratory of the Boston Board of Health and then, when in twenty-fours the throat was better under the action of some indicated remedy, a negative result turned in from the same laboratories.

T. G. Sloan: Yes, in one per cent only. That is one throat effect or be believed by the old school is to have every case of diphtheria diagnosed by bacteriological examination. I treated fifteen cases of diphtheria two years ago and I had

every case examined and diagnosed by the State Board of Health.

President: I would like to call Dr. Sloan's attention to something. We get occasionally the Board of Health reports of diphtheria on cultures made from healthy people.

T. G. Sloan: Yes, in one per cent only. That is one throat in a hundred healthy ones will show the diphtheria bacillus.

D. A. Williams: In closing I would say that I should think every body had been asleep while I was reading my paper, for the subject had nothing to do with the treatment of diphtheria and yet that is about the only thing that has been discussed. The paper was on Vaccines and the discussion was on antitoxin. I do not know of any authentic statistics of homœopathic treatment of diphtheria, yet we are very quick to disbelieve the old school statistics. Dr. Lippe was a wonderful prescriber and I believe that he made many wonderful cures, but I wish we had the statistics of his cases in a tabulated form. The goodly number of cases of epilepsy cured by Boenninghausen have never been tabulated and never duplicated. The subject of my paper was whether vaccines were curative or not; nobody has discussed it.

DEALING WITH OUR PATIENTS.

BY JULIA MINERVA GREEN, M. D., WASHINGTON, D. C.

Many things, little and big, go toward the winning of confidence by the physician and making our patients loyal supporters of pure homœopathy; let us talk of some of them in a general way.

I know several physicians among the pure homœopaths who are criticised for spending too much time with their patients, thereby spending precious energy needlessly. This is a just criticism and an important one. We have too large a message to leave to the world to spend energy needlessly, but it seems to me the best way to spread faith in homœopathy is through individual educational work among our patients. An intelli-

gent patient, once made a loyal supporter in this way, rarely deserts the ranks of pure homœopathy. Many guard it almost as enthusiastically as does the doctor himself.

In endeavoring to lead the patient into right thinking we may, for instance, dwell upon the idea of treating a sick man and not a disease. This comes up at the beginning of any discussion of local treatment, external applications or operation, and nearly every patient will bring up one of these questions at some time during our dealing with him. It comes up in trying to lead thought away from pathology to the symptoms valuable for a prescription. It comes up in the effort to train the patient to observe general conditions so as to report valuable symptoms with their concomitants, modalities, etc. It is most important in securing the coöperation of the patient. When once we can be sure that the patient recognizes himself as a sick person and not as a healthy body containing one or more diseased tissues, we know we can train him to watch for just the sort of symptoms we want to find. All of us have experienced the great difference in the answers of those coming from other good homœopaths and those coming from the allopaths.

Then we can show the patient that a sick man is like a disordered house, that some method must be used to put the whole house in order, that patience and coöperation are required and he has his own part to perform in the process. When this is accomplished, the interest of the patient is thoroughly aroused; he feels his responsibility; he is anxious to aid the doctor and not interfere. He will ask new questions about the philosophy of it all every time he comes to the office.

Then we may develop the idea of disease cause as a something lying behind its expression in symptoms, the idea that pathological changes are disease results and not disease causes, that a man is sick before his organs and tissues are sick and that he needs treatment as soon as symptoms appear, to prevent disease of organs and tissues. This not only wards off or cuts short most cases of acute illness, so that the pure homœopath has few such among his chronic patients, but it opens up the whole fascinating discussion of preventive medi-

cine and of susceptibility to diseased states. Then, when this patient sees his children go through some epidemic without contracting the disorder or having only a slight attack of it, he is an ardent supporter of preventive medicine. He appeals to the physician for the first symptoms noticed, and he talks the philosophy of it to his friends. He sees the difference between treating the patient and treating the disease.

Now when he realizes fully that illness begins long before it expresses itself in organs and tissues, he is ready to grasp the idea of health as the absence of symptoms. This leads to a talk about the harm of suppressing symptoms and shows why local medication has been strictly prohibited. When he is sure of the value of symptoms in making a cure, we know he will be careful to do nothing to suppress any expression of disorder. He will report all sorts of trivial things so as to be sure not to omit a symptom which may be important.

Probably before this the patient has become curious to know how the medicine acts and how the doctor knows whether he is getting better. Of course he wants to know, and the true idea of the action of a remedy is a topic for more interesting discussion. He soon sees, perhaps in his own case, how symptoms grow better from within outward and above downward and before backward. He has confidence that cure will follow, if he can see the right order, and his patience to wait for it is strengthened. He learns that remedies act for a time and then lose their hold. He learns not to be discouraged at his downfalls but to observe them carefully and report them promptly. When he sees quick relief and further progress on the road to health, his faith in homœopathy is strengthened immeasurably. In fact he demands so much of his physician that the doctor trembles at his own responsibility created by the faith of his patient. Things do not always go right by any means at his end of the line. The remedy is wrong, or the potency is wrong, or it is repeated too often, or the patient is incurable from too much previous drugging or from ultimated disease, etc., etc. In all these difficulties it is wonderful how much patience and real support is exhibited by the patient. He sees what a vast study is the homœopathic

materia medica; he shows most unlooked for consideration for the physician and does not lose his faith in the principles of homœopathy. Even when things go all wrong, it has been my experience that it is best to explain the situation to the patient, so far as he can understand it, and be sure that physician and patient are working together. More harm to the cause of homœopathy comes from explaining too little and not taking our patients into our confidence that ever has come from being frank about it all. Of course this presupposes an intelligent patient with an inquiring mind and we do not meet such in every day's work by any means, but it would seem to be the ideal toward which to work.

Patients thus educated will give us their allegiance; will not interfere with our treatment if they possibly can help it; will exhibit marvellous patience through the suffering necessary in deep chronic states in order to get well; will learn to recognize the symptoms due to the remedy and welcome them on account of the relief to follow; will ignore slight acute illness, depending on the chronic treatment to get through easily; and will make good protectors of the health of the community in which they live. They will fight serum treatment, local measures and temporizing and will support the truth of the principles of homœopathy. They will show allegiance to the principles beyond allegiance to the physician and will demand pure homœopathy wherever they go.

DISCUSSION.

P. E. Krichbaum: This paper said a great deal more than has been said in many other papers that have been read here. In order to instruct patients in Homœopathy, we have got first to have some striking successes and then we can put in a word for the doctrine. Whenever I have endeavored to preach on my own personality I have failed, but if you put in a word when you have made good, you will generally succeed. What people are interested in, is getting well and they are not particular how it is done. If you can show them that Homœopathy will make them well, you at once succeed in making converts of them.

Carolyn E. Putnam: When things seem to be going wrong, I try to impress patients with the idea that they may be as much or more to blame than the physician.

President: I have had some experiences with an interesting class of cases that the paper brought to my mind. When the domestic servant comes for treatment, the doctor is often struck with the clear, characteristic description of the symptoms that she gives. The peculiar and characteristic symptoms come right out and by the time you have the case written down you are quite certain just what is needed to cure the patient. I have often had this experience and have wondered why it is that when the educated patient comes to me I work and work and can hardly get what I want. The mistress is cured with difficulty because I cannot get from her a plain, accurate account of her symptoms, while the servant has given me just what I want with hardly a question on my part; and I know that the remedy—Pulsatilla or Sulphur or what not—prescribed, will perfectly fit her condition and will certainly cure her. Perhaps it is that the mistress comes with names of diseases while the servant simply tells how she feels.

G. B. Stearns: The reason for what Dr. Hutchinson has noticed lies in the fact that the domestic, being less highly developed in the emotional sphere and more developed in the body has her troubles in the body and can easily tell them in plain language. The more highly educated people have their troubles in their minds and cannot easily explain them. Much of that sort of mental trouble is not amenable to homœopathic treatment. They are psychological cases, not homœopathic cases.

E. E. Case: It is better not to know so much that you cannot tell what is the matter with you. Lots of patients come in with their cases diagnosed and order us to cure just what they have.

G. B. Stearns: One patient came into my office troubled with constipation, but she said that something was the matter with her spineta.

HOMŒOPATHY?

BY S. L. GUILD-LEGGETT, M. D. H. M., SYRACUSE, N. Y.

It should be simple to understand that homœopathy is but an adjustment of forces by the application of similars. That a symptom is but the result of the energy of the vital force in its effort to remove, or annihilate, such inimical forces as find access to the system. That arsenicum is the embodiment of one force; that aurum is but the embodiment of another force; that gelsemium of but another; which forces, entering the human system, by any means, the vital force seizes upon to expel, and through that energy gives *uniform expression* by which the substantial evidence of its presence is obtained, and again easily recognized.

This action of the vital force in contact with the inimical force, led Hahnemann to recognize similarity of expression, and further observation taught its application.

Modern methods of dealing with results, or the material developments of certain forces, altho interesting as a study, and in some instances determining the inimical force causative in certain sicknesses, has, so far, done little, outside the realm of homœopathy, to cure the so-called sickness. Killing a result, even if possible, is insufficient to assist the burdened vitality, which must be sufficiently strengthened to overcome the deterrent force. Chemical analysis of the acorn, and elimination of the entire fruit of the season, will hardly prevent the further growth of an oak, or its future fruiting. So with the bacterial development of the inimical force; the elimination, or worse, the effort of elimination, by destructive measures, within the human system, will only serve to drive the inimical force deeper within the system, and into the more hidden recesses; or its *media* will form another inimical force with which the vital force must struggle.

When it is fully realized that a "symptom" is but the result of the effort of the vital force, or dynamis, to throw off an attacking, or inimical dynamis, however introduced into the system; when we realize that drug proving was but such another effort; when we *know* from experience, that the applica-

tion of a remedy having been able to excite in the human organism a similar action to the disturbed vital force presented to us for cure, we shall understand homœopathy, and our study of the after effects of a prescription will result in a wider and deeper knowledge of homœopathy and its possibilities, which seem to have reached a somewhat inchoate state.

Why homœopathy has reached that state it is hard to determine, but several reasons present themselves. Is it because the application of similars is too *easy?* I would beg the cavilers to *try it.* Is it because it is too hard? I doubt it; there are many good students among us. Is it because of the false glitter of wonderful discoveries in modern medicines? I question it; we have good reasoners among us, and if they realize anything at all of this modern trend, they *know* it but deals with material elimination of *results,* and not with the causative forces of sickness. I suspect there is another and a deeper reason for the present confusion of method. We have not yet firmly settled *with ourselves* the knowledge of just what the other fellow of blatant voice, did accomplish, and yet we know, with proper attention to detail, that the osteopath may accomplish *much* in the case whose cause is due to sedentary existence; that the Christian Scientist may do *much* with the patient whose cause lies in his unhappy environment; that the medical masseur can assist the tortured muscles that have long been twisted out of place, by either habit or accident; and yet, except in *purely mechanical* necessities, can either of them accomplish more than the true homœopathic similar? I *know* they cannot.

A strain, with a torn muscle, must have rest; we all recognize that. A strain, without that complication, we can relieve as quickly and as completely as by any other method. Mental disturbances, unaccompanied by brain lesions, we should be as able to relieve as a Christian Scientist, and much more able to assign a cause, given the proper opportunity and study.

We need have no fear of the surgeon, surely, we know what he can do in removing the symptom due to grave *results.* We know also that the only thing he *can* do, is to remove the result of disease and its reflex symptoms; *but,* have we exactly

determined in our minds, what symptoms *are* reflex, and what *are* due to the inimical force that caused the result?

We know surgery cannot cure syphilis; we know it cannot cure sycosis, or the results of gonorrhœa; we know that the result of either miasm, and of psora is named legion. We know that these results are relieved—necessarily, so some think, by surgery; but we know also, that surgery will neither eliminate, nor eradicate, the *great inimical cause,* which the vital force struggles to drive out. We know that the only true help, and possibility, is through assistance given the vital dynamis thro the similars; that to kill the spirochæte only makes room for more to develop; that the cure rests upon the possibility of so strengthening the vitality that it does its own elimination; and yet, knowing all this, we allow our eyes to be blinded by the false glitter of blatant assertion, our ears to be deadened by the noise, and our understanding so befuddled that we forget our own *masterly* means, and allow our forces to be scattered, our minds to be distracted, and our societies to be disorganized, by these chasers after *will-o'-the-wisps.*

Is it not time, dear friends, to study deeper into cause and effect, to know just where to begin? We shall know the end after having traveled the course.

DISCUSSION.

J. B. S. King: This paper is an appeal to look through the appearance of things to the things themselves, to look through the seeming to the real. The findings of the senses have frequently to be corrected by investigation and reason or they would lead us into all kinds of fallacies. Milk looks white, but *is* a transparent fluid with fat globules suspended in it, the sun seems to rise in the East and journey through the heavens to his setting, but *really* does not move in that way at all. Viewed from the window of a fast train the landscape *seems* to move, part with the train and part in the opposite direction, but is *really* stationary; illusion of form, color and direction are frequent, owing to juxtaposition and motion of similar and dissimilar things.

It *seems* to be a contradiction of our ideas and of common sense that an imponderable amount of so innocent a thing as salt could in any way affect the human body, that is daily consuming a quantity a million times greater in food without effect and yet—and yet it *is* so.

It seems a pleasing and satisfactory thing to see an eczema rapidly disappear leaving a healthy skin under the application of some ointment, like sulphur or tar, but it is not *really* a wise or satisfactory procedure. It produces ill health on the whole, rather than cures it.

To look only at the appearance is childish, immature, shallow, misleading and puerile; to correct the appearance by prolonged observation, by investigation and reason is wise, philosophical, profound and leads towards truth. The system of medicine that uses local applications, suppresses symptoms, sees disease only in the part affected, is oblivious to the internal character of disease, lives in appearances. The system that regards disease as an affecting of the *whole* body, that observes and sees the *whole* case and treats it according to a natural law, rather than by the caprice of the moment, lives and thinks in realities and not in appearances. Dr. Guild-Leggett's paper is an excellent and timely plea for this very thing.

THE EVILS OF EMPHASIZED NON-ESSENTIALS.

BY J. B. S. KING, M. D., CHICAGO.

Philosophers, diplomats, statesmen, men of affairs and thoughtful men in every walk of life have occasion to notice how much trouble and disorder in the affairs of men come from non-essential points being insisted upon and emphasized. More than half the disputes of the world have no other basis than the undue prominence of a detail. Families have quarrelled, lovers been separated, nations arrayed against each other upon a misunderstood word.

Ceremonies and points of etiquette have not infrequently been so advanced into prominence that important affairs of

state have been neglected; so much time wasted on matters of form and precedence, on obeisances, hand shakings, right or left turns, genuflexions, and all the punctilious observances of diplomacy that real issues were obscured, the people abused, the wrong allowed to triumph and the right cast down.

William of Orange used to say that Sir Wm. Temple and Count DeWette of Holland could transact and satisfactorily settle more affairs of state in three hours than the combined diplomats of Holland, France and England in three months, and the state records show that it was a strictly true statement.

I would like to call attention to the fact that Homœopathy is suffering at the present time, and its votaries and believers divided into cliques and factions, owing to the undue prominence given to some non-essential detail.

It seems to me that if a physician is able to put his finger upon the correct homœopathic remedy for a given case of ill-health, the method by which he arrives at a conclusion should not be a matter of censure, or harsh criticisms or animadversion.

One man may arrive at the correct remedy by means of the Boenninghausen analysis of the symptoms into the part affected, the concomitants, the modality and the cause. Another by Dr. Kent's analysis into generals and particulars; a third may be inclined to make the temperament of the patient an important feature in prescribing; a fourth may see something very mysterious, and dark and deadly in miasms and be influenced by such ideas in selecting a remedy.

Well; let each one be free to use his mental machinery as he thinks best. An elephant moves an immense body and huge muscles to raise a pin. One can if he chooses, weigh a ton of coal on a chemical balance, and the pin is raised and the coal is weighed accurately.

One man, owing to constitutional peculiarities, hereditary traits, mode of education, ill-health, previous experience or some other one of a thousand reasons, may very clumsily and laboriously arrive at the knowledge of the remedy indicated in the case before him. Another may by a flash-like celerity arrive at it; but the point is they do arrive at the correct solu-

tion and there is a tacit acknowledgement of the Law of Cure in the very effort they make and in the result.

Homœopathic practitioners are in the minority; they have to meet the assaults of the dominant school now fiercer, more persistent, more subtle than ever before; it is no time to stand up and quarrel about non-essential points. It is like two soldiers standing in a trench, with bullets flying around and an enemy to conquer, recriminating each other on the cut of their coats, or the color of their neckties. There should be enough toleration to present a solid front to the general opposition.

Let us not emphasize generals and particulars; Boenninghausen's analysis, miasmatic differences, temperamental peculiarities so strongly as to cause feeling, or rancour. Cordially acknowledging the good in other methods than our own, let each one select the one that seems to him the most consentaneous to the operation of his mind, and press forward against the united foe.

DISCUSSION.

F. W. Patch: This subject that Dr. King has brought out is a very important one for us; all the difference between harmony and unnecessary strife lies therein. Let us regard essentials and ignore non-essentials, or at least not put too much emphasis upon them. Allow a man to have his ideas if he is true blue at heart. Let us make a common cause in the work that we are trying to do.

P. E. Krichbaum: There are non-essentials in disease too; who wants to listen three hours about curing warts? If you talk about typhoid fever or syphilis or pneumonia and give to hungry members something new in the treatment of them and leave warts alone, it would be wise and fitting. I am not going to worry my brains about warts.

E. A. Taylor: If the doctor reads up the matter of warts in the Transactions of this Association and in the Medical Advance and Homœopathic Physician, he would see that the apparent non-essential called warts, is of some importance. In this matter of Dr. King's paper, the doctor is shrewd and

covers up the things which might be non-essential. What is it that he deems non-essential? If by using two different methods, two doctors come to different conclusions, then the difference in the methods cannot be non-essential because one of them leads in the wrong direction. The danger of allowing a man to do his work in his own way, and to have his own theories is that they will lead to the wrong results. Take, for instance, the question of miasms, if a man sees something deep and dark in miasms and uses it as a means of prescribing, all right so long as he gets to the right remedy, but it is not an non-essential if it leads him to the wrong remedy.

C. M. Boger: The fewer "ifs" we get in this thing the better. The sole duty of the physician is to get the symptoms from the patient and then to fit him with a remedy from the materia medica; there is no "if" in that. If you cannot find the remedy after you have taken all the symptoms, then own up to it and do not speculate on some new theory to explain the failure. The mere matching up of symptoms with some other symptoms is very largely child's play. When you have all the symptoms and considered what they mean, seeing through or beyond the mere verbal inaccuracies of the patient or of the prover, then you are in a position to prescribe properly and not until then. If you pay attention simply to headaches, nausea, pains and so on, you will find them in nearly every remedy and in nearly every disease. You must get at the real meaning of the text in order to make a cure. That is what makes difference in prescribers.

D. A. Williams: Because many of the papers read here, and many of the things that are said here, are complicated and tend to befuddle the younger men is the reason why many stay out of this Association. Homœopathy can be made simple and it can be made difficult; a man might come in here to learn something and get so befuddled by what he hears that it would take five years to straighten him out. What must you see in the text that is not in the text plainly? What is the use of talking about the spirit of the text except that it makes the whole subject difficult? I tell you that these involved discussions do not tend to bring hungry men into this

Association. They hear a little of it and get the impression that the thing is so mystical, and involved, and obscure, that nobody can grasp it.

C. M. Boger: The mere throwing together of symptoms and putting them into a mass from which you are obliged of necessity to select the number of rubrics which cover those symptoms is a mechanical business and has no real meaning and less success. When you take every symptom that comes to you, see its true place, meaning and bearing on the whole case, you will have the means of arriving at the true similimum.

THE POTENCY PROBLEM.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA, PENN.

The chief obstacle to an acceptance of Homœopathy by the student who is half inclined thereto is the question of small doses, but this overcome there remains a greater detriment to an adoption of the high potency from ignorance of its proper use. The susceptibility to medicinal action and the concomitant attendants to it are so varied that it is not only a question of individualization, but one of incidentalness as well. Take as an illustration of the power of resistance in the human body, or the lack of it, the contagion of Rhus toxicodendron. Many are not affected by it at all, some have even rashly masticated the leaves of this venomous plant without any apparent ill effects; others cannot touch it without being smitten, some cannot suffer the wind to blow across it to their persons without danger, but all of these degrees are modified by the temporary physical state of the individual and, perhaps, by atmospheric conditions. So we find patients who respond sluggishly to remedies, especially at times, and that even high potencies have to be repeated to meet with successful results. Again there are those who cannot bear more than a single dose without aggravation. One of the most striking cases of this sort was a patient of the late Dr. Wm. P. Wesselhoeft, who was visiting Philadelphia, and whom he had referred to me for

treatment. Her assertion of extreme susceptibility struck me at first as an hysterical exaggeration, but the aggravation that I obtained from one powder of the CM potency of the indicated remedy was unmistakable. It is a delicate question to argue with one who is ignorant of such possibilities, and I would simply advise all beginners to study with someone who uses the potencies—one who is a careful, conscientious and watchful prescriber.

I believe that some diseases are more suitable to the single dose, than others, indeed I have grave fears of giving more than one powder of an high potency for an attack of acute throat trouble. Several times I have seen rapid and alarming increase of ulcerations or of diphtheritic deposit after the single dose of either Lycopodium or Lac Caninum, more from either of these remedies than from any other, and the aggravation will usually continue over the second day, which if unmolested will be followed by resolution. On the contrary I have, since beginning this paper, been interrupted to prescribe for a case of chronic rheumatism which had made no response whatever to the first few prescriptions, though I felt quite sure of my remedy, and which I had given in single doses and waited patiently on. Latterly I had dissolved it in water and given a teaspoonful every two hours for two weeks, by which time I had the most gratifying results. In short the whole question of prescribing is to not only know your remedy, but to know your patient and to know that individual at the moment of prescription too, for his medical susceptibility is not a fixed proposition.

I have known of several instances where physicians have tried high potencies and done so with honest intention and finally abandoned them as worthless, simply because they did not know how to use them. The fact that the brightest lights in our past history have favored them—depended upon them—should be incentive enough to make one investigate their merits under *their method of using them.*

It seems to me that when we consider all of the above facts the only safe course is to usually prescribe *at first* but a single dose of the remedy, to wait a reasonable time on its action, to

study and carefully reconsider the prescription, and if need be to then repeat it. A reversal of this order would certainly lead to destruction in many instances and utter discouragement.

DISCUSSION.

E. A. Taylor: That excellent prescriber, Dr. Adolphe Lippe, seems to have had a routine method of administering medicine. His rule was to give a dose dry on the tongue, and if he did not get the response that he expected, then he would dissolve the medicine in water and administer a dose every two hours until he saw some action. That was his method of using medicine and I do not know that we can do any better. We should be willing to try the method of this great man.

E. Rushmore: I remember a statement by Dr. Gregg in which he claimed to have had the best success when he gave a dose and did not repeat for from 24 to 48 hours.

G. B. Stearns: There was one point in the paper particularly well taken, that was the association of the younger practitioners which some one who knows how to use potencies. There is nothing in reason that would lead one to use the higher potencies. It is only by experience that one is led to see that there is any advantage in them, and that particular experience is best gained by associating with those who know something about it.

E. E. Case: Some twenty-five years ago I had the care of a case of neuralgia that did not yield to remedies. Calcarea carbonica seemed indicated, was given in different potencies up to the 200, the highest I than had. The symptoms were carefully taken and a visit made to Dr. P. P. Wells, in Brooklyn, New York. He studied them and said: "Go over to Dr. Fincke and get the 40,000 potency of Calcarea carb., put a powder into four tablespoonfuls of water, give a tablespoonful of the solution night and morning for two days, and it will cure the patient." His advice was followed and the cure resulted. While there I bought forty remedies in the 40,000 potency and have used them on occasions ever since. I asked Dr. Wells if he could give any hint as to the selection

of the correct potency. After a long period of silent thought he said: "You will find after years of practice that you will be able to select the potency needed, and do it pretty accurately, but how you do it, and why, you will neither know nor be able to tell any one else. It will be done by a sort of intuition from an accumulated experience."

President: Dr. Guernsey is a most respected member and being absent, I think that it would be an appropriate thing to have the Secretary communicate with him informing him that his paper was read at this meeting and ably discussed.

F. W. Patch: I make a motion to that effect, seconded, carried. Adjourned to 7.30 P. M.

THIRD SESSION.

7.30 P. M., JUNE 24TH.

Meeting called to order by the President.

The first business was the Report of the Board of Censors.

C. M. Boger, Chairman: The following have complied with all the requirements and are recommended for election as Active Members:

Alice H. Bassett, 56 West Cedar Street, Boston, Mass.
Byron G. Clark, 251 West 75th Street, New York City.
Richard S. True, 544 Massachusetts Avenue, Boston, Mass.

ASSOCIATE MEMBERS.

Dora Wheat, 1152 So. Second Street, Louisville, Ky.
R. O. Ellison, 2019 Milwaukee Avenue, Chicago, Ill.
Joseph A. Stefanski, 8408 Superior Avenue, Chicago, Ill.
George A. Sharkey, 5412 Madison Avenue, Chicago, Ill.
P. G. H. Vandereigsh, Hering Medical College, Chicago, Ill.
L. I. Farmer, Poplarville, Ky.
Lena Hess Diemar, 62 Welles Avenue, Dorchester, Mass.
Mary Parker, Framingham, Mass.
Benjamin C. Woodbury, Jr., Portsmouth, N. H.
Mary R. Mulliner, 803 Boylston Street, Boston, Mass.

A. S. Barnes, Chicago, Ill.

E. A. Taylor: I move that the three first named be elected as Active members and the rest as Associate members, seconded, carried.

Margaret L. Tyler, London, England, was elected an honorary member.

W. H. Freeman: I have missed the list of Hahnemannians that we formerly printed at the end of the Transactions, and I move that such a list be continued in them. Seconded.

Edward Rushmore: Who is the judge of the names to be printed in the list? Might it not be considered invidious by some, whose names are left out?

C. M. Boger: It might be well to have the Secretary advertise the fact that the doors of this Association are always open. It would encourage the coming in of new members.

President: The point is; shall we continue the printing of a list of Hahnemannians?

S. L. Guild-Leggett: It seems that those in the list who are known to be good Hahnemannians and yet are not members of this Association ought to become so or ought not to be advertized by us.

Richard Blackmore: I do not see why the Secretary should be made responsible for the selection of good and bad Homœopaths. If a list of good prescribers is desired for the benefit of our patients who are traveling, the choice is easily made from the list of members. I question whether we have the right to publicly proclaim that certain individuals are Hahnemannians with the necessary inference that others are not. We are assuming to do what is really none of our business.

W. H. Freeman: It is a great convenience for us to know the location of Hahnemannians all over the country so that we may refer patients with confidence in case of need. The list may not be always correct, but it will be in the majority of instances; it is certainly a great deal better than to take names haphazard from some directory such as Polk's. I took the pains to hunt up the names of Hahnemannians in England and Scotland for my own convenience; it might be possible to extend the list so as to include the old country. We

need not assume the responsibility of getting every Hahnemannian in the world. Nobody need feel grieved because he is left out. A star distinguished members from non-members.

J. B. S. King: The inclusion of foreign countries in the list will be nothing new. You will find England, Germany, South America, India and Sweden in the list already published in the 1910 Transactions.

President: As a matter of fact do we not all have to have lists of our own?

G. B. Stearns: I am in favor of printing such a list. I look at and use it every little while.

C. M. Boger: There is another phase of the matter; why should we advertise men not members of this Association as Hahnemannians. They do not do anything for us or for this Association.

P. E. Krichbaum: It is not a question of how much good we are doing them, but how much good we are doing our patients, by having such a list. We ought to know of someone in every large town to refer patients to and we cannot, without such a list as is spoken of.

E. A. Taylor: When this list was originally published, the Secretary put an explanatory note at the top, saying that the list was incomplete and that the Association could not vouch for everyone on it. Aid was asked to make it more complete and only our own members were vouched for. That note does away with all the objections that have been advanced. We need such a list and I hope that it will be continued.

Motion carried.

President: The original committee was a standing one and I will reappoint Drs. King and Freeman to look after the matter. If there is no more business to come up at this time I will call on Dr. Turner to proceed with his Bureau.

IN THE LIGHT OF TODAY.

FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

The changes that have been wrought in the field of general medicine within the past decade and the new interest that has been infused into our art through contemporary science would seem to make this a fitting time to enquire into the standing of our especial branch of the healing art in the light now prevailing in the medical world.

Fifty years ago an attempt was made to drive Homœopathy off the face of the earth by force. It resulted in leading a good many thinking physicians of the dominant school to investigate the merits of practice according to the law of similars. These men came into the new school and prospered. Ostracism then prevailed for many years and a bitter antagonism developed preventing the physicians of one school from recognizing those of the other, even though a life were in the balance. Yet Homœopathy continued to thrive. Finally our friends, seeing that open hostility only served to promote the growth of the oppressed, changed their attitude and began to show increased tolerance. The younger generation of physicians, especially, have learned to live in peace and neighborliness with the despised of our cult. Finally "benevolent assimilation" came to be the theme and the barriers erected to keep us out of their societies along in the forty's and fifty's, were smilingly taken down and we were to be allowed to come back into the fold, provided only, if we would not let it be known that we practiced "Sectarian medicine." For some surprising reason, difficult for old school physicians to understand, we did not flock back in any perceptible numbers, seeming to be better satisfied to remain as we were. What more can be done in the face of this surprising vitality—seemingly nothing. We are now greeted politely, listened to with toleration, but tiresomely put aside as a mere "sect in medicine," harmless, but of limited vision and no practical use in the broad field of modern science. Yet, gentlemen, Homœopathy was never more alive than it is today and was never more vital. How are we to explain this fact? Are we to believe that the

twelve thousand physicians practicing Homœopathy in this country today are all deluded? If not, we must suppose that, after all, our art lives because of its inherent powers to accomplish real service in the world and consequently it may not be amiss to enquire how our tenets square with present day theories in the general field of medicine.

Homœopathy is founded on the well known observation of the attraction of likes. It is a system of harmonies. These facts are as old as the everlasting hills and need no proof today. All nature is one continuous panorama of examples of these phenomena from chemical affinity and the selective powers of cell life to the gathering together of men in communities.

The essentials of the Homœopathic doctrine are very simple.

First:—Hahnemann's method of proving drugs on the healthy.

Second:—The peculiar method of preparation of drugs.

Third:—The power of Infinitesimals as shown by the result of small dosage of the single remedy.

As far as the writer is aware drugs have never been systematically proven on the healthy by physicians outside the Homœopathic school, yet all physicians make use of observations of poisonings on the healthy.

The difference between the two schools here, being somewhat a matter of interpretation of the results of these observations and the further fact that Homœopathy carries these observations to a much higher degree through her provings by the additional use of potentized drugs, thus obtaining a far deeper and more detailed knowledge of the individuality of each drug than is possible when only observation of crude poisonings are used.

In this field recent observations by laboratory men on the use of minute doses of substances introduced directly into the circulation have been made along this line, but up to the present time these methods have not developed into systematic form so that they can be given place by the side of our actual provings. The effort is going on, however, and in time will undoubtedly become allied with our older method.

THE HAHNEMANNIAN METHOD OF PREPARATION OF DRUGS.

What is modern medical science doing in this field? While it is true that our custom of succussion and trituration in the preparation of homœopathic potencies has never been adopted by pharmacists outside our own school, it is also true that a method of preparation of medicinal substances closely approaching this is now in use among advanced physicians of the dominant school. I refer to the preparations of "Vaccines" through the growth of cultures in Neutral media by which means an attenuating process is carried out that achieves a result closely related to the Homœopathic potency.

Here we approach also the third essential of Homœopathy. The power of infinitesimals as evidenced by the small dose of the single remedy. Again we may observe our former opponents closely following our lead, in fact, if not in name. The newer remedies of the vaccinists are given in a highly attenuated form, the single remedy and the single dose—repetition depending on the reaction of the patient. Attempts at individualization are being made, as yet in what seems to us in a crude manner, but it is most encouraging that the need is felt. Thus far the work done in this field by the advance guard has been wholly through empirical methods. No great mind has yet arisen who could formulate laws for constant guidance in the future. Several of the foremost thinkers have already recognized and frankly acknowledged the kinship of this work with the earlier thought of Samuel Hahnemann. This indentity is not yet fully established, but it is safe for us to predict that the time will come before many years when it will be.

In any consideration of the work of Hahnemann it is somewhat difficult to separate his promulgation of the law of similars from his theories of chronic disease, yet in the present instance this should be done.

The prominent features of his later studies may be summarized as follows:—

That—All chronic disease arises from three sources as a result of infection by or inheritance of the Sycotic miasm: the Syphilitic miasm; the Psoric miasm.

That—Suppression of any chronic disease by means of crude and unhomœopathic means results not in disappearance, but in a metastasis of the disease or the assumption of a latent character only to break out later.

That—The actual cure of any chronic disease can be accomplished solely by the administration of anti-Sycotic, anti-Syphilitic or anti-Psoric medicines homœopathic to the case under the law of similars.

When we attempt to compare these conclusions of Hahnemann with any thought dominant in modern old school medicine, we are immediately confronted with difficulties, first of which is the fact that outside of Homœopathy no organized, systematic and logical theory of disease has yet been advanced. All physicians recognize the existence of Sycosis and Syphilis and the necessity for anti-medicines in their treatment. No old school authority understands the meaning of Psora, however; he sees only the various manifestations of this miasm as separate and disconnected entities, the relation of one to another he cannot understand. Indeed the interpretation of this term is a rock on which many of our own members stumble and fall. If we accept it as a generic term, however, as was probably the intent of Hahnemann, we shall find it less difficult to understand and shall realize that much of the deepest thought of our leaders was spent on this topic. What then must be the conclusion of one seeking the present day status of Homœopathy as a vital force in modern medicine? Just this,—that the essentials of Homœopathy are slowly coming to be recognized as a part of the great body of medical thought the world over. Very little credit, as yet, has been given to the true source of this new light, but that need not trouble us. It is enough to know that at last there is a beginning of dawn and that more logical procedures in the healing art may be expected in the future than have been with us in the past.

It seems as though the time might be at hand when the long desired vindication of Hahnemann's work could be looked for. The I. H. A. has stood, since its foundation, for purity in practice. In all these years there has never been a time when it has been more imperative for us to continue this position

than the present when through a consistent adherence to principle we may have the satisfaction of observing some degree of realization of the medical hope so long present in our hearts.

SERUM-THERAPY: SOME ERRORS IN OUR POINT OF VIEW.

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

Lest it be thought that I am about to advocate the use of serums or vaccines in medical practice either within or outside the confines of Homœopathy let me state very positively that such is not the purpose of this paper.

However, as the last word upon this subject has not yet been spoken and as the matter is of perennial interest and is yearly discussed by one or the other of our homœopathic societies I venture to add another word. It relates to some errors, as they seem to me, in the point of view of the homœopathic physician, especially if he be an ardent follower of Hahnemann, toward this important subject.

There are those in our ranks who regard serum-therapy very much as it is regarded in the old school. For them it constitutes the front rank of Science and it is good enough Homœopathy, they say. Again there are some of us who not only utterly disclaim the practice but stoutly maintain that it bears no sort of kinship to Homœopathy. When we contrast the latter point of view, that of the straight homœopathy, with the more liberal minded of the old school how absurd is the spectacle—ourselves refusing to see the least trace of similia in the antitoxines, antiserums or in vaccination, while such men as Sir Almroth Wright, von Behring, Roux, Gimeno and others are frankly according a homœopathic therapeutic action to the substances and are almost holding out the olive branch to us.

With our own enlightenment—our knowledge of medicines obtained by provings upon the healthy, our use of this knowledge in curing the sick, our exact scale of dosage, our advocacy

of the single remedy—with so much revelation, for us to take up with the most modern thing in old school practice would be to take a step backward into the dark. But when out of therapeutic darkness there is a flicker of light why do we want to snuff it out, and are we not denying Homœopathy in trying to do so? The gist of the matter is, is there not something in serum-therapy that is a windfall for Homœopathy, and should we not eagerly gather it in lest the other fellow bear it away? In other words what there is of good in serum-therapy is Homœopathy, I believe, and the quicker we claim it and proclaim it the better for our school.

But there are those who deny that serum-therapy is in any sense ever curative. I cannot understand their reasoning, and it seems to me they mistake it for opinions which are logically quite unconnected, or if these opinions are connected at all it is by the slender thread of prejudice.

The most important of these misconceptions is perhaps the thought that there cannot be any Homœopathy in a practice that administers its medicines—vaccines—haphazardly, without individualization or conscious reference to the homœopathic law of cure. But as surely as an unskilled marksman does by some fluke occasionally hit the bullseye, so out of many random shots in serum-therapy there must sometimes be one that cures by virtue of its being accidentally the bona-fide simillimum. We certainly would expect a similar result were we to give Psorinum to, say, one thousand cases of psora even if we did not first make a careful analysis of these cases. Reprehensible it would be but the fact nevertheless.

Again, because there are no provings of these vaccines it is considered good Homœopathy on this ground alone to turn them the cold shoulder. A member of this society states that "the unproven substances employed in serum-therapy have no correspondence with well investigated homœopathic remedies." While still unproven how can we know whether they have or have not any correspondence with well investigated homœopathic remedies? We should have to prove them first before we can make the comparison. Then, in justice, what shall we say to our use of Tuberculinum, Anthracinum, Scirrhinum,

Lyssin and many other nosodes and remedies? These are not yet very well investigated by proving and we use them often pretty much upon clinical evidence alone. So, has the question of whether a substance does or does not operate homœopathically in essence, anything to do with the fact of whether that substance is proven or unproven? I think not; the question is quite independent of the fact.

Another erroneous point of view anent the vaccines and the possibility of their homœopathic action relates to the manner in which these substances are prepared. Of course we inveigh again their use on this ground but that they may act homœopathically all the same, I think we must grant. A medicinal force often retains its individuality independently of other substances in which it is prepared or of other drugs with which it may be administered. In any poly-pharmacy it is often easy to see that it is just one drug that really does the work, and that the others seem sometimes to have remarkably little effect. This is particularly true and especially apparent where this one drug bears a homœopathic relationship to the disturbance in question. Once more the plea is for recognizing Homœopathy under whatever guise.

If we exclude the vaccines on the ground of their natural complexity, aside from the admixture of antiseptics or other substances incident to their preparation, how shall we excuse the complexity of such remedies as Aqua Sanicula, Aqua Marina, Skookum Chuck, Hekla lava and others? Are we not very inconsistent?

In speaking with a physician recently on the subject of serum-therapy I said, "Well, at least it is one kind of Homœopathy." "Which means," he criticized, "that you think there are several kinds." Certainly Homœopathy admits of many degrees, otherwise the word simillimum would have no meaning. And often we cannot attain this in its highest degree but are compelled by circumstances to content ourselves with Homœopathy of a lower order. We can only cover with a remedy this or that little group of symptoms at a time instead of being able to find the simillimum and speak of zigzagging

the case toward recovery. Between degree and kind of Homœopathy here I can see no broad distinction.

It is claimed that a medicinal substance, never mind how well it may be homœopathically indicated, can never cure if given crude. This is an interesting point, but hardly applies to the vaccines as these are often given in dosage corresponding, so far as dilution goes, to our sixth and eighth decimal potency. Now, if we get reaction in disease from such an infinitesimal amount of any substance this reaction is pretty sure to be on the plane of Homœopathy.

In regard to vaccination—vaccination against small-pox, of course it does more harm than good, granting that it accomplishes its end. But does it accomplish this end, does it ever immunize, is what we are asking? If Variolinum, Vaccinum or Malandrinum ever do, I think we must grant that vaccination in the ordinary way must sometimes do the same.

The right attitude toward serum-therapy is a very important matter for us homœopathists. In our zeal to condemn a practice which is highly objectionable, have we not sacrificed a discriminating point of view? I am enough of a bigot to read Homœopathy everywhere, and see that the best results obtained by the old school, whether in its routine work or in the new field of serum-therapy, are largely in accordance with the law of similars. Where there is much allopathic smoke there is pretty sure to be a little homœopathic fire, and isn't this especially likely to be the case concerning serum-therapy? In short if there is any Homœopathy at all in serum-therapy it behooves us at once to take possession of it.

It is often said that the two schools of medicine are essentially divergent, implying that they are doomed to grow ever further apart. Would it not be nearer the truth and more hopeful to grant this much—to say that although they start from radically different conceptions in medicine and move in opposite directions it is in the sense of ships on the ocean highway? These, travelling, some east, some west, must needs often pass within hailing distance and in passing salute.

THE LAITY AND THE PRINCIPLES OF MEDICINE.

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

Although the relationship existing between the physician and his patients should be governed by the general ethical principles which exist between man and man, the character of his profession brings him special opportunities and duties.

If we accept Hahnemann's dictum that the physician's sole duty is to restore health to the sick, how broadly are we to interpret his words?

As a basic idea, all will probably agree that the physician's relationship toward his patient is beneficent. His services are rendered at so much an interview or call, and there is no fixed basis as to how much service shall be rendered for each fee. This is left practically to the discretion and honor of each practitioner.

Probably no method could be devised that would be more satisfactory, medical service being of such a character that its value is hard to decide.

For the conscientious physician, there can be but one standard; that is, to give his patients the best prescribing of which he is capable, and the best advice as to hygiene, diet, prophylaxis, etc.

There can be no question as to the advisability of all prescribing being done by the physician, but many general directions can be given which will appeal to a patient's good sense.

One of the most important factors to be impressed on the patient is that no medicine, no matter how simple, should be self-prescribed, and that none should be taken excepting under the directions of a skilled prescriber. This is opposed to all tradition, but can be made self-evident, when people are shown how difficult it is to individualize between remedies in even a simple cold. Not all cases of acute illness may need a physician, but if a person is ill enough to need medicine, only a physician should prescribe it. To those who have been trained in old school methods, this may not appear important, and to realize its importance, patients should be taught some of the fundamental principles of rational medicine.

There might be some argument against teaching sectarian medicine, but it would seem a strange inconsistency for one to have a belief in a principle, and not teach it.

The man who believes in all schools of medicine, usually believes in none, but his statement that he believes in taking the best from all schools is plausible, and really founded on a good sound basis.

Regardless of how, or by whom this declaration is usually adopted, it may well be accepted by all conscientious physicians.

The only difference between the Homœopathic school and all other schools in homœopathy, for every thing outside the homœopathic principle is property common to all. The dissemination of all the fundamental principles of health is necessary for the uplift of man, and should be a part of the work of every physician.

We should teach to our patients the principles of homœopathy, not because we are homœopaths, but because we are physicians and humanitarians.

From what facts, and through what line of reasoning can we present these principles?

There can be but one *best* prescription for any case of illness, and unless there be some law by which all physicians can arrive at that prescription, there is no science in medicine. The Homœopathic system is the only one which has such a law. The principles are logical, and easily understood, and are based on the normal physiological actions of the body. A person who is in perfect health is not conscious of any functions, and recognizes only a sense of well being. The moment anything occurs to disturb any function, the individual is, to the extent of the disturbance, ill.

Every living being has the power, to a certain extent, of resisting deleterious influences. This resistance is manifested to the patient and the observer by symptoms and physical signs. In other words, what is ordinarily understood as disease, such as fever, pain, restlessness, thirst, etc., is really the result of the physiological reactions against invasions of the bodily integrity. This conception is basic and logical, and

in accord with all research in the field of physiology. It is also the basic premise of all true homœopathic prescribing. Every organism that presents no symptoms is either perfectly healthy, or dead. When this premise is accepted, the physician has but the one object; to take only such measures as will assist or increase this reaction, first having removed any cause of the disturbance. This last may be sufficient in many cases to restore health, *e.g.,* if a person is nervous and sleepless, and is drinking too much coffee, it would be foolish to prescribe drugs, and allow a continuation of coffee.

If a drug be required, only such a one should be given as would cause a similar reaction, if the person were healthy. This can only be the one that causes the same symptoms. On first thought, the average person will say, "Why, that would only make the patient feel worse." The fallacy of the remark is very plain, when it is remembered that the symptoms are the result of an attempt to restore health, and although the remedy may increase them at first, by increasing the reaction of the organism, that increase will be but temporary. As soon as the diseased condition has been overcome the symptoms will cease, and the remedy can be stopped.

The above can and should be taught to the intelligent public not as sectarian knowledge, but as the rational basis for medical treatment. Unless both the laity and the medical profession interpret disease manifestations correctly, the best methods of cure will neither be demanded nor given.

Among the laity, Homœopathy is considered synonymous with small doses. If they be given an understanding of the principles of drug selection, they can readily see that small doses are only incidental to the principle, because the organism is already attempting to react in the direction of the action of the curative drug, and if that be given in large doses it would cause too great an aggravation, and might do harm, or even prove fatal.

When a patient seeks the services of a physician, it is to obtain relief from his discomfort, and unless the physician has these principles thoroughly established as the basis of his treatment, his mind accepts the sufferer's misery as the thing

immediately to remove, and he adds his ignorance to that of the patient.

Most patients call in the doctor with much the same attitude of mind as they call in the carpenter or the plumber, and expect him to have all necessary tools in his bag, and all necessary knowledge at his finger-tips, so that at a glance he can cure them.

He is usually chosen either because he is likable, or is the nearest one available. This popular idea of a physician's qualifications should be overcome by a more rational application of medical science. No man can comprehend the intricacies of the elements entering into a case, or the subtleties of the reactions of the body, except by painstaking investigation.

The parent who brings a child for treatment for enlarged glands, or diseased tonsils, or adenoids, sees only the changes visible to the eye. He is distressed about a condition which apparently subjects his offspring to the danger and pain of a surgical operation.

An elaboration of these rational principles gives the physician a certain method for studying the physiological reactions which have ultimated in these tissue changes. His investigations will lead him to seek the remedy which will assist the reaction, and its administration will almost always result in the absorption of the morbid growths.

The parent can be shown that these growths are not the disease, but only a result. Nature has given certain structures the function of sacrificing themselves to save the rest of the organism.

This brings us to the point of teaching that there are two sets of phenomena to observe. One, the disturbance of function which is the result of the reaction of the body against disease, the curative attempt; and the other, the ultimate changes which occur, and which nature brings about to limit the extent of the injury.

Both are protective. If the first be properly interpreted and assisted, the last will not appear; or if they have appeared, they usually vanish.

Since the homœopathic principle is the only one which em-

braces all this, until it becomes the accepted basis of medicine, we are forced to remain sectarian, to teach sectarian medicine.

Since the altered function represented by the symptoms is nature's attempt at cure, the most elementary reasoning should convince any one of the harm of any measure which represses this effort. This applies not only to drugs, but to the general care of a patient. Oxygen, water and nutrition are necessary to all living things. Oxygen should be supplied by adequate ventilation, and this cannot be over done. Water should always be supplied in the quantities, and at the temperature most agreeable. Food can be withheld for many days, and when the appetite does not demand it, none should be given, nor should a patient be bothered by suggestions of food before the normal appetite returns. No animal eats when sick, and the desire to eat always shows the beginning of convalescence.

Heat or cold, either moist or dry, can be utilized in a natural cure, if there be a desire for, or an amelioration from one of these. This can not be determined a priori but only by observing the whole trend of the case, and by applying them according to these fundamental principles.

From the standpoint of life, the organism is a unit. All organs and cells are vitalized by the same principle. There is no separate life for the liver, the digestive organs, and the lungs. The organism reacts as a whole against disease.

In selecting drugs to assist this reaction, it is only logical to expect that the single one which most closely arouses a similar reaction will act best. More than one drug, or drugs which provoke reaction in another direction are likely not only to interfere with the cure, but to stop it short of complete restoration, and lay the foundation for chronic complaints.

Every chronic illness had its origin in some simple disturbance of function, which was never completely corrected, and there was never a deviation from the normal which nature did not attempt to correct, and which nature could not have corrected with the proper reinforcements.

Fifteen years ago a woman had an attack of indigestion and diarrhœa from the effect of a very hot spell in summer. From that time she had occasional attacks of indigestion and diar-

rhœa with pain; became prostrated in hot weather, and had severe bronchial trouble in the winter. Eleven years later she developed cataracts. Three years after this pneumonia. During her convalescence from pneumonia, symptoms of natrum mur. appeared. A study of the remedy showed it to be one which causes a similar reaction to that which had appeared from her first heat prostration. It was given, and not only were all the stomach and bowel conditions cured, but the cataracts disappeared. If it had been given at first, the distressing series of events would not have followed. All the other measures introduced diverted the reaction from the natural direction of cure.

This fundamental principle applies not only to conditions which are acquired by a patient, but also to those which are hereditary.

An infant at birth takes its place as an independent physiological being, but its powers and qualities of resistance are determined by what has entered into its being from both parents. Regardless of what the inherited tendencies are there is always a physiological attempt to approach the normal, and there is a class of remedies which corresponds to this sort of individual.

Unfortunately, the old school of medicine, since it does not recognize or utilize drug-selection according to this principle, does not include these remedies in their armamentarium.

Thus we see such conditions as rheumatic affections and hay fever appear generation after generation, instead of the tendencies being eradicated in infancy or during adolescence. Many conditions, after enough years have passed, become fixed and incurable, and then only palliation is possible.

Investigations in eugenics have demonstrated that qualities which are lacking in both parents can not be transmitted to the children, *e.g.*, if both parents are color-blind the children will not have normal color-perception.

Abnormal physiological tendencies can be transmitted. Persons who conceive when alcoholic, transmit unstable, nervous tendencies. These can be cured or modified by a proper interpretation of their manifestations.

A girl of twelve was an inmate of a charitable institution. She was mentally and nervously unstable. She had twitching of single groups of muscles. The veins in her throat and on her chest were distended and blue. She was selfish, jealous and unruly, and ate ravenously like an animal. She was slovenly in appearance, and wouldn't allow her clothing to be buttoned about her neck or waist. Her mother was insane. Her father was a drunkard and a criminal. Under the influence of Lachasis she became tractable, orderly and neat and generous with the other children. No other remedy causes so similar a reaction, and no other would have brought into orderly action these chaotic impulses.

The question is often put, "Why is not homœopathy the predominant method?" And the inference is drawn that because it is not, it is not based on the most rational principle. The question is a proper one, and should be answered. Without going into details of the prejudice against it, it is enough to say that eventually its principles will be the accepted ones, though perhaps not under the name of homœopathy.

Hahnemann, when he gave it to the world, gave it as a principle, and not as a separate system. It was so far in advance of the thought of his day that a school of medicine was founded.

This was unfortunate, but necessary, and the separate school will be necessary until the principle takes its place as the basic premise in medical science.

To the discredit of medicine as a profession, its average efficiency is the result of public demand instead of ahead of it. Of late years, many popular articles on medical subjects have appeared in the magazines. Some are of great literary excellence, but none have presented the basic principles of the curative efforts of nature. These should be taught to the public; and the most practical way is by teaching our patients.

In this way every thoughtful and intelligent person becomes a center from which the knowledge is spread.

The world was never in such a state of receptivity as at present, and there has never been so great a general desire for scientific facts.

If we but give to the world that for which it is prepared, not more than a generation or two will pass before Homœopathy can drop its name as a separate school of medicine, for its principle will be the principles of medicine, and every medical practitioner can say, with some approximation to the truth, that he tries to utilize (employ ?) the best in all systems.

DISCUSSION.

E. Rushmore: There is one thing in the paper that I would take exception to if I understood it aright; that is in regard to action and reaction. I think I understood the writer to say that disease was the reaction of the system against some morbific force.

G. B. Stearns: I said that the symptoms represent the reaction of the organism against the deleterious agent.

E. Rushmore: Yes, I had then the right idea of what you said; that is, the symptoms by which we recognize a disease to be present you regard as the reaction of the system against the disturbing agent or influence. I have been accustomed to regard the symptoms as the direct action of the disturbing agent. If we expose a number of persons to a disease cause, some will escape the influence entirely, others will exhibit symptoms. This can be explained only by saying that there is a lack of susceptibility to the cause of disease in some. On the other hand, if we expose the same group of men to the influence of a poisoning drug, all will be affected by it; none will be excepted, and they will all be affected in a more or less similar manner. In this we have a proof of the greater susceptibility of the system to the power of drugs than to the causes of disease. The symptoms produced by the disease cause attacking the system are the direct effect of it. Reaction is the method of cure.

Allopathy gives a drug the tendency of which is to set up an action in the healthy system different from that of the disease, taking disease in its largest sense. Antipathy tends to cause symptoms opposite to those of the disease. Experience fully confirms the principle of the opposition of reaction to action

in both these forms of medication in long lasting diseases, the long lasting reaction against the primary action of the drug being often just in line with the disease action which it was intended to remove. Hence the common permanent aggravation from this form of treatment.

But if we give the remedy which has power to excite symptoms in the healthy, most like those excited by the cause of the disease, the greater susceptibility to the action of drug than to the action of disease cause, mentioned before, permits the drug, after an almost or quite imperceptible temporary action, to call forth the reaction against itself made inevitable by the law of nature. This is in no less degree a reaction against the similar natural disease and is therefore in the line of health, and the longer the reaction lasts the better the health attained. So, that under homœopathy, the patient has no need to "get over" the effects of the medicine. He cannot have too much of them, for they constitute his cure.

P. E. Krichbaum: Disease plus the right remedy equals health; nature alone cannot do it.

E. A. Taylor: This is one of the very best papers that I ever listened to; it seems that discussion is superfluous, it is to be read carefully, not discussed. Those who have no symptoms are either healthy or dead. Nature is always doing the best she can under the circumstances of the case, it is the circumstances that are not favorable for if they were the patient would not be sick. Nature is always trying her best to cure. If you can, apply the similar remedy because it helps nature, do not apply the antipathic remedy because it acts against nature. A good point made in the paper was that no medicine should be given except by the advice of a physician. There is too much self-prescribing, we should get our patients away from prescribing for themselves. I remember a desperate case of pulmonary tuberculosis. The woman gradually got better and better until she was apparently well. I was away from the city and I had cautioned her against taking medicine without advice. Upon my return, I found her decidedly worse. She had had a sore throat and had used some highly recommended medicine as a gargle. She thought that a

gargle was scarcely taking anything, but it did her harm all the same. They will use these things; it is a point that we cannot emphasize too much. It is an excellent paper and I thank the author for it.

C. M. Boger: I have spoken so often upon the subject of action and reaction that I fear to tire you. I simply want to add that action and reaction are equal and opposite, and that the human body is a storehouse of energy. When we have manifestations of disordered energy or action, the simillimum seems to touch the vital spot and a reaction toward health occurs; it may, however, seem to be so strong as to aggravate by the liberation of too much vital energy. Hahnemann illustrates this, I think, in the section where he speaks of Mesmerism. The similar remedy liberates additional power or energy and restores harmony.

G. B. Stearns: I thank the members for discussing my paper so thoroughly. I tried not to get one step away from facts that we could put our finger on. I wanted to have the paper so solidly based that, no matter where presented nor by whom read, it would bring no discredit on our art. Some things we know and argue on behind closed doors; this I tried to make so plain and free from speculation that no one could object to it as metaphysical.

THE STRAIGHT AND NARROW PATH.

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

The distinctive feature of our school is its system of therapeutics based upon the law of similars. We cheerfully accord the dominant school a full measure of recognition and credit for their splendid efforts and attainments in all lines of endeavor, except the most important one of all, namely: therapeutics.

Cognizant of the poverty of their materia medica they have become therapeutic nihilists, yet strange to say will not accept

any method that is based upon a general law as opposed to the supremacy of individual opinion.

Their chief objection to our school is that we claim to have a law of cure—a law of nature which transcends the possibilities of the opinions of men and to which opinions must ever be subservient.

It must be apparent then that the progress of the old school must ever be characterized by the display of discordant opinions and divergent methods, while the logical result of our recognition and acceptation of the Law of Similars should be unanimity of opinion and effort with the best possible results. In order that this unanimity may be real and practical instead of simply theoretical, it is necessary that there be on the part of everyone, a clear conception of correct principles and a rigid adherence to the mode of procedure which they enjoin.

That we have not yet attained this ideal point is plainly and often painfully evident to any observing Hahnemannian who comprehends the correct teaching of the master. Men of prominence and high standing among Hahnemannians have embraced and advocated doctrines which strike at the very foundation of our faith, and which, if carried to their logical conclusion, would wreck the entire superstructure of our school. Men who claim to be followers of Hahnemann and to be governed by the teachings of the Organon, cling to erroneous concepts with a tenacity that will not be shaken, and proclaim their pernicious postulates to a credulous following. So numerous have these delusive departures become that time will not permit of our attempting to consider all of them, and we shall deal with only a few of the more prominent and persistent ones. First prefacing our remarks by giving a brief summary of the salient principles of our practice. 1. In section 18 of the Organon, Hahnemann says the totality of symptoms present in each individual case is the only guide to the selection of the remedy. 2. The totality of symptoms means the sum total of the deviation from the normal state, as shown in sections 6 and 7 and many others, and does not include the normal appearance, personality or temperament. The physician must know, first, what is the curative indication

in each patient, second, the therapeutic effects of medicine individually, third, how to make such an application of that which is curative in medicine to that which is indubitably diseased in the patient, that a cure may necessarily follow. *Then only, can he accomplish his purpose in a rational manner.*

Probably none will question the validity of these principles, yet the practice of some who profess to conform to them, violates every tenent of this teaching and we can ill afford to emulate the example of the ostrich and bury our better judgment in the sands of sympathy, while the erroneous practice goes on unprotested, to the detriment of suffering humanity. In the Medical Advance for April, 1912, Dr. C. M. Boger says, "True homœopathy is beset today by a most deadly enemy. No sooner does it emerge from and purge itself of mongrelism and the taint of false pathological ideas, than a new and more sinister heresy appears. From the days of Lux down through the adventurous career of Swan to the present time a distinct tinge of isopathy has tinctured it." These are true words from one of our members and deserve careful consideration, not merely passing comment. One rarely sees a report of a case of consumption or other tubercular trouble that does not contain one or more prescriptions of tuberculinum, the reasons for the prescription being, first, the presence of tuberculosis, second, the "indicated" or "well selected" remedy "failed to relieve or permanently improve." To give any remedy for tuberculosis is treating a name, a disease, and not the patient, and is such an obvious transgression of the law as to require no comment except censure. To give a few general symptoms common to all cases of tuberculosis such as rapid pulse, fever, weakness, emaciation, sweats, etc., as a further justification of such unwarranted practice, is an insult to the intelligence of any true Hahnemannian. The second reason is equally puerile and productive of similar results, namely, disappointment and failure. To claim that some remedy, not indicated by the symptoms of the patient, will effect a cure when the indicated remedy fails is to deny the truth of the Law of Similars and contend that we have some-

thing which transcends the law. It is simply empiricism, while the assertion that the well selected remedy failed is either an admission that the doctor was unable to select the *indicated* remedy, or that the case was incurable.

Some contend that the symptoms of the patient, from whom the nosode was obtained, constitute an all-sufficient proving of the remedy. This fallacious argument needs only brief consideration. The nosode is the *product* of disease. The symptoms of the patient from whom it is obtained are the record of the *process* (the cause) which resulted in the *product* (the nosode, the effect). The symptoms of the patient relate to the nosode as cause to effect. To assume that this process may be retrogressive is to believe that the old man may reacquire the vigor of youth or that the cold corpse is capable of reanimation. Nature does not work that way. We might illustrate it by fire. Fuel is ignited and the record of the discernible process (the proving) is heat, smoke and gas. The end product or result of the fire is ashes. Now, will anyone contend that one may ignite those ashes and reproduce heat, smoke and gas? Or can anyone recombine the heat, smoke, gas and ashes in such a way as to make coal? One man takes Silicea till suppuration ensues, and another takes Arnica with a similar result. Can any process of transubstantiation convert the pus of the former into Silicea and that of the latter into Arnica? Each proving had its own distinctive symptoms, yet both produced pus. Are these products interchangeable for therapeutic purposes? Evidently not, if, as is contended, each one contains the potential peculiarities of the symptoms which accompanied its production. If this be true, where are the records of the individual patients from whom these morbid products were obtained? They are like the indications given by those who use these unproved remedies—conspicuous by their absence. The truth is, these nosodes are like the residue of the fire; they represent neither the fuel nor the flame, but only the ashes of exhausted energy, possessing their own peculiar propensities which can only be ascertained by Hahnemann's method, of proving on the healthy. With this accomplished they may become as valid and valuable

remedies as any in the materia medica; but without the proving they are as a sounding brass and tinkling cymbal. It is difficult to understand how or why so many of our schools have been deceived by this fallacy that an unproved nosode could be successfully used, thus departing from the plain fundamental principles of our school and the teachings of the Organon; yet it is a fact, as Dr. Boger says, that from the inception of this erroneous doctrine down to the present day, homœopathy has been tinctured with a distinct tinge of isopathy. Some of the foremost men of our school—authors, teachers and recognized leaders, men who would scorn the suggestion of the use of other unproved remedies of the treating of diseases by name, have followed this fallacious method, defended the practice and promulgated its pernicious postulates. Tuberculinum for tuberculosis, syphilinum for syphilis, medorrhinum for gonorrhœa and pyrogen for pus. Such is the practice of some who speak highly of the teachings of Hahnemann, yet how little they know about them. They praise the Organon, but prostitute its principles. The I. H. A. must set the seal of unqualified disapproval upon the dangerous delusion of isopathy.

A leader, prominent teacher and recognized authority once said, "When an old syphilitic has typhoid and after the fever subsides, he does not convalesce—he needs syphilinum." It seems incredible that this prominent teacher should not have realized that "an old syphilitic" may need nitric acid, aurum, hepar mercury, sulphur, silicea, or any other remedy. Only the *symptoms* can tell what remedy is needed by "an old syphilitic" or any other patient. Hahnemann says,—Organon, section 24,— "There is no other method of applying medicines profitably in diseases than the homœopathic, by means of which we select from all others, that medicine (in order to direct it against the entire symptoms of the individual morbid case) whose manner of acting upon persons in health is known, and which has the power of producing an artificial malady, the nearest in resemblance to the natural disease before our eyes."

Section 25 says, "Plain experience, an infallible oracle in the

art of healing, proves to us, in every careful experiment, that the particular remedy whose action on persons in health produces the greatest number of symptoms resembling those of the disease which it is intended to cure, possesses also, in reality, the power of removing, in a radical, prompt, and permanent manner, the totality of these morbid symptoms—that is to say, the whole of the existing disease; it also teaches us that all medicines cure the disease whose symptoms approach nearest to their own, and that among the latter none admit of exception."

Section 26 says, "This phenomenon is founded on the natural law of homœopathy . . . . that is to say, a dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter (*without being of the same species*) bears a strong resemblance to it in its mode of manifesting itself."

Please note that Hahnemann says, "the curative remedy must bear a strong resemblance to the disease as shown, in its mode of manifesting itself," and also that it must *not* be "of the same species." This dispels at once the delusion of isopathy, and the vagary of vaccine therapy. Homœopathy requires, first—that remedies must be *proved* before being used, and second that they must not be "of the same species" as that which caused the disease.

An erroneous concept which vitiates the purity of our principles impairs the efficiency of our practice, and results in mediocrity of attainment, is the mistaken idea that the so-called "temperament," personality, or normal aspect of the individual, must be conjoined with the morbid manifestations of the patient and exercise an important influence in the selection of the remedy. The incongruity of this doctrine which contends for the coöperative influence of antithetical factors should be so apparent as to render any extensive consideration of this question, a work of supererogation; but, strange to say, this fallacious theory has become one of the seductive sophistries that has led many astray. It is based upon the assumption that remedies have a special affinity for certain types or temperaments; that they find in such people

congenial soil (or culture media as it were) for the propagation of their inherent propensities, and that consequently they are most frequently, if not exclusively, indicated in this particular type or temperament and seldom or never indicated in those of the opposite temperament.

Hahnemann says, (Organon, section 32), "Every real medicine will at *all* times, and under *every* circumstance, work upon *every* living individual, and excite in him the symptoms that are peculiar to it, to such a degree that the whole of the system is always (unconditionally) attacked, and in a manner infected by the medicinal disease." The italics are Hahnemann's, and the language is so clear, concise and comprehensive that it must surely dispel this delusion from the minds of all who accept the teachings of Hahnemann.

The influence of this "temperamental" travesty is more detrimental to our progress than one might suppose. It causes one to neglect the finer shadings of symtomatology and to substitute the temperament or normal aspect as the final distinction between remedies which, while they may appear upon a superficial examination to be similar, are in reality quite dissimilar, as a careful consideration and thorough appreciation of their symptoms will show.

Section 118 of the Organon says, "Each medicine produces particular effects in the body of man and no other medicinal substance can create any that are precisely similar." No two remedies are alike; they may, and many do, have points of similarity, but they also have their points of divergence and dissimilarity; and these distinctive features are the ones which enable us to differentiate one patient from another and one remedy from another. They are the decisive indices in the selection of the remedy, the ultimate ultimatum upon which the validity of every prescription depends, but which are never attained when the spurious indication of type or temperament is substituted for the distinctive delineations of morbid manifestation. Without distinction there can be no differentiation, and without differentiation there can be no individualization, hence no homœopathy.

To attempt to determine the character of a man's illness by

his condition when he is well is like trying to discover the properties of drugs before they are proved. And to substitute the temperament for the symptoms in endeavoring to find the indicated remedy, is like sending a proxy to communion in an effort to obtain grace. There are no succedances in Homœopathy. There are no proxies in the sympomatic congregation.

A writer in the North American Journal of Homœopathy, volume 46, page 494, who believed in the temperamental method of procedure, portrays with commendable frankness and candor the futility of attempting to apply it in practice, and illustrates our point so well that we reproduce his report, omitting a few unimportant details. He says, "Last August a tall, slim, bony-looking young woman walked into my office with the question upon her lips, 'Can you cure chills?' I did not reply at once, but took in her general appearance and said to myself, 'Sepia will cure her.' She informed me that for six months previous to her coming, her chills began sometimes in the morning and sometimes at night, and, in fact, at most any time. The reason for this irregularity was undoubtedly due to the fact that she had taken ten grains of quinine immediately after her first chill. Quinine will produce chaos out of regularity in malaria every time. After having the chills for several days she was given more quinine, but all to no purpose. The doctor kept on with the quinine to which he added iron and arsenic, and still the chills came. After listening to the above story, sepia stood out most prominently in my mind, because she was a perfect sepia picture. However, I began and took her case. The first symptom of importance she gave me was a severe tickling low down in the throat which produced a constant cough. This always from the first came on from one-half to an hour before each chill. Chill irregular, would last from one to two hours, followed by fever, and scarcely any thirst. Second stage followed by sweat, when awake, but as soon as asleep skin became hot and dry, (opp. Thuja). The sweat stained the linen yellow. These were all the symptoms I could get. I gave her three powders of sambucus nig. 500x, one to be taken each morning,

dry on the tongue. The day following the first powder she had a severe chill, since which time (now six months) she has not had a sign of a chill. Was it not far better to cure my case in this way than to delude this already pessimistic patient with false hopes and massive doses of quinine?" the doctor asks. It certainly was, and we may ask, was it not far better than to delude *himself* with the erroneous idea that he could cure her with sepia because, according to her type and temperament, she was a "perfect sepia picture?". When we depart from the straight and narrow path, it matters not which way we go, the result is the same—failure.

Many have rejected the Organon and others have gone astray in attempting to follow it, for the sole reason that they had access only to the Wesselhoeft translation which is inaccurate, erroneous, unreliable and positively (though not intentionally) misleading. The Dudgeon translation is better, but the Stratten is the best of all, and anyone who will carefully compare these different translations, can verify the correctness of my statement.

Section 82, (Wesselhoeft) says, "The discovery of the great source of chronic diseases, as well as the introduction of more specific homœopathic remedies, for psora in particular, has advanced the healing art several steps *in its ability to cure* most chronic diseases." This would seem to teach that the diagnosis, the name of the ailment, is an essential factor in effecting its cure. For if to discover that one has psora, syphilis, or sycosis facilitates the cure, then to determine that one has pneumonia, typhoid fever, or rheumatism, is equally advantageous as a means to the same end. Hahnemann did not teach this as both the Dudgeon and Stratten translation show. We quote the Dudgeon as follows: "Although by the discovery of the great source of chronic diseases, as also by the discovery of the specific homœopathic remedies for the psora, medicine has advanced some steps nearer to a knowledge of the *nature* of the majority of diseases it has to cure, yet for settling the indication in each case of chronic (psoric) diseases he is called on to cure, the duty of a careful apprehension of its ascertainable symptoms and characteristics, is as indis-

pensable for the homœopathic physician, as it was before that discovery, as no real cure of this or of other diseases, can take place without a strict particular treatment (individualization) of each case of disease." The latter part of this paragraph is similar to the Wesselhoeft translation and is a fair sample of the incongruities, and unreliable character, of that work.

Let no one then reject the Organon or abjure homœopathy because of the psora theory, for as we have just seen the *treatment* of the case does not depend upon this theory, but upon the "strict individualization of each case," and this method of procedure "remains in force as it was before the discovery of psora." One's loyalty to homœopathy, therefore, is not contingent upon the acceptation or rejection of the psora theory, but upon the use of medicines according to the law of similars as expressed by the totality of the symptoms in each individual case. Homœopathy is a system of medicine based upon a law of nature. The miasmatic doctrine is the theoretical concept of an individual, and may be accepted or rejected without impairing the validity of one's claim to being a homœopathic physician. For as Hering says:—"What influence can it have whether a physician adopt or reject the psora theory so long as he always selects the most similar medicines possible?" This is in accord with the teaching of Hahnemann as expressed in the 82nd paragraph of the Organon, when correctly translated, as shown by the Dudgeon and Stratten translations. The Wesselhoeft translation should be expunged from the literature of our school.

Our plea then is for a faithful observance of the practical precepts promulgated in the Organon and to that end we urge every true homœopathist and every truth loving physician, to hold fast to the teachings of that medical bible, which has guided us safely and successfully through the trials of a century; and to not be inveigled from the straight and narrow path of truth by the ignes fatui which flicker and flit over the dismal quagmire of empiricism.

DISCUSSION.

G. B. Stearns: They are claimed to be homœopathic, but,

in my opinion, they are not so. They certainly seem to have saved life in some cases that I know of personally. I have never used antitoxin myself, but I have had excellent opportunities to witness its action, and I came to the conclusion that the action was not homœopathic, but I could not deny the fact that life had been saved by it. When you see cases in the last stage of tuberculosis which, your experience teaches you, are going to die, and they recover by the use of the vaccine and afterward respond to the carefully selected remedy which did not act before, what are you going to do about it? You cannot deny the fact. Facts are stubborn things. Your experience and your knowledge tell you that this case is going to die; what are you going to do about it? Sit down and let the patient die? or make use of these measures that may possibly give the patient a chance to live and can do no harm anyhow to a dying person? I have seen a number of patients in that late stage of tuberculosis where they spit up a pint of thick pus a day, improve under the use of the gross or crude antitoxin.

President: Dr. Taylor made it clear that in his opinion and according to the principles of this Association, neither serum-therapy nor the use of vaccines is homœopathy.

E Rushmore: I once called Dr. Bayard's attention to a remark of Hahnemann that a great chronic disease, in many cases, could be cured in two years. He replied that doubtless that was true once, but that diseases appeared to be less curable now than in Hahnemann's time.

T. F. Winans: I would like to ask Dr. Taylor what he thinks of Dr. Allen's work on the nosodes?

E. Rushmore: I heard a representative of a bacteriological institution make the statement before a medical society that the only trustworthy vaccine so far, was the typhoid.

Richard Blackmore: At the recent meeting of the Connecticut State Society there was an interesting talk on this subject of autogenous vaccines. To some of us it was not so interesting. Immediately following that paper and subject, there was a case of typhoid fever reported which had been treated with typhoid vaccine. It was the opinion of two or

three of us, on hearing the symptoms given by the physician in charge, that Baptisia would have done just as much in curing that case as the typhoid serum was said to have done. So I think that Dr. Taylor is to be commended for pointing out the straight and narrow path. I recall a meeting of this Association that I attended at Chicago, where this same, or at least a similar, question came up in regard to the giving tuberculinum because the case was suspected to be tubercular, no other good reason being given. That is not Homœopathy.

T. G. Sloan: The best men in the old school do not use the typhoid vaccine in typhoid fever at all. They use it only as a prophylactic measure. It is not claimed that it is a remedy for the disease when it has already started.

E. A. Taylor: One of the doctors asked about the use of bacillinum; this nosode will derange the health of a normal individual and set up morbid symptoms and will produce a proving and then it will become just as valid as any other medicine in the materia medica, but until we do have a proving of it, it is empiricism to use it on account of the disease which gave it birth. It is the use of unproved nosodes, for suspected conditions, tuberculinum for tuberculosis, syphilinum for suspected syphilis, medorrhinum for suspected gonorrhœa, that is false and hurtful. It is prescribing upon a diagnosis of syphilis, tuberculosis, etc., and does not distinguish one patient from another. I am asked what I think of Dr. H. C. Allen's book on Nosodes; he gathered together in that book all that he could find, symptoms, provings, clinical matter and put them down in a convenient form. He said that they were to be used as any other remedies were to be used, in accordance with the totality of the symptoms. Since this point has been brought out, I will say in addition that there is in his little work on Characteristics, under some of the nosodes, this statement in italics: *"When apparently well selected remedy fails to cure or permanently improve the patient"* as an indication for its use. I thought that was a mistake. I was associated with him in the college, shared an office with him and saw him every day. To know Dr. Allen was to love him, he was one of the finest men I ever met. I

am glad to be able to state that less than six months before his death I called his attention to that statement that a remedy is to be used because some other remedy had failed, as illogical and unhomœopathic. The fact that some remedy failed is no reason for giving another one, unless that other one is indicated. He was not one of those men who think that they are infallible; he saw the truth and acknowledged that his statement was a mistake. So we should remember that when we read this last book of Dr. Allen's. He saw that that statement was a mistake and he would have corrected it in another edition of his book if he had lived to get out another.

Nosodes should follow the course of all other homœopathic medicines and be proved before we use them. There is no doubt that there are a number of deaths to be laid at the door of antitoxin and other unproved vaccines and serums; we cannot reconcile a remedy that brings about such disastrous results with Homœopathy; no system of vaccines will ever equal the results of straight, homœopathic treatment.

ONE WAY TO FIND THE SECOND AND SUBSEQUENT REMEDIES.

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

Though the sequential relationship of remedies is well known, and commonly followed, by Hahnemannians, yet, it is not generally recognized, that this relationship is best ascertained, or pointed out, by means of Bœnninghausen's Concordances. The following case study, which has been made as concise as possible, will explain more fully.

Mrs. ———, æt. 67, short and stout, has had, in the last three years, several attacks of fish poisoning, attended with dizziness, nausea, vomiting, weak heart action, and collapse, but, with them all, face intensely red. Some of the attacks were brought on not by *eating* fish, but by the *odor* of oysters.

There is a mitral regurgitant murmur, and a suspicious spot on the left mamma, she also suffers severely from corns,

bunions, and callouses which tend to suppurate. Two and a half years ago she hurt her left foot, but, as she was away from home, I have no details except, that, during this time, there were three attacks of the fish poisoning.

There are besides arthritic nodes on the fingers, sometimes eczematous areas on the hands, complaint of burning of the feet at night, an occasional attack of frequent micturition with bladder cramp, and lastly, at times, a persistent urticaria,—the whole condition looking "gouty."

In March, 1910, she developed a left sciatica, with aggravation sitting in a chair, and slight varicosis below the knee, which yielded to Pulsatilla, but, a month later, there was discomfort about the left knee, which gradually localized in the popliteal space, with burning and soreness internally, and sensitiveness externally, worse on first motion, going up stairs, even while lying in bed, from pressure (of one leg over the other in bed), on rising from bed, and from bending the knee, besides there was a sore spot to the inside and below the patella, which, though slight, caused anxiety. Crawling sensations down the leg bothered much, and also a restless state day and night preventing sleep; ankles puffed at times. Pulsatilla having helped, was repeated, but, without relief.

In studying this, the last symptom group, "the completed picture," can be taken nearly entire, except the spot below the patella, which is not to be found in Bœnninghausen, though the mental state, associated with it, can be used, and therefore we have the following rubrics:—

a—Location
1 Knee, hollow of (Pop. space), 141.
2 Knee, left, 142.

b—Sensations
3 Burning, internally, 147.
4 Sensitiveness, externally, 177.
5 Soreness, internally, 181.

c—Modalities
6 Agg. ascending, 271.
7 Agg. bending affected part, 272.
8 Agg. lying in bed, 289.
9 Agg. at beginning of motion, 292.
10 Agg. pressure, external, 294.
11 Agg. rising from bed, 296.

d—Concomitants
12 Anxiety, 18.
13 Formication, externally, 159.
14 Restlessness, 176.

Having selected and arranged the rubrics, it is not necessary to use them in this order, except, that the "location," here in two parts, is taken first. In this case it gives about seventy remedies. These are not reduced much by the "sensations," but the fourth modality (9) leaves only thirteen, and, finally, but nine remain. Rhus stands distinctly at the head, followed by a group of four remedies, comprising Bryonia, Calcarea, Lachesis, and Phosphorus, the rest being much below. Rhus covers very well, so well, in fact, that, before the case was worked out, it was given, and repeated, without result; it stood out brilliantly and seemed to be the similimum,—which it wasn't.

On working out the case with the repertory, and studying the four remedies in the second group, it was found that one of them completely matched the symptoms, including "a half painful sensation of a sore place immediately below lower edge of patella of left leg; this trifling thing almost driving him wild; great distress of mind, as if some terrible evil were impending, the evil dreaded, being, in some way, connected with the pain, but how, he could not tell." "Guiding Symptoms, Vol. VI., p. 610).

While this remedy, Lachesis, did not stand highest, in the repertory study, yet it did yeoman work, and was given four times (2c., 1m., 50m.). There being no response, from the last two exhibitions, the case was retaken and rubrics selected, beginning with "Localities" under Lachesis in the *Concordances*, because the second remedy should be one which is complementary to the first, and the "locations" (see first study) are not to be repeated, when using "Localities" in the *Concordances*. In this case, the second remedy, must agree, in its *places*—areas—of action, with Lachesis; so the following rubrics were taken:—

a—Localities 1 (Lachesis), 410.
b—Sensations 2 Heaviness, externally, 162.
3 Paralytic weakness, 196.
c—Modalities 4 Agg. rising from a seat, 297.
5 Agg. turning over in bed, 304.
d—Concomitants 6 Discouraged (despair), 18.
e—Secondary group 7 Urticaria, 212.
8 Agg. becoming heated, 285.
9 Amel. bathing, 311.
10 Clumsiness (with feet), 148.

the secondary group of symptoms further emphasizes the appropriateness of Pulsatilla.

After the selection of Pulsatilla was confirmed, by the materia medica, it was given and repeated (2c., lm.), and carried the case from July to October with gradual improvement. Finally, when repeated higher (50m.), there being no response, the case was restudied, in the materia medica, and Silicea (1m.), the "chronic" of Pulsatilla, given with immediate relief, and again, for two months. Then a severe coryza developed which Allium cepa (2c) cured in twenty-four hours, after which Silicea was but feebly effective, and so, as the symptoms had taken on a different grouping, being all referred to the left hip joint, a third repertorial study was made as follows, Cepa being ignored as it covered only the transient coryza.

a—Localities 1 (Silicea), 462.
b—Sensations 2 Weakness of joints, 195.
c—Modalities 3 Agg. ascending, 271.
4 Agg. rising from a seat, 297.
5 Agg. turning around, 304.
d—Confirmatory symptoms 6 Hip joint, 140.
7 Hip, left, 142.

From this study Calcarea and Phosphorus came with equal value, but a brief consultation of the provings showed Calcarea the more appropriate. If confirmation of this be needed the two rubrics, relating to the hip joint, may be consulted,

One Way to Find the Second and Subsequent Remedies,

M.W.T. June, 1912.

First Study.

a-Location, (1- Knee, hollow of (Pop. space), 141.
(2- " , left, 142.

b-Sensations, (3- Burning, internally, 147.
(4- Sensitiveness, externally, 177.
(5- Soreness, internally, 181.

c-Modalities (6- Agg. ascending, 271.
(7- " bending affected part, 272.
(8- " lying in bed, 289.
(9- " at beginning of motion, 292.
(10- " pressure, external, 294.
(11- " rising from bed, 296.

d-Concomitants (12- Anxiety, 18.
(13- Formication, externally, 159.

e-Secondary group. (14- Restlessness, 176.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Totals
Alum	1	3	3	2	3	2									
Ambr.	2	4	1	1	1										
Am-c.	1	2	2	2	1	3	1	3							
Am-m.	1	2	3	1	1										
Ant-t.	1	3	1	2	1										
Ars.	3	2	4	2	2	4									
Asaf.	1	4	3	2	2										
Asar.	1	2	1												
Bell.	4	2	4	4	4	2	3	1							
Ber.	1	2	1	1	1	1	1	3							
Bry.	3	2	4	2	3	4	3	3	2	3	4	4	1	3	41
Calc-c.	1	4	3	2	3	4	4	2	1	1	3	4	2	3	37
Can-s.	1	1													
Carbo-an.	1	1	2	2	1										
Caust.	3	3	3	1	2	1	1	1	3	1	1	2	3	2	27
Chel.	1	2	3												
Chin.	2	1	3	4	3	1	3	2	1	1	2	1	2	3	29
Coce.	1	2	2												
Coloc.	1	2	3	1	3										
Con.	1	2	3	2	1										
Dig.	1	2	2	2	2	1	1								
Dios.	2	2	3												
Dros.	1	1	3												
Euphorb.	1	2	3												
Euphr.	1	2	1												
Fer.	1	4													
Graph.	2	2	3												
Guai.	1	2													
Hell.	1	3	2	2	1	2									
Hep.	1	4	2	3	1	1	1	1							
K-carb.	1	1	2	2	2	1	3	3							
Kre.	2	3	1	2	1	2									
Lach.	1	2	3	4	4	2	2	4	2	4	4	3	2	3	40
Laur.	1	1	3												
Led.	2	2	1	2	1	1	1	3	1	1	2				
Lyc.	2	4	3	2	3	1	3	4	4	4	3	3			
Mag-c.	3	3	1	1	2	1	3	3	1	3	1				
Mang.	2	1	2												
Meny.	1	1													
Merc.	3	3	4	3	4	3	1	4							
Mez.	1	3	4	3	3										
Mur-ac.	1	1	2												
Nat-c.	3	1	3	3	2	2									
Nat-m.	4	1	3	3	3	3	3	3							
Nit-ac.	3	4	4	2	4	2	2	1	1	3	2	3	1	2	34
Nux-v.	3	2	4	4	3	3	4	3							
Oleand.	1	1													
Par.	1	1	1	2											
Petrol.	1	1	3	2	1	2	2	2	2						
Phos.	3	2	4	1	4	3	3	4	3	2	4	4	1	2	40
Pho-ac.	1	1	3	1	3	2	1	3							
Plat.	1	2	2												
Puls.	2	2	4	4	3										
Ran-b.	1	2	3												
Ran-s.	1	1	2	4	2										
Rheum	3	3													
Rhus	3	4	4	3	4	2	3	3	4	1	4	4	4	4	47
Ruta	2	3	2												
Samb.	1	1													
Sars.	2	1	3	2	2										
Sep.	2	2	4	3	4	3	3	4							
Spo.	2	1	4	2	4	4	3	1							
Squ.	1	1													
Stan.	3	2	3	3	4	3	2	2							
Staph.	2	1	2	2	2	2	1	2							
Sul.	3	4	4	3	3	3	2	4							
Sul-ac.	1	3	2	2	3	1									
Tar.	1	1	1												
Thuj.	2	1	3	3	2	2	2	2	1	3	1	2	2	1	28
Valer.	2	2													
Verat-a.	1	2	3	2											
Zinc.	2	3	4	2	4	3	2	3							

Third Study.

a- Localities, 1- (Silicea), 462.
b- Sensations, 2- Weakness of Joints, 195.
c- Modalities (3- Agg. ascending, 271.
(4- " rising from a Seat, 297.
(5- " turning around, 304.
d- Confirmatory Symptoms. (6- Hip joint, 140.
(7- " , left, 142.

	1	2	3	4	5	6	7	Totals
Acon.	1	4	2	3				
Æsc.	2							
All-c.	2							
Aloe	2							
Am-c.	1	2	3	.				
Am-m.	1							
Ant-cr.	1							
Apis	4							
Apoc-c.	1							
Arg-n.	4							
Arn.	2	4	1	1				
Ars.	2							
Arum-t.	2							
Asaf.	1							
Aur.	2							
Bap.	2							
Bar-c.	1	1-3	3					
Bell.	3	2	2	3				
Berb.	1							
Bry.	2	3	4	4				
Cact.	1							
Calc-c.	4	4	4	2	2	4	4	24
Can-i.	2							
Canth.	1	1	1	1				
Carb-ac.	2							
Carb-an.	1	1						
Carb-v.	2	1						
(Caul.)	1							
Caust.	3	3	1	3				
Cham.	1							
Chel.	1							
Chin.	1	3	1					
Cimic	2							
Cina	1							
Coce.	2	2						
Con.	3	1						
(Crotal.)	1							
Cup.	1	1	3					
Dios.	2							
Dros.	1	1	2	1				
Dulc.	1	1						
Eup-per.	1							
Euphr.	1							
(Fl-ac.)	1							
Gel.	2							
Glon.	2							
Graph.	3							
Hep.	1	1	1					
Hyd-ac.	4							
(Hyper.)	1							
Hyos.	2	1	2					
Ign.	1	1	2					
Ip.	1							
Iris-v.	1							
K-bi.	4							
K-carb.	3	4	1	1	2			
Kalm.	1							
Kre.	1	1	2					
Lil-t.	1							
(Lith.)	1							
Lyc.	4	4	1	4				
(Meli.)	1							
Merc.	3	4	3	1	1			
Mez.	1	2						
Nat-c.	1							
Nat-m.	3	3	3	3	1			
Nit-ac.	2	3	2	3				
Nux-v.	3	3	3	3				
Op.	1							
Petrol.	2	3	2	3				
Phos.	3	3	3	4	3	2	2	20
Phyt.	1							
(Pic-ac.)	1							
Plat.	1	2	1	1				
Pod.	2							
Pso.	2	4						
Puls.	4	2						
Rhodo.	1	2						
Rhus.	3	4	2	4				
Ruta.	1	2	3	3				
Saba.	2	1	1	3				
Sang.	3							
Sec-c.	2							
Sep.	3	4	3	3				
Spig.	1							
Stan.	1	2	3					
Staph.	3	3	2	3				
Stram.	1							
Sul.	4	4	3	4				
Tell.	1							
(Ther.)	1							
Thuj.	1	1	2	3				
Verat-a.	2	3						
Verat-v.	2							
Zinc	1	2	3	2				

Second Study.

a- Localities, 1- (Lachesis), 410.
b- Sensations, (2- Heaviness Externally, 162.
(3- Paralytic Weakness, 196.
c- Modalities (4- Agg. rising from a Seat, 297.
(5- " turning over in Bed, 309
d- Concomitants, 6- Discouraged (despair), 18.
e- Secondary group. (7- Urticaria, 212.
(8- Agg. becoming heated, 285.
(9- Amel. bathing, 311.
(10- Clumsiness (with feet), 148.

	1	2	3	4	5	6	7	8	9	10	Totals
Acon.	1	2									
Æsc.	1										
All-c.	2										
Aloe	1	2									
Ant-cr.	1	1									
Apis	3										
Apoc.	1										
Arg-n.	3										
Ars.	1	1	1	1	2	4	2				
Arum-t.	2										
Bap.	2										
Bar-c.	1	1									
Bell.	3	4	2	3							
(Berb.)	1										
Bor.	1	1									
Bry.	2	4	2	4	3	2	3	4	2		
Cact.	1	2									
Calc-c.	3	2	1	2	1	3	4				
Can-i.	1	2									
Canth.	2	1									
(Carb-ac.)	1	2									
Carb-v.	1	3									
Caust.	2	2									
Cham.	3	2									
Chin.	1	3									
(Cimic.)	1										
Con.	2	2	3	4	3	3	2				
Crotal.	1	2									
(Dios.)	1										
(Fl-ac.)	1										
Gel.	2	3									
(Glon.)	1										
Graph.	2	2									
Hep.	1	1									
Hyos.	2										
Ign.	1	2									
Iris-v.	1										
K-bi.	3										
K-carb.	1	2									
(Kalm.)	1										
Kre.	1	3									
(Lil-t.)	1										
Lyc.	3	1									
Meli.	1	3									
Merc.	4	3	1	1	1	2	2				
Mez.	2	1	1								
Nat-m.	1	3									
Nit-ac.	2	2									
Nux-v.	3	4	2	3	3	1	2	2	2		
Petrol.	1	3									
Phos.	3	4									
Phyt.	2										
Pod.	2										
Pso.	1	3									
Puls.	4	4	3	4	4	3	3	4	4	1	34
Rhus	2	4	3	4	2	3	4				
Saba.	1	3	2	3	2						
Sang.	2										
Sec.	1										
Sep.	3	4									
Sil.	2	3	2	2	3	2	3	2			
Spig.	1	4									
Spo.	1	3									
Staph.	3	3									
Stram.	2	1									
Sul.	4	4									
Thuj.	1	3									
Verat-a.	2	3	2	3							
Verat-v.	2										
Zinc	1	3									

though, as has already been said, the "locations" are, as a rule, not to be used when, in finding a sequential remedy, "localities," under any of the remedies in the *concordances,* is taken. Here the *left* hip joint being affected rubrics six and seven add definiteness.

Calcarea was the last remedy needed, with the exception of its "acute," Belladonna, for a cold, and the patient is now in good health. I wish to call attention to:

First—The rather unusual order of remedies.

Second—To the return of the Pulsatilla state, and

Third—That Pulsatilla was followed, in the two instances, by different remedies.

Fourth—That the "acute" and "chronic" relationship of remedies may also be helpful at any stage of a case.

Fifth—That while the sequence of remedies, as given in the materia medicas—the Guiding Symptoms, for example—is suggestive and helpful, it does not compare, in accuracy of selection, with that accomplished by means of Bœninghausen's Concordances, and lastly—

Sixth—That these Concordances may be used, for the selection of the "next" remedy, no matter what repertory has been previously employed in studying the case. The only requirements being: (a) the name of the last effective medicine; (b) the choice of the appropriate rubric, or rubrics, in *its* concordance; and (c) the proper selection and arrangement of the patient's recent symptoms. The whole (d) to be then studied, and worked out, with the aid of Bœninghausen's Therapeutic Pocket Book.

DISCUSSION.

C. M. Boger: Each mind has its own way of doing things, of arriving at results, and its own modes of thought. I have no fault to find with this case and the result was all that could be desired. Nearly all repertories have certain inherent weaknesses, the greatest of which is that they compel an artificial assemblage of symptoms and conditions so that, by a process of exclusion, we may arrive near the desired remedy. The tracing out the correspondence which exists

between the clinical picture and the effects of the desired remedy is not always easy, even with the use of the repertory. Careful scrutiny of the clinical picture will generally reveal a central or critical point around which all the other symptoms revolve. It may be obtained by the merging of diverse symptoms into one, or it may be necessary to divide a symptom into two. These manifestations are not peculiar to any special organs, conditions or localities; they hold out the left hand to diagnosis and the right to individualization. They show the presence of an internal disturbance of which they are the more or less accurate external expression. The indicated remedy is not the product of numbers, but must be seen in language which the sickness of the patient speaks to us, its inner phraseology, so to speak. It is the difference between rigid literalism and reading between the lines. A symptom which is even distantly related to the desired one can generally be found with comparative ease; the next step is to trace its ramifications through other remedies; for doing this the concordances are indispensable. As you do this kind of work you should also make a cross index; it will be very valuable. One danger in doing this is that you may take to lopping off symptoms. If you do, and there is such a temptation, and hence do not make a cure, you no longer have a picture of the whole case; you have a distorted picture only. In cases in which I have been only partially successful, it is well to go back and strike out all the remedies that have been given. Then pick out all the essential symptoms and look for a new remedy that will cover all the peculiarities and in that way you will hardly ever miss the simillimum.

G. B. Stearns: Just what do you mean by merging the diverse symptoms into one?

C. M. Boger: Almost every case will have some very diverse symptoms; say, for instance, there is burning headache or burning pain in the head, the same patient will also complain of sharp pain in the ankle joint. These are exceedingly diverse; now combine those two so as to make one symptom out of it.

W. H. Freeman: Would you exclude all remedies that do not cover those two combined symptoms?

M. W. Turner: I had two reasons for bringing this paper before you; one was to show you my way and the other was to show you Dr. Boger's way. Both of which objects I have accomplished. Much more could be said of the value of the concordance; we have not begun to appreciate the great value of a good concordance in practical work. It is a subject well worth your careful study.

ADJOURNED.

FOURTH SESSION.

JUNE 25TH.

Meeting called to order at 10.00 A. M.

President: We will proceed immediately to the next bureau, which is that of Materia Medica, Frank W. Patch, Chairman.

The Chairman gave a brief resume of the present day status of Materia Medica teaching and practice, followed by the presentation of a series of papers in the succeeding order:

Bureau of Materia Medica

SOME REMEDIES USED IN LOBAR PNEUMONIA.

BY T. G. SLOAN, SOUTH MANCHESTER, CONN.

Mrs. Fitts, 81. Sick three days. Rattling breathing and rattling loose cough, much phlegm in chest, but not raising any. Temperature 101⁵, pulse 120 and irregular. Area of bronchial voice and breathing, and dullness below angle of scapula on each side. Chest full of coarse rales.

Ant. tart 200 (4)—three doses two days later.

Well in five days.

Joe Davidson, 86, 4/22. Chill, five hours later temperature 103, pulse 88, respiration 36. Stabbing pain in < chest < motion, breathing deeply, or coughing, delirious. No physical signs in chest. *Bry. 200* (4).

4/23. Signs of consolidation < lower lobe, pulse irregular. No more pain.

4/24. Temperature 98°, pulse 60, respiration 28. Got out of bed, chill, pain and temperature returned. *Bry.* 200 (2). Well on fourth day.

Joe Pentland, 6. Restless, thirsty for small amounts of water < after midnight. Lay with head handing off right side of pillow, temperature 105. No physical signs. *Ars. 200* (4). Next day physical signs of consolidation right side posteriorly. Well sixth day.

Alcoholic bed ridden man of 70. Rattling cough, frothy sputum, thirst for small quantities of water. Wants to get out of bed, delirious, continually slipping down in bed, wants to be well covered. Sharp pain on coughing in right side. *Ars. 200* (4). Consolidation in right lower lobe appeared the next day, which disappeared four days later.

Mrs. John Anderson, 36. Chill, temperature 104°, respiration 36, pulse 120. Sharp pain below right nipple < deep breathing and motion, no cough. Much thirst, splitting frontal headache, tongue white. *Bry. 200* (*4*). Not until three days later could I find bronchial voice and breathing; in right side middle lobe. On seventh day crisis preceded by aggravation of all symptoms.

Lucile Sloan, 4. Chill, followed by sharp pain in right side, stomach and head < coughing and motion, tight cough, great thirst, temperature 104°. Double lobar pneumonia. *Bry. 200* (*4*), relief from pain, but temperature kept up for five days. *Sulph. 200* (*1*), temperature normal in six hours. Consolidation remains four days after temperature became normal. *Plos. 200* (*1*), consolidation gone in 15 hours.

T. G. S., Jr. 11 months. Both ear drums injected, face red, crying out sharply, sleepless, crying on coughing, thirst for small quantities, temperature 104-105°. Bell. c.m. Ears cleared up, but temperature did not go down. On third day double pneumonia showed up. Marked 3 A. M. and 3 P. M. aggravation. On fifth day *Sulph. 200* (*1*), temperature normal in ten hours.

Mrs. Fredericks, 40. Very fat, seven months pregnant.

Suddenly taken with sharp pain in left side < deep breathing, moving or coughing. No physical signs, no rise of temperature.

Bry. 200 (4). Five hours later no relief, temperature 99°. *Bry. c.m.* (*1*). Next day temperature 102.6°, pulse 112, respiration 44. Consolidation left side. Next day, temperature normal, no pain, no miscarriage, sitting up.

Stemer baby, 10 months. Parents could not talk English. Sick two days, skin yellow, loose cough, cries on coughing. Several very yellow loose movements, temperature 104°, pulse 132, respiration rapid. Lobar pneumonia right upper lobe. *Chel. 200* (*4*). Three days later no appreciable change. *Chel c.m.* Next day (sixth day) temperature normal.

Samuelson baby, 1 year. *David C.,* 7 years. Sudden temperature of 104°, face red, creptant ralis and diminished

breathing, posteriorly. Ferr. Phos. 200 (4). Temperature normal in 24 hours.

In contrasting pneumonia treated homœopathically and by the regular method, a number of features are striking. One does not have to make a diagnosis before beginning treatment. In many cases improvement, at least as far as pain is concerned, begins at once, and the temperature goes down gradually, instead of by crises on the sixth, seventh and eighth day. Only one case had crisis. The pulse usually keeps down within reasonable limits. The bowels are usually regular. (This last has been a great surprise to me).

In my last 21 cases, three months to 86 years, three have died; one was in the terminal stage of chronic nephritis and had his pneumonia several days before he had any treatment and had oedema of the lungs when I first saw him; one had carcinoma of the breast; the third was a year old baby with an overwhelming attack of twenty-four hours duration, practically dying when I first saw her.

DISCUSSION.

President: I think the doctor's paper is interesting as showing one method which clings closely to the objective side of the symptoms. He has made some good homœopathic prescriptions based upon a rather narrow foundation, but he has done it successfully. The paper gives few or none of the mental or temperamental features of the picture. Many physicians of experience can go to a case of fever and, impressed by the look of the patient, his color, the facial lines, and those objective features that appeal to the eye at once, decide upon the right remedy before a single question has been asked, and without having taken the temperature or examined the patient for physical signs. This paper is interesting because it shows the successful work that may be done with the homœopathic remedy upon physical signs almost alone.

C. M. Boger: It certainly is an excellent paper; it is a peculiarity of pneumonia that the ratio between the pulse and temperature is quite different from that of other febrile disturbances. There may be a temperature of 103 to 105 while

the pulse rarely goes beyond 105 or 108. The typhoid pulse commonly runs 120 with about the same (103-105) temperature. Another feature of pneumonia is the very obvious influence of position. Dr. Sloan mentions that many cases connot lie down in the beginning of the attack, a factor that indicates very intense congestion. Such a symptom in the beginning is a strong indication for Veratrum viride; it can be given with good effect in one dose of a high potency. If the case is complicated with pleuritic symptoms and sweat at the same time, it is generally a severe one, and nearly always Asclepias tuberosa is needed. There is also an Aconite class of cases with restlessness, thirst, fidgets and anxiety. Such nearly always round up with Sulphur, which precipitates a crisis. Another class of cases requires Lycopodium, they are late, broken down cases where suppuration is going on. A case that gets along slowly, drags along and drags along with danger of running into consumption, usually is lifted out of the mire by Lycopodium. In such cases I think of this remedy first, next of Sanguinaria, etc.

W. H. Freeman: When I have a case of pneumonia that remains ill after the crisis, I always think of Lycopodium or Tuberculinum, especially when there is a rise in the afternoon temperature. There exists in such cases a tubercular tendency. This last spring I had a patient from South America, badly infected with malaria and quinine who developed measles which was followed by pneumonia and a subsequent chronic cough. Bacillinum cleared up the case beautifully, after other remedies had failed. Iodine is another important remedy, I would think of it when there is massive pneumonia without any peculiar or characteristic symptom pointing to some other drug. I was struck with the effect of Iodine in an alcoholic case with temperature of 106; the lung was solid on one side with a partial involvement on the other side. I could obtain no individualizing symptoms and gave Phosphorus without effect. The cough was dry and the patient delirious. The interne, who was the pupil of a low potency homœopath, asked what I thought of the patient's chances and I gave a very bad prognosis. The interne then said, *"If you have given*

him up, I would like to try iodine 2x." It was given and brought about a rapid cure. I never saw anything quite so startling as its action in this one case.

R. S. True: How long was the beneficial action maintained?

W. H. Freeman: He got well and left the hospital in good health. Sulphur I think of in pneumonia, when the preceding remedy has helped up to a certain point and then peters out. It is usually indicated in such circumstances, especially if Phos. has been the preceding remedy. Another remedy to be thought of in pneumonia without discoverable individualizing characteristics, is Ferrum phos. I have had beautiful results with it. In general, I think that it is a mistake to depend upon single doses in this and in other severe inflammatory diseases. I get the best results by giving a dose every two hours. There are cases where the single dose acts best, but they are not the rule. The only way to decide the frequency of repetition is by experimenting on each patient—no two are exactly alike in their requirements.

T. G. Sloan: In describing the symptoms of these cases, I made them as short as possible and left out things that possibly would seem important in relating them. I gave enough, however, to make the choice of the remedy plain. These twenty-one cases were not selected for their brilliancy or for anything else. I simply related them as they came to me.

THE WHOLE CASE.

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

While school instruction should sharpen our wits, its trend thus far has left out most of the factors which teach us to draw out the patient, with the consequence that the young man who enters practice is at once confronted with a flood of subjective phenomena, and unless he can quickly readjust himself will fail to get the proper grasp of the subject before him. As the most prolific cause of failure is partial knowledge, the tempta-

tion to take advantage of the various weaknesses and foibles of human nature at this juncture is very great. This is doubly true of the homœopath, who should look at each case from as many angles as possible.

As we know the earliest evidences of the disease to be largely subjective, it must necessarily have a decidedly personal bias. Individuality hides itself more and more as sickness advances and becomes more objective. The more firmly disease is established the more objective are its manifestations. Hahnemann realized this perfectly, although I am not aware that he said so, but we can draw no other inference from the meaning of the Organon.

The relative time for the appearance of each symptom naturally varies with the speed of the disease. From this we reason that the earliest mental manifestations are decidedly the most important of all symptoms. If we have the acumen to detect these very early we will also soon discover that the later mental phenomena are simply variations, and that either will lead to the same remedy, which will, however, be found with increasing difficulty as the case progresses.

The getting of mental expression is greatly facilitated by allowing the mind the greatest possible play and watching the effect. It will then reveal itself to the careful observer more fully than in any other manner, particularly more so than if we try to force it, for the soul speaks the same language, clearly and simply in every race and every clime.

It is, however, not an infrequent experience to find the picture of some remedy only clearly revealed after the affection in question has progressed to a considerable degree. Sickness always flies its more important signals last, and, if we do not recognize them as they come along until it is for advanced, it is either because we have not been sharp enough to see them or we have awaited the advent of some important signal that might lead us toward a well established keynote. In other words, we have not been thorough enough in our first examination.

For the beginner our enormous collection of symptoms can have no great meaning, because, like every work of import-

ance, its genuis is largely to be read between the lines. *We read sickness out of its symptoms not into them.* The spirit of the text reveals the hidden power of each drug which must be grasped in order to make the best use thereof, hence, *a homoeopathic physician is one who follows the law of similia according to his ability.*

The power of a given remedy is justly proportioned to the degree of similitude which exists between its own genius and the peculiarities of sickness; hence diagnosis holds but a secondary place, and the importance of the modalities must diminish steadily as the resemblance increases. A long symptom is more highly expressive than many short ones, and often flashes forth a soul desire or distress so naturally and decisively that we should never begrudge the labor of getting it. Most drug symptoms seem to belong to some organ or other; nausea, for instance, is mostly referred to the stomach, cramps to the muscles, etc., etc. When, however, they seem unaccountably out of place, they should, of course, attract our attention, as this very fact puts them in the first rank. In so doing it however points out the location for which the drug in question has a particular affinity. The power which a particular drug may have over some one symptom is sometimes very great, as witness the energy with which *Ipecac* stops the vomiting of tubercular meningitis without affecting the course of the disease in the least. This is more than a very pronounced illustration of suppression, for it shows the particular direction in which *Ipecac* acts most prominently. It also points the fact that we may use such predominating effects in a palliative way, as most of us have done with *Arsenic, Lachesis,* and a few other remedies; but it should also make us doubly careful that we may not be guilty of suppressing whole disease processes by following the lead of some great keynote too abjectly. Nothing short of the whole case can indicate the truly curative medicine.

In medicine the term suppression is ordinarily understood to mean the forcible removal of some effect or symptom by external measures, regardless of the welfare of the patient. Such measures are the destruction of parasites, excision of the

tonsils, cutting away of piles, the application of liniments and countless other procedures. In a broader sense it includes everything that distorts the natural image of disease, and as such may be incidental and is moreover not always confined to any one method of practice.

As comparatively few men are privileged to see the powerful reactions which belong to homœopathic experience, it is not strange that much therapeutic nihilism should prevail; hence many look to preventive measures or the pure recuperative powers of nature for help. This is also largely responsible for much makeshift practice, with the consequence that the normal course of disease is rarely observed and its lessons are therefore lost. It is to be observed that the laity has learned much by often seeing unaided nature do better work than meddlesome physic. This has operated as a great and beneficent check upon certain kinds of practice.

The homœopath who once sees the indicated remedy upset his cherished notions of prognosis will be very slow to surrender its power for any palliative whatever. It is a great pity that every practicing physician can not be brought to see at least one true homœopathic cure.

If it be true that similar causes bring about like effects, and we once admit that a similar acting remedy has ever cured a single patient, we thereby acknowledge the universality of the law and should cease trying hypothetical treatments based upon diagnoses that must of necessity be largely speculative.

The human body is a great storehouse of potential energy which it is our business to direct whenever its expenditure becomes irregular or inharmonious. No man can do this by confining it, first here then there; for life exists by expression, and its pent up internal forces will irresistibly destroy their container when treated thus. Knowing this the true physician realizes that every real cure proceeds outwardly, and a symptom is the external reflex of an internal distress, the stamp of which it bears.

The habit of every cell in the human body is determined by the central nervous system, and it in turn is governed by the soul; therefore, every disease has its mental phase, in which it

stands rooted and grounded. The nervous system of itself acts largely automatically, regulating the life forces and expenditures, but in turn is governed by the soul whose acts are all voluntary; when it is quiescent the former acts automatically, in a dynamic manner.

As cure commonly means the removal of some evil, distress or disability, its scope is broad and its attainment idealistic. What seems so sure a cure to-day we may to-morrow know as a recovery only, for it is one thing to hold the vital forces well in hand, but quite another to eradicate disease. While cleanliness has done much to limit new accretions to psora, syphilis and sycosis, it has accomplished nothing toward removing the death stamp which these miasms have fixed upon the human cell for thousands of generations; nor will it. Only a similarly acting, non-self propagating substance can stimulate the cell to throw off these poisons which have fastened themselves upon it and which daily ripen a rich harvest for the surgeon and the undertaker.

The common treatment of gonorrhœa is particularly pernicious in firmly implanting the sycotic miasm. It is a case of continuous suppression from the start, each step being more insidiously destructive until death closes the scene. When we know how easily this infection passes from tissue to tissue, and how its presence excites rapid cell proliferation, we should beware of suppressing it or treating it lightly. How many women have been sterilized directly or indirectly by this poison? How many go to the operating table for the removal of its effects?

The many phases of psora can be met in but one way, by the similar remedy. Nor will a single drug ever meet all of them, hence a careful study of the "Chronic Diseases" of Hahnemann is most necessary if we wish to do the most good; always bearing in mind that the mind puts its stamp upon every symptom, and in order to do the very best work we must be able to see the imprint. It is true that this task is not always easy, for many conditions necessarily come on with an absence of mental phenomena. Then the task may be still more difficult, but we must train our minds to observe the

slightest deviation from the normal, for it is the irregularities of disease that furnish us with the surest clue to the indicated remedy, hence the cure.

Holding this truth well in mind, we must early learn to distinguish the inevitable or diagnostic elements of each sickness from the more subtle but exceedingly essential symptoms which invariably guide us in the direction of the truly curative medicine; nor can we hope to do good work without the latter. A very practical point arises right here. Long continued case records show that there are comparatively few cases of chronic disease that have not needed a course of *Sulfur,* especially toward the close of the treatment. But the greatest of antipsorics may also be given too early—an old house can not be taken down safely by removing the foundations first. We will often accomplish later with it much of what might have been made incurable by giving it too early. A careful scrutiny of each clinical picture will reveal the peculiar or crucial symptom around which all the others revolve or to which they are fixedly attached like the wires leading into a central telephone exchange. Sometimes this key-symptom can only be obtained by welding the most diverse manifestations into one, and then regarding it as such, after which all the others will fall into place of themselves and complete the picture.

This essential symptom is not peculiar to any special organ, condition or place. It extends the left hand to diagnosis but offers the right to the individuality of the sickness of which it must constitute a more or less concrete expression. It is not the product of numbers, but rather stands out from, while yet remaining the peculiar part of the whole color scheme.

The psychic expression of which every symptom is the attempted exposition should be studied most carefully in its inner phraseology, only thus will we see the difference between a rigid literalism and reading the spirit of the text between the lines.

This difference is very easily discovered in the use of repertories which nearly all compel a more or less artificial assembling of the bare elements and conditions of symptoms. By a

process of exclusion they endeavor to sift out the most fitting remedy.

A symptom which is related, even remotely, to the desired one may often be thus found with comparative ease, but the next step which traces its ramifications through other remedies, is however only begun, although we have at present the great satisfaction of following it rather quickly by means of the Concordances of Bœnninghausen. The whole case resolves itself into this: Shall we pick the key-symptom and quickly run it down by the aid of the Concordances, or shall we depend upon a greater or less approximation thereto by means of throwing aggregated groups (rubrics) into comparative juxtaposition?

All who use these helps know full well that the finding of the correspondence which exists between the animus of the sickness and the genius of the similimum is not fully accomplished by this method.

DISCUSSION.

E. A. Taylor: This paper strikes me as much like some of the other papers that we have heard here—so complete and correct that it leaves little to say. It points out a number of important features to apply in practice. I want to emphasize one point made by the paper, and that is that partial knowledge imperils the welfare of the homœopathic school. We are hampered in our efforts and the full sway of the school is hampered by partial knowledge; partial knowledge of the remedy, partial knowledge of disease, and by the use of keynotes. Keynotes are good enough as far as they go, but it greatly hampers one's powers to depend upon them exclusively. Yet many follow them entirely and want our voluminous materia medica cut down to a small book. In order to do that you have to cut out a great part of the materia medica and a part that may prove as useful as that which they have selected as the basis of their practice. They leave out equally valuable things as the keynotes. The first important thing is to determine what are the characteristic symptoms of the patient, obtain this information without any reference to the

remedy. In doing this, do not be influenced by any predilection for a remedy or remedies. Then, when you have got all the symptoms, find the remedy indicated by them. If we go at the problem in the other way, trying to make a few characteristics fit all cases, you will be like a tailor trying to fit very few suits on all his customers, and you will fail. Those individuals whom the coats happen to fit are all right, but when a fellow comes along twice the ordinary size and build, he must try to make one of the coats in his meager stock fit him and the result is failure. That is what happens when one tries to practice Homœopathy with a few keynotes in his head and is content with his scanty or partial knowledge. He tries to make a few characteristics of a few remedies take the place and do the work that requires our whole vast materia medica. It results in a few almost accidental cures and in a great many failures. Get all the symptoms and then boil them down until you get the distinctive ones, those that distinguish one remedy from another and one patient from another.

The doctor in his paper does not try to force symptoms and how often we see this done. How often do we see a doctor ask leading questions so that the patient is led right into the remedies that he has in his mind. That is wrong; it should never be resorted to. Disease shows itself plainly enough if only we know enough to rightly apprehend it. The point about a misplaced symptom or sensation is well enough, but, after all, it simply brings us back to the uncommon or distinctive symptoms. If you feel as if your thought was in your head, it is common, but if you feel as if the thought came from your stomach, it is a misplaced sensation and thereby becomes uncommon or distinctive.

Carolyn E. Putnam: In regard to teaching guiding symptoms or keynotes to students much has been said for and against. Keynotes certainly have their place in teaching students the huge mass of materia medica, which they must of necessity know. If students are given the Hering materia medica cards and they study them, this usually makes a *good* foundation for farther advancement in the subject. Most of

the good prescribers that I have known began with the Hering cards, and I have frequently been sorry that those cards are out of print. I would like to use them with the students early in the course while their memories are fresh. But I would always give them the Organon first or as an accompaniment. The cards interest the students and many can not learn much about the subject without them.

President: I agree with Dr. Putnam in regard to the keynotes. Their use as a means of teaching is a most practical one. Suppose you tell the student that the way is to learn one thing at a time and ask him to master Belladonna first; an inexperienced student is not going to learn much that way. The keynote system of learning as it seems to me, has a legitimate place in our classes. The man who has taken the pains to learn the keynotes of a good many remedies very soon wants to know more.

Richard Blackmore: The keynotes may be a good way of teaching, but they are a poor way of prescribing. I remember a clinical lecture on materia medica; the then professor went over the symptoms of the patient with the anxious endeavor to make China fit the case. One of the symptoms was a sensation of something alive in the abdomen. I knew perfectly well that China was in the professor's mind and when he turned to me and asked, "What is the remedy?" I replied *China,* but that China was not the only remedy that had that symptom. To which remark no attention was paid.

President: As I understand keynotes, a great many remedies may have one keynote; one more perfectly or plainly than another. Through the recognition of a keynote characteristic we are led to the *study* of the similar to find the similimum. We have to begin somewhere and that will do for a starter. Hering reminds us in his preface to the first volume of the Guiding Symptoms, that the definition of a *characteristic* as being "a symptom not found under more than one remedy" is quite erroneous.

C. M. Boger: The trouble in teaching materia medica is fundamental and originates in our general methods of education; it not only applies to medicine, but to all branches of

modern school work. We endeavor to press all minds into one form and method. You cannot get good results in that way with materia medica or anything else. I never saw Hering's cards. We should try to get the whole case and out of our knowledge of it as a whole, pick the characteristic and peculiar symptoms and try to learn their relation to the other symptoms.

THE SPECIFIC.

BY S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, NEW YORK.

In the materia medica hunt of the day, perhaps under influence of the enthusiastic rush and speed of the times, the question most often before the medical profession, seems to be, the desire for a universal Specific for certain symptoms of disturbance to the human system, functional or organically destructive, and *arbitrarily named.*

It does not seem to matter that observation has plainly shown that no two exhibits of the aforementioned groups, are ever precisely alike, or follow the same course.

If they possess certain "earmarks" covered by the name, or acknowledged to be covered by the name, it seems to be an invincible belief, that this group, must be covered by a Specific, and that this Specific is discoverable by patient research. Has any one ever found this to be a fact? Has it ever been proved in the centuries of research already passed, that such a discovery has been made?

It is true that a certain likeness is shown between deeply miasmatic diseases and certain medicines, but it is also a fact that these medicines, so certainly resembling the disease, are not always applicable, and in many instances are known to increase the unwelcome conditions—*i.e.,* Mercury and Syphilis, Thuja and Gonorrhœa. Why? Homœopathy has taught us that the vital force of each individual human system, works a variant, which in innumerable instances, causes another remedy, or other remedies than mercury, to be successively

indicated, and, necessarily, applied, to work the cure of Syphilis; and again, Why?

If we look back over the course of the disease expression, from its inception to its close, we shall find that from local it has become general, from functional it has become organic, from external is has become internal, and that a cure means the reversal of this process from the greater to the less. These facts are equally true of *both* diseases, and *both* similars—and many others.

We, as physicians, receive these disturbances in all stages of progression, and, whereas, in one case, the conditions presented still remain near to the external location, or has only led to functional disturbances, etc., in another case the disturbance may have gone deeper, and have become more dangerous to the life of the victim.

In these facts alone we have a reason for there being no *specific* for that group of symptoms named Syphilis. For if each medicine *is* able to rouse the vital force into activity in *all* organs, each medicine does not affect *all regions,* or *all organs* in the same degree or the same manner; and this fact again points to possibilities in selection of the perfect similimum, of a given case.

Psora, is a dynamic disturbance of the system through the suppression or recession of external manifestations. So, also, are the miasms of Syphilis and Sycosis; also infective diseases of all kinds, in greater or less degree. These, beginning at one locality, of choice, or inoculation, go deeper, through functional to organic, and must recover from organic to functional, from internal to external. Why then not select medicines in accordance with the various degrees of manifestation? How can a vaunted discovery like Salvarsan cure Syphilis in all stages of its manifestation in the human system? How can killing the Spiroschæte prevent the further growth of a bacterium which is the result of incubation and development?

Manifestly, a solution of the question lies in the fact that conditions as *presented* must be met.

A case of ivy poisoning is presented:—what process of reasoning must I pursue to *understand* the condition, or what

indications for the curative? Can I give the curative without understanding? I certainly can if I find these indications; but I should be better satisfied if I saw the reason why I could not cure this, and all other cases, with the one remedy, perhaps Rhux-tox in high potency, which it is supposed might be true if ivy-poison was all the indication that a case manifested.

But before poisoning what had happened to the patient? Had it been psoric through suppression or recession; had it been Syphilitic or Sycotic? If so what appreciable changes had been made by the vital force, and how sensitive had the system become to the added force now occupying the attention of the vital dynamis? How much had the environment been able to pervert the normal action? How much had the vital dynamis been weakened by its various attacks? What else is left for the homœopath to do but to carefully trace the indications?

One case having had my personal supervision had the following history.

Mother: living; had been a subject of eczema in several forms; had symptoms of bladder trouble, at times, since youth.

Father; older; died at 71, in typhoid pneumonia; third attack of pneumonia.

Brother; Infantile paralysis at two years.

Patient; At five years whooping cough, leaving her subject to hollow cough.

Patient; At seven years mumps followed by an earache lasting a month. Between seven and twelve years had measles and scarlet fever, and was vaccinated.

Measles, suppressed by chill, followed by fever and sickness; ulceration of cornea; eruption of scalp. Scalp first to be relieved, but the eye was obliged to be bandaged six months; eventually cleared.

Vaccinated; was months in healing, proud flesh, immense scar, and sore to pressure for years. The arm was smaller in size at time of my first prescription.

Scarlet fever, between 11 and 12 with diphtheritic throat, sequellæ of albuminuria and general anasarca.

At thirteen years Intermittent fever for six weeks. Following this, a second attack of whooping cough. After this a gastritis from over indulgence in coffee, *as a diet,* and which drink the patient is still unable to use.

At fourteen and fifteen, ivy poisoning; the second attack a year later than the first; and contracted simply by passing the ivy with a wind blowing across it from several feet away. Having become aware of the presence of ivy the patient shielded face with handkerchief and that time the hands were badly poisoned.

The poisoning symptoms returned yearly in June, the time of the first attack.

At one time it would be a slight rash, at another the prickling and itching without the rash; once it was a pseudo-rheumatic attack of muscles in neck and shoulders; again it was an acute attack of sciatica of the right side. This last, under my ministration, was sudden stitching, which was agonizing when attempting to rest on the bed, or sitting, but relieved by walking about; at least it was the only possible way to endure.

After two or three false moves on my part I recognized the symptom, and it was relieved by one dose of Rhus. 1 m. I then began to see that it was the same old poison, the same old season of June, in fact the same old disturbance.

The second case of ivy poisoning, has been before reported by me; was of long standing, with a history of tuberculosis in the grandmother; of hay fever in the mother; nothing especial else in the patient. This case was cured by two prescriptions of Sul. *m.m.*, one year apart; the first in 1909, the second in 1910, and 1911 was free from any sign of the poison.

Now how could a Specific for poisoning, by Ivy, be found for two such radically different histories? How could the same result be expected from infection of any description? How expect the same relative ease of cure?

Whereas the first case has been under my personal observation and careful prescription for about twelve years, and is a

remarkably healthy looking specimen of young womanhood, she rarely needs a prescription, that the old *Rhus.* symptom of "indentation of the tongue" by the teeth does not appear; Merc. (?) well, perhaps, but I have never been able to find that she was poisoned with merc., and, beside, the medication of her early years, before my knowledge of her, had been homœopathic, of a kind. In case of the ulcer of the cornea, a very good kind indeed.

The second case, although of as long standing, was uncomplicated in person, so yielded quickly and satisfactorily.

When one recalls the previous history and conditions of various patients at the inception of infection, the possible succession of illnesses to which they have been subjected, or lack of such conditions, how is it possible to believe that the new infection, psoric, sycotic, or syphilitic, should yield to any one Specific, arbitrarily announced as a cure for that particular infection, because it has been found able to destroy the *results* of infection when in a medium outside the influence of the vital dynamis.

Evidently, then, the best that can be done, or we shall ever be able to do, is to meet such indications as are expressed by the vital dynamis, as Hahnemann *did,* by the *Similimum.*

DISCUSSION.

President: In reference to Rhus poisoning, a writer, as perhaps some of you know, has been exploiting the subject in some Home Journal. His name is not wholly unlike my own. He says something like this: that there are people who are not affected by Rhus poisoning; then there are sensitive people who get it by contact; then there are people who say that they get it when there is no contact, and that this last is all superstition. Now such statements, which do not at all recognize facts and the principles of our art, coming as they do from the source that is giving us vaccine and serum-therapy, must be combatted, but it is perhaps too early yet to give these errors any consideration from this body.

W. H. Freeman: Rhus is far from being a specific for ivy poisoning; it is useless in the majority of cases. On the

other hand, there are certain cases of ivy poisoning in which it is indispensable. For some unknown reason, certain patients, who have been poisoned, will not get well until the particular poison has been given to them in a high potency.

G. B. Stearns: I cannot but admire a person who presents a subject from start to finish as this has been done. Even although we may differ from the writer in the conclusions drawn, we cannot differ on the facts. Those facts as they are put down, are worth the consideration of any body of scientific medical men; the facts must make people think.

H. L. Houghton: Most of the cases of ivy poisoning that I have had, have made applications for treatment by mail. I have had some dozens of that kind to one at the office. My practice may be routine, but it has been successful. I have always looked upon it as an evidence of a psoric basis and sent Sulphur c. m.

T. G. Winans: My experience agrees with the last speaker; if we have a specific in medicine it is Sulphur for ivy poisoning.

Carolyn E. Putnam: A young lady, eighteen years of age, who was attending the seventh grade in the public school, and was studying very hard to catch up, came to me with badly inflamed eyes. I prescribed Sulphur c. m., and in a few days she returned with an eruption which she said was the same sort she had had some years before when poisoned with ivy. This eruption had been treated topically, with history of weak eyes ever since. After waiting a few days to see if the eruption would not disappear, I gave a high potency of Rhus tox. The eruption cleared up rapidly, recovery being complete. Should I have left the action of the Sulphur alone?

E. A. Taylor: The doctor's paper was excellent; one point that needs to be marked was that the patient presents at the time, the only indications for the cure, not a matter for theory. The patient now presents the only indications for treatment and nothing else can be substituted for it.

S. L. Guild-Leggett: My paper was not intended to call out the remarks on Rhus poisoning. My purpose was to show

that often the reason why we did not cure a case of infection was because we did not take into consideration the history of the case. The history of the case means something practical after all.

A CASE OF PRIMROSE POISONING.

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

My case was one of two which were affected, superficially at least, in exactly the same manner. It was brought to my attention as a probable case of primrose poisoning in the following way.

These patients, one the house-mother the other a nurse at a school in Connecticut, consulted me by letter in regard to an acute eruption with which they had been taken ill. A few days later I learned that the nurse becoming worse had gone to a hospital in a neighboring city. The other patient was brought to New York to be more directly under my care. I was now told that the hospital case was puzzling the several physicians who had seen her in consultation and that one of these had confidently made a diagnosis of acute dermatitis due to primrose poisoning, stating that he had had similar cases unmistakably traceable to this plant. There were primroses in plenty at the school; in the dining-hall, infirmary and in the house-mother's bedroom.

On looking into the subject of primrose poisoning I was struck by the similarity between the recorded cases and the symptoms my patient presented.

So much for the evidence. It is not proof, but so circumstantial is it that I feel warranted in reporting the case as one of primrose poisoning. I may add that the patient did not present the characteristics of erysipelas, either before or after I saw her, and that the hospital physicians in the other case did not so diagnose the trouble.

The inflammation affected chiefly the face and decidedly more the right side. The face was greatly swollen, deep red

or purple in color, and shiny. So marked was the tumefaction, especially above the eyes, that the patient's features were nearly blotted out. Itching and burning were intense, the burning especially and like red-hot coals. There were no blisters. There was a severe catarrhal conjunctivitis with burning lachrymation, the discharge only at times becoming purulent; itching at the internal, burning at the external canthus. The molar bones were sore to touch. Back of the eyes was a sensation of fullness or inflammation which was relieved whenever the conjunctivial discharge became purulent but returned when this was catarrhal only. The papillæ toward the end of the tongue were enlarged and painful. The tongue was clean with indented edges. The inflammation also showed itself in the throat, looking mottled and purple. Swallowing was more painful on the right side and cold things hurt more than hot. The throat was relieved whenever the symptoms of the face increased. This alternate manifestation between throat and face, between the discomfort back of the eyes and the degree of conjunctivitis, was striking. There was a vesicular eruption on the hands, more marked on the left, and mostly between the third and fourth, the fourth and fifth fingers, with itching and burning. Another peculiarity of the trouble was its intermittency. Three or four times in its course the inflammation almost entirely disappeared only to return with as much intensity as at first. There was no fever, the thermometer registering a subnormal temperature, with chilliness, and coldness of hands, feet and nose. Desquamation in large flakes was marked.

To ascertain which of the several varieties of primrose the patient had been exposed to, I had a box of flowers and leaves sent me from the school. These were submitted to Messrs. Boericke and Tafel in Philadelphia and pronounced to be the Primula obconca.

What analogy is there between the symptoms of this case and those of the recorded provings?

I have mentioned that the right side of the face and throat were much more affected than the left, although the eruption on the hands was slightly more pronounced on the left.

Taking the provings of Primula obconca and Primula veris together we find under Clarke's Schema in his Dictionary of Materia Medica the right side mentioned sixteen times, the left side five times only. In the proving of Primula obconca alone the right side is named four times, the left not at all.

The eruption on the hands in my case was almost entirely between the fingers and this again bears out the proving.

Under Primula veris we find "tongue clear but imprinted with teeth" and "papillæ of edges very red," symptoms practically indentical with those in the present case.

Tumefaction, marked infiltration of tissue and desquamation also stand out in the proving, as does the dark red or purple color of the eruptions.

Brett, who proved Primula obconca, says in speaking of the eruption it caused that pains in the liver and spleen from which he had suffered now troubled him no longer. This is suggestive of my patient's statement regarding her eyes and throat, either circumstance being an instance of the relief afforded to an internal condition by its external expression.

To recapitulate the case for the sake of clearness we have:

1. Its intermittency; the trouble repeatedly subsiding and returning.

2. Its vacillating character as shown by increasing pharyngeal soreness with diminishing facial inflammation and the reverse of this; as also by the relief of the sense of suffering back of the orbits with increasing conjunctivial discharge, especially when purulent. These fluctuations were independent of the intermissions I have spoken of, for during the latter improvement was at all points.

3. The amelioration of throat symptoms by warm drinks and aggravation by cold.

4. Its right-sidedness both as to face and throat.

5. The indented edges of the clean tongue, showing the imprint of the teeth, and the enlarged and painful papillæ.

6. Subnormal temperature rather than fever.

7. Marked lamellar desquamation.

Within the last few weeks I have had the report of another

case—a woman who always has a rash if she handles her primroses without gloves.

DISCUSSION.

E. Rushmore: The poisonous quality of the primrose is known in all hot houses from the experiences of those engaged in handling it. I do not think that the garden primrose possesses this poisonous character, but I have seen very intense poisonous effects from the Primula Obconca. These symptoms were more manifest on the right side. That might be explained by the fact that most people are right-handed and touch the plant most with the right hand, rather than a property inhering in the plant. Some sensitive people cannot give the least touch to this plant without suffering from its effects. The Chinese primrose occasionally produces very similar effects.

P. E. Krichbaum. I had a case of skin trouble in an old lady that had been going on for a long time under all sorts of treatment. It had been ascribed to Rhus poisoning, but could not be traced to it. It was finally found to be due to the primrose and the removal of the cause with a few remedies cured her.

DEFECTIVE REACTION.

W. H. FREEMAN, M. D., BROOKLYN, N. Y.

In the abstract, defective reaction is a state of constitutional weakness or lack of immunity, which renders the body incapable of quickly eliminating morbific influences. In other words, an inability to prevent or quickly conquer disease through the unaided action of the vital force. The man with perfect reaction is immune to disease. Practically speaking, every case of illness needing medicine is an instance of defective reaction.

In the concrete sense in which the term is used homœopathically, the meaning is limited to that state of defective-

ness in which the patient is unable to react curatively within a reasonable period, even when aided by a remedy capable of causing a very similar set of symptoms.

In the sense thus used it does not signify defective reaction in the absolute, but rather imperfect reaction or inability to react except with the aid of some very deep acting drug—a drug that would not be indicated in the ordinary case of illness with similar symptoms. Such defective reaction is due to the presence of same dyscrasia, underlying the more active condition, which has impoverished the vital force and rendered it incapable of responding to the stimulus of anything less potent than a drug which acts on a similar deep constitutional plane.

The term thus used is somewhat illogical since failure to obtain curative reaction in the beginning is due to failure in recognizing the need for a drug of this character.

Such, however, is not necessarily a reflection on the ability of the prescriber, for the reason that the clinical test is often the only reliable guide, and it is proper and even essential that we should, when in doubt, always give the superficial drug rather than the one acting on the deeper plane. If the first proves ineffective, the only harm is a slight loss of time; whereas, when a deeply acting drug is improperly prescribed, quite severe reactions are apt to occur as a complication, owing to the special susceptibility of patients to such drugs when ill.

Another form of defective reaction is that in which the correct drug is followed by curative reaction, but in which the reaction is not continuous, and where another and deeper acting drug must be prescribed, later on, in order to make the cure complete. We have a good example of this in the pneumonia with delayed and imperfect resolution which require such drugs as Sulfur, Lycopodium or Bacillinum during convalescence.

It is easier to understand the subject of defective reaction when one fully realizes the many diverse etiological factors underlying disease and the varying degrees of malignancy with which each acts in different individuals, according to hereditary and acquired tendencies and powers of resistance.

Morbific influences seldom or never exist singly, the psoric

diathesis always exists fundamentally to a certain extent; and upon this may be superimposed the sycotic, syphilitic, tubercular, malarial or other chronic dyscrasia—not to mention the morbidity resulting from bad hygiene, the abuse of drugs and improperly treated acute disease.

If we fully understand the preceding summary, it is easy to understand the possibility of disease acting on different planes in different people, according to the sum of their resisting powers and their morbidity; and, when we realize the existence of such varying planes in disease, we are in a position to look for and recognize a similar vital difference in the planes of action of drugs. We shall better understand also the possibility of three patients having the same disease and very similar symptoms, one of whom may need Belladonna, acting on the vegetable plane; another Calcarea, acting on the mineral plane; and the third Tuberculinum, on the nosodal plane. Also, we can understand why Belladonna and Calcarea are useless in the last case; why Belladonna is useless and Tuberculinum not only useless but possibly harmful in the second; and only Belladonna curative, while Tuberculinum or Calcarea are not only useless but apt to be harmful in the first case.

It might not be inadvisable to state also that plane of action means depth of action and appertains to chronicity and intractability and may have no relationship to the immediate seriousness of disease as regards present chances of recovery or death.

The acute ailment with symptoms similar to but not helped by Belladonna may need Mercury, Calcarea or Tuberculinum. Also the frequently recurring illnesses of Belladonna or Rhus type may need Calcarea or Tuberculinum during convalescence or between attacks, to eliminate the tendency.

A knowledge of the complemental relationships of superficial and antipsoric remedies, or of these to the nosodes, is a great help in prescribing, for the reason that when a deeper acting drug is needed it is a great time saver to know, when choosing between several, which usually follows the preceding drug best. This is especially so with the nosodes, for the

reason that repertory analysis seldom gives any suggestions regarding the latter.

While defining defective reaction, it may not be unprofitable to show what it is not.

A patient, the subject of chronic headaches, was referred to the writer during an attack of unusual severity. The headache had been continuous and increasing in severity for seven or eight days. It was of an intense, throbbing, bursting character, worse from warmth and better from cold bathing, cold air and cold applications.

Belladonna, Pulsatilla, Natrum Mur., and finally Sulfur had been given; as well as various headache powders which the patient had taken on his own account.

In addition to the foregoing, the patient in a general way was chilly and sensitive to the cold; was pale, anaemic, anxious, restless, a poor sleeper; and subject to frequent attacks of brownish, offensive diarrhœa, preceded by griping and accompanied by weakness, cold sweat and burning at the anus, with considerable relief following complete evacuation. There were quite a few other symptoms in addition, all of which, including the headache, were covered perfectly by Arsenic. Three or four doses of this remedy in the 200 potency, at frequent intervals, relieved the headache entirely within a few hours; and on the day following, after having had a good night's sleep, he said that he felt better than he had felt for months previously.

This was not a case of defective reaction, therefore, but rather one of defective prescribing, and Sulfur, as well as the other things given, had failed because they were not indicated.

REMEDIES FOR DEFECTIVE REACTION.

W. H. FREEMAN, M. D.

Sulfur is the remedy most often needed for defective reaction, but it should be given on this indication only when the

constitutional diathesis is shown by careful study to correspond to the sulfur pathogenesis.

It is never indicated in the frequent cases of failure resulting from incompetent prescribing, under which circumstances it is useless and only results in further confusion and loss of time.

It is indicated in many cases of the psoric type whose chronic morbidity interferes with and prevents recovery from some apparently superficial ailment after remedies accurately prescribed for the latter have only palliated or proved ineffectual. When thus indicated it will usually be found by careful comparison to cover, not only the recent troublesome symptoms, but also the older chronic symptoms and morbid tendencies as well.

It is often indicated for defective reaction in syphilitic, gonorrhœal and malarial conditions—not because of any specific curative relationship, but on account of the underlying psora which must be divorced before a cure is possible.

It is the correct understanding of such facts as the foregoing, which makes it possible for the Hahnemannian to cure such conditions with small doses of the individual specific, while the empirical physician, with his massive doses, merely suppresses.

In pulmonary tuberculosis with Sulfur symptoms, Bacillinum is often preferable; and, if Sulfur is used, it had best be given low—6x to 12x, to begin with at least, as the reaction from higher potencies of Sulfur in this disease is often destructive rather than curative.

Carbo veg. is another deeply acting antipsoric often needed for defective reaction in weak, devitalized, exhausted or cachectic patients and in asthmatic, dyspeptic, cancerous, and old syphilitic or malarial conditions, especially when there has been abuse of alcohol, quinine, or mercury.

Coldness of skin, breath, sweat; coldness of legs and knees; distension and belching; collapse or dyspnœa, are characteristic indications.

Carbo animalis is very similar to Carbo veg., but on account of its organic origin, ox-hide (charred epithelium, nerve and

connective tissue) has a deeper and more complex pathogenesis.

Extreme weakness, debility or exhaustion; induration of swellings or ulcerations; decomposition, putridity—offensive, acrid discharges; burning, aching, soreness; and cyanosis, local or general, are some of the leading manifestations which should cause us to think of it for defective reaction in tuberculosis, syphilis, gangrene or cancer.

It corresponds especially to malignant types of disease as well as those tending toward malignancy.

It is the principal remedy to think of in cancer when other seemingly well indicated drugs fail to act.

Capsicum is the remedy to be thought of for defective reaction in people who, while languid and sluggish, are also extremely sensitive and easily offended; who are very conservative, having a decided aversion for new surroundings, new acquaintances, new ideas, and everything suggesting advancement or improvement over conditions already existing; who are fat, lazy, phlegmatic, headstrong or selfish, and ungrateful; and who have poor curculation and a decided aversion for fresh air and exercise.

Such subjects are most frequently seen in the children of parents who have fed largely on highly seasoned, peppery, spicy foods and condiments.

Opium should be thought of for defective reaction when apathy, mental sluggishness or stupor; painlessness or insensibility; contracted pupils; or obstinate constipation, are present and have failed to improve under other apparently well indicated drugs. It is especially apt to be needed in paralysis, apoplexy, meningitis and the last stages of Bright's disease.

Opium, and especially morphine, given in material doses, have been known to occasionally increase the pain or the insomnia and excitability for which they were antipathically prescribed. On the basis of this latter hint, the writer has prescribed morphine in potency on several occasions with curative effect, for severe pain accompanied by excitability and hyperaesthesia, when other seemingly well indicated

drugs, such as cham., ign., coffea or aconite had proved ineffective.

Radium bromide is a new drug the pathogenesis of which strongly suggests it as a possible remedy of high rank for defective reaction in intractable forms of chronic rheumatism, arthritis, arterio sclerosis, nephritis, chronic skin disease, phthisis, cancer, etc., etc.

It should always be remembered that conditions of apparent defective reaction may arise in the practice of the best prescribers, owing to the non-existence of the simillimum in the form of a proven drug; for instance, a condition needing Radium bromide would have remained uncured before we knew of this drug.

Also, it is well to remember that failure often results from our not recognizing and correcting errors of hygiene, such as various bad habits; improper mental attitudes; family incompatibilities, etc.; and also that there are structural and organic defects many of which cause reflex symptoms simulating constitutional disease, which are not amenable to medicinal treatment.

The nosodes should be thought of for intractable forms of disease after other remedies which have been carefully selected, prove ineffective.

Bacillinum, a trituration of tubercular lung tissue, should be thought of in phthisis. It acts better here than tuberculinum.

Natural toxin, a preparation of the patients own sputum, has been found by the writer to be decidedly beneficial in many bad cases of phthisis rapidly progressing toward a fatal termination. The potency has not proved beneficial, but the crude sputum passed through a Berkfield filter and injected subcutaneously at infrequent intervals has caused marked curative reaction when every thing else has failed. After using this preparation for defective reaction other remedies which were previously ineffective have acted curatively.

Tuberculinum, a trituration of tubercular bacilli, is a valuable agent for defective reaction in chronic intractable

ailments of all kinds, where there is a family history of tuberculosis or pneumonia.

A single dose in a high potency following attacks of grippe will usually eliminate the tendency to have grippe and the cold catching habit as well.

Psorinum, a trituration of the scabies vesicle, is very similar in its pathogenesis to sulfur and should always be thought of when sulfur fails, though apparently well indicated. It is especially apt to be indicated after Sulfur or Graphites in skin diseases.

For the chronic after effects of typhoid it is almost a specific.

Patients who are inclined to be chilly and who look or smell dirty in spite of bathing, or who dislike bathing, are very apt to need Psorinum.

Medorrhinum, often needed for defective reaction in children of gonorrhœal parents, or of parents who are sycotic, even though they may never have had gonorrhœa.

Intractable cases of rheumatism; nasal, vaginal or intestinal catarrh; diarrhœa, summer complaint, and marasmus, often need it.

A potency of the patient's own discharge will sometimes prove curative for bad cases of acute gonorrhœa when specific indication for a particular drug are lacking.

The finding of the simillimum is at times not only a difficult but even an impossible task, especially with patients who are ignorant or stupid or unacquainted with the language. It is worth remembering, therefore, that the autogenous product will sometimes be the only remedy necessary for curative purposes.

Pyrogen, a preparation of decomposed meat, has proved of great value in bad septic conditions with symptoms similar to Belladonna, Bryonia, Arnica, Arsenic, and Sulfur. When these or other drugs only palliate, we should think of Pyrogen. In puerperal sepsis it vies with Belladonna and Sulfur for first place. In ptomain poisoning it vies with Arsenic. The keynote symptom is rapid pulse with but slight or no elevation of the temperature.

Pertussin (Clark), is the drug to think of in bad cases of whooping cough, when the symptoms persist or return again after being allayed by other well indicated drugs.

Other nosodes which should be thought of in appropriate cases are,—*Syphilinum, Variolinum, Hydrophobium, Glanderinum, Malandrinum. Carsinosinum, Schirrhinum,* etc., etc.

Contrary to the belief of some enthusiasts, the nosodes are not and never can be specifically curative in the general run of diseases to which they correspond; neither are they most similar in their pathogenesis to any but certain individual cases. On account of their not having been proven, except fragmentarily in a few instances, their indications must necessarily be clinical and more or less empirical. They are, nevertheless, useful and necessary in a small percentage of cases where the plane of the disease is deep and fundamentally dependent upon an acquired or hereditary bacterial poisoning.

Even when indicated and curative, their action is seldom complete, for the reason that other morbific factors for which the nosode bears no specific relationship, usually co-exist in the patient.

Let us suppose that a tubercular patient has failed to react to carefully selected drugs until Bacillinum has been given, after which marked improvement results for several weeks or months, and that then the symptoms having changed slightly, the patient begins to backslide and Bacillinum is no longer helpful. Careful study of the present symptoms and past history now shows that Natrum mur., or some other drug covers the symptoms developing as the result of an underlying suppressed malaria.

After having given Natrum mur., not only does the malaria disappear, but the tuberculosis is greatly improved as well.

A little later on the patient develops a bad cold, calling for Belladonna, which relieves, and finally some other drug which was needed years before, is called for by the symptoms, after which all manifestations of tuberculosis disappear.

Or, it may be that Bacillinum will have to be given occasionally for relapses that will respond to nothing else, to be

followed later by other drugs which will relieve symptoms for which the first is useless.

DISCUSSION.

President: The entertaining theories of this paper will but increase our desire to make our prescriptions more strictly according to the law of similars.

Frances M. Morris: This paper is of great interest to all of us who handle many chronic cases. In Boston we had an epidemic of disease from bad milk. In one bad case I had young Dr. Wesselhoeft in consultation; he said that that was the fourth case of that particular kind that he had been called in to see, and they had all died. He thought that in this case there was little chance for recovery. There was tonsilitis at first and then every indication of pus formation in the pelvis. Temperature was 106. With the aid of Pyrogen and other remedies, the patient made a slow but complete recovery. Certainly I believe that Pyrogen cured that case.

E. A. Taylor: What were some of the indications for Pyrogen?

Frances M. Morris: None, except the fact that the patient did not respond to the well indicated remedy, and that there was suspicion of pus infection.

F. W. Patch: It brings out the characteristic use of nosodes.

H. L. Houghton: I would like to hear the opinions of others about the autogenous vaccines. I have never used them myself, but I have had cases come to me for relief after they had been used, and for the life of me, I could not get any intelligible indications. I dread to have patients come to me after this treatment, or what is the same thing, from certain physicians in Boston. Pyrogen is a well proved and verified remedy and was frequently indicated in that milk epidemic, in fact it was almost the universal remedy at that particular time, and, I believe, saved a good many lives. The use of this proved nosode is a very different thing from taking something out of the patient and injecting it back again. In the case that Dr. Morris speaks of, undoubtedly there were good indica-

tions for the Pyrogen as there were in other cases, but as for the use of the autogenous vaccines I would rather see some one else use them than do it myself.

Frances M. Morris: The only indications for Pyrogen that I remember, were what I stated, and in addition the fact that the temperature was high, out of proportion to the rapidity of the pulse. It was, at one time, 106-4/5. I looked for the soreness of the flesh and joints of Pyrogen, but those symptoms were not present.

C. M. Boger: Was it ever discovered what was the matter with the milk?

H. L. Houghton: It was streptococcus infection; one of the milkers had an abscess.

E. A. Taylor: The gist of this paper seems to be the necessity of some remedy taking the place of another remedy. You give a homœopathic remedy, there is defective reaction. I always thought that homœopathic remedies would cure defective reaction, but no, when you get defective reaction, then you are to give something else. There is no such thing as defective reaction with the homœopathic remedy; if you give something that you think is homœopathic but is not, then you get defective reaction and another remedy is needed—the real homœopathic remedy—nothing else. When the apparently indicated remedy does not work, the right thing to do is to get the really indicated remedy, not to fly off to something else. It has been said that when there is defective reaction, you must give Sulfur, Opium, Capsicum, and a lot of others. But when Sulfur, and when Opium, and when the others, it does not say. Sulfur, Opium, Capsicum and the rest of them are to be given when they are indicated by the symptoms and defective reaction is not a symptom at all. It is a phrase in the mind of the doctor. If any of these remedies help the patient, it is because the remedy given before was not indicated and these were, or one of them. The use of remedies for defective action is empirical. Have we got to resort to empirical remedies without indications? If it is necessary, call it empiricism, but do not call it homœopathy.

C. M. Boger: The reason for the use of remedies for de-

fective reaction is because we do not all get all the etiological factors in a case.

P. E. Krichbaum: How many would you let die while you were looking for the etiological factors of the trouble?

C. M. Boger: I simply want to emphasize the importance of the etiological factors of every case to make the picture complete.

F. W. Patch: The great danger of admitting this method of prescribing into our daily practice is that we may jump at conclusions without due care in individualizing. It might engender the habit of taking it for granted that the reaction was defective when the first prescription did not work and at once using the vaccines. We would be apt to accept the assumption that this was a case where the vaccines were needed without a suitable reason.

Dr. Krichbaum: Two months ago, a man died in Montclair, of streptococcus erysipelas under allopathic treatment. The undertaker's assistant in the case became infected, and came to my office. I sent him home with instructions to go to bed. The following day I found him with a temperature of 104, pulse 170, face swollen dark red almost purple, eyes nearly closed. He had no pain and slight thirst for little water. So far Arsenic seemed indicated. Further inquiries, however, revealed that drinking cold water *produced a pain across the back*. The photophbia was intense, so much so that light caused shooting pain in the back of the head, his weakness and indifference profound. I gave him Elaps. In forty-eight hours, the to be expected burning and restlessness appeared, when Arsenic went to work and cured him. I wish to state that at the beginning of the case, I interviewed the man's employer and we called up the doctor who had treated the fatal case, and we were informed that his patient had succombed to the most fatal type of erysipelas. Seven cases had recently been lost in Baltimore.

G. B. Stearns: This paper brings up one point that we all run against sooner or later. Although we may study our principles very carefully and live up to them closely, yet once in a while we get cases that we are not able to follow them

with and if we do follow them logically, the patient dies or is in danger of death. The measures spoken of are last resort measures. It is up to each individual to judge the matter for himself. I would not let a patient die without resorting to such measures or else turning him over to someone who did those things. It is a matter of conscience—of individual conscience. When we are at a standstill there is one remedy worth remembering; that is the X-ray. I mean alcohol or milk sugar that has been exposed to the action of the X-ray and then potentized. It is especially applicable to old gonorrhœal cases.

Frances M. Morris: I saw a case of eczema with Dr. William Wesselhoeft, Sr., that was extremely obstinate, refusing to get better under the most carefully selected remedies. Dr. Wesselhoeft said that several times in like cases he had given syphilinum in desperation with good results; syphilinum was given in this case and it relieved although it was not indicated by the symptoms so far as I could see.

W. H. Freeman: I agree with what Dr. Taylor has said and, if we appear to disagree, it is probably only a matter of difference in the way of expressing ourselves. I have had no experience with autogenous vaccines, but have been interested to watch cases treated with them by other physicians and the results have caused me to believe that while they are capable of doing harm, they are also capable of curing a small percentage of cases. Of this last I am positive. The natural toxine that I speak of is not autogenous. There is nothing in the natural toxine that can be harmful to the patient unless it be used carelessly in large doses or repeated too often. It is absolutely useless in any but the exceptional case, but when prescribed for defective reaction or in cases that are otherwise incurable, it will often bring about curative reaction.

VERIFICATIONS.

BY ERASTUS E. CASE, M. D., HARTFORD, CONN.

Caladium (four powders 200 one every three hours).

Cough from irritation in the throat.

Worse from pressure on the stomach.
Hoarseness with constriction across the chest.
Whistling rales in trachea during expiration.
Bounding pulsation of the heart while lying down.
Itching of the ankles in the evening and night.
Blonde widow, fleshy, aged 53.

Ceanothus Americanus (one powder 5m dry on the tongue).
Pain, sometimes severe, in left hypochondrium, which is too sore to be pressed or lain upon.
Very despondent.
No appetite.
Nausea from taking food.
Maiden, aged 23 years, clerk.

Elaps corallinus (one powder 20m dry on the tongue).
Weight in stomach after eating.
Relieved by lying on the stomach.
Better from hard pressure on the stomach.
Worse from cold food or drink which feels cold in stomach, continuing so.
Acid eructations.
Widow, aged 62, brunette, nervous temperament.

Fluoric acid (one powder cm dry on the tongue).
Sensation to the tongue as if the teeth were rough.
Constriction of throat rendering deglutition difficult.
Pressure (fullness) in stomach soon after eating even a little.
Constipation.
Itching of anus at night.
Muscles of the neck stiff and lame.
Widow, aged 78 years.

Oxalic acid (one powder 1m dry on the tongue).
Stitches in region of heart, extending to sternum and back.
Worse from inspiration.
Worse from motion.
Worse in early morning.
Merchant, aged 39 years.

Phosphorus.

A chronic invalid has long had, after sneezing, an odor of flowers scenting the room, observed by the nurse. Phosphorus was needed and was very helpful, and this peculiar odor after sneezing disappeared. Some months later Phosphorus was again needed and given in a higher potency. This peculiar symptom returned for a few days, then has not been noticed for a year.

Tarentula Cubensis (one powder cm dry on the tongue).

A small pimple on the upper lip was pricked a week ago. The lip is now much swollen, bluish, hot and painful, with several openings which discharge thick, greenish-yellow pus.

This closely resembled a sore caused by Tarentula bite, seen in early practice. The one dose of medicine brought about a speedy cure. The lip was healed in one week.

Blonde maiden teacher, aged 38 years.

A DEMONSTRATION OF THE MARGARET L. TYLER PERFECTED CARD REPERTORY.

BY W. H. FREEMAN, BROOKLYN, N. Y.

Dr. Freeman exhibited a copy of this unique repertory and gave an illustration of its practical application to case study.

ADJOURNED.

FIFTH SESSION.

JUNE 25TH, 2 P. M.

Meeting called to order by the President.

Bureau of Materia Medica continued.

THE PLACE THAT REPERTORY STUDY SHOULD OCCUPY IN MATERIA MEDICA INSTRUCTION.

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

While the place that repertory study should occupy in materia medica instruction may not appear alike to everyone,

yet this position can be quite accurately determined by an examination of the work that the repertory performs and its value in case study.

Though the repertory of the homœopathic materia medica is decried by the unthinking, and often misunderstood, yet it is the sine qua non of continued successful practice in Homœopathy.

Far from being "mechanical," and "taking too much time," it is, if properly used, not only time-saving, but, as it requires mental effort and reflection of a high order and is a thoroughly scientific procedure, it leads to the more certain and rapid cure of diseases because of the careful analysis and study of cases it necessitates. Precision in the use of remedies also results from repertory study and analysis.

In order to cover the subject fully the following postulates, most of them axiomatic, will be considered:—

First:—The repertory is useful in determining the remedy for any case.

Second:—In so doing it differentiates between medicines.

Third:—It often leads to the selection of a remedy, for a case, which cannot be found in any other way—a *synthetic* prescription.

Fourth:—It also indicates the sequence of remedies.

First—*The repertory is useful in determining the remedy for any case.* This will hardly be questioned, certainly not by those skilled in repertory work. What bearing does this have upon the teaching of materia medica? Simply this, that, as I remember from my own experience at college, the materia medica and therapeutics seemed a hopeless jumble, there was neither beginning nor end, nor yet sufficient distinction between many of the remedies, as given, to make it possible to choose one with certainty.

Take in particular the question of medicines for Coryza. Arsenicum happened to come, in the Materia Medica lectures, about the time Acute Nasal Catarrh was covered in the Chair of Therapeutics. A differentiation of Arsenicum and Mercurius was not attempted, for while the symptoms of Euphrasia and Cepa were easily distinguished, one from the other,

even by the tyro, Arsenicum could not be told from Cepa, the Mercurius case was not clear, neither was that calling for Nux Vomica or Sulphur, and as far as Pulsatilla was concerned its symptoms were not recognizable from those of Mercurius when, with the latter drug, the discharge is thick and yellow.

I have always felt that an introduction, even in a superficial way, to the repertory *then* would have saved much mental confusion. If a few words of explanation could have been given as to how to find, in the repertory, the exciting causes of coryza, drafts, exposure, wet feet, indigestion; as to the sneezing and character of the discharge; as to the more important general symptoms of aggravation or amelioration by cold or warmth, etc.; to say nothing of instruction in how to use these rubrics when found; and lastly as to the deeper causes—of which not a word was said—if this had been given it would have started our acquaintance with the homœopathic materia medica on a firmer foundation, instead of which we were left in a slough of despond.

What has been said, under the first postulate, applies also to the second—*that the repertory differentiates between medicines*—for, in using the repertory, to determine the remedy, it necessarily differentiates other medicines, and, I may add, *thus by comparison teaching materia medica.* What better way, in fact what other way, is there to fix in the memory the differences, between drugs, than by comparing them?

Third—*the use of the repertory often leads to the selection of a remedy, for a case, which cannot be found in any other way, a synthetic prescription.* This may seem out of place here; but why? Is not the larger action of remedies to be taught?

Sooner or later the student comes upon a case which does not tally, in its symptoms, with the proving of any known remedy—I might restrict this by substituting *any remedy that he is familiar with*—but it acts the same in either case, for if conversant with the repertory, he turns to it, and the symptom-complex is soon arranged, and worked out, and the resultant remedy cures.

This bringing together, and harmonizing, of what appear

to be incongruous elements, in a case, can hardly be done in any other way than with the repertory, as that is based upon an analysis of the known general action of drugs, which admit of more combinations than the provings have disclosed.

The physician who knows this has increased confidence in his ability to cope with unusual cases and this instruction would also make for increased confidence in the student. Therefore it should be taught and taught, in the only possible way, *i.e.*, with the repertory.

Fourth—*the sequence of remedies.* What more helpless feeling is there than obtains, when, in the care of a case, the first remedy has worked out its usefulness and you do not know how to find the second? The knowledge that there are orderly ways of finding the second remedy, conformable to general repertory rules, is of great assistance, value, and—comfort.

This outline of the field of repertory usefulness is offered to show that it is suited to the wants of the student of materia medica and, to show also, its applicability in the beginning of that study. The fact that most cases may be worked out by the repertory, the simple as well as the complex, and that in so doing, the differentiation of remedies is consistently borne in mind, as well as the fact, that, as the student grows in knowledge of materia medica, the repertory also offers larger opportunities for usefulness, seems to warrant the following deductions:—

First:—That instruction with the repertory should be coincident with the beginning of the materia medica course.

Second:—That repertory teaching should be judiciously graded to keep pace with the student's advancing knowledge of materia medica, and

Third:—That in this way not only would familiarity with the repertory be inculcated, but also skill in "taking the case," and a differential knowledge of remedies, the whole interweaving, thus making the dry subject of materia medica less uninteresting by showing its practical side.

DISCUSSION.

G. B. Stearns: A paper so basic as this is difficult to discuss or to say anything about. Upon my first introduction to it, I read it aloud to my wife as my own, saying, "Here is another one for the I. H. A. meeting." She said when I got through, "That is the finest paper you have written yet."

What place should the repertory take in teaching? It is usually thought that it comes in late in the studies of the student, but Dr. Turner says we should begin with it; he gives instruction in it early. In studying the materia medica, we all have got into distressed states of mind. The study of the repertory may be a useful break in the endeavor to grasp such a vast subject. Students begin to study, from their preconceived ideas of what medicines do. "We take medicine because it is good for us. I take these pills because I think they are good for me." This is the student state of mind and the repertory may be the logical way to get them out of it. The object of studying materia medica is that we may be able to differentiate one drug from another, but as perfection or even any approach to perfection in this object is impossible the repertory becomes necessary. The reason of the repertory is ignorance.

At first men say, "I cannot use the repertory because it takes too much time, but if they keep at it, they soon find that it saves time and increases accuracy. A novice will spend hours using a repertory because he does not know the proper method of using it. A few lessons and he will use it much better. If students are shown only a little bit and are disposed to use it, they will go right on and improve themselves. Some are so ignorant of it that they consider it a new method. I remember a paper by Dr. Rabe in which he took the case and showed his method of selecting the remedy, citing symptoms and showing why he took them. It made a great impression; people spoke of it as a new method; they had never heard of it before.

An important, but rather neglected point in the use of the repertory, is the sequence of remedies that it gives; it not only

enables you to find the remedy then indicated, but it gives a group of hints by which you may determine the remedy that will follow well. If this is followed up logically, you can work out a system by which you gradually fix the complementary relation of remedies to each other. Of course this is well known of certain remedies, but I mean it as it relates to those of which it is unknown. It makes a working basis by which we may know which remedies follow a certain other one well, and those which are not apt to follow it at all.

It must also be said, as opposed to the idea of teaching the repertory first, we have students who have been taught how to use it, as well as it can be taught, and yet know no more about the subject than the fresh comers. It is because their minds have not grown to the point where they can appreciate its usefulness. It cannot be taught, because it is not in the man. In my college work I had the freshmen in materia medica; I gave them repertory work by detailing symptoms and gave them two hours to work out the remedy. I found this mode, with those students at least, better than anything that I could give them in the class. The symptoms were taken as carefully as we knew how. Then they wrote out the groups, eliminated, studied, and boiled down until the most arrived at the right remedy.

P. E. Krichbaum: The repertory is an index of symptoms in the materia medica; it is not a book to lead you to the right remedy or to come to a definite conclusion. I have never been able to use it in that way. It simply gives you a group of remedies which may be indicated and you have to dig in the materia medica after all, to find out the one that is needed. The materia medica is enough if we know how to use it.

W. H. Freeman: It has probably been the experience of every one that the attempt to match the peculiar symptoms of the patient, without careful study of the generals, frequently results in failure. On the other hand, consideration of the generals often leads to a remedy which may cover but few or none of the particular symptoms.

Repertory work is not only essential, but an absolute necessity in many cases. It frequently leads to a synthetic pre-

scription which proves to be the true similimum, when without such repertory work we would often never have thought of such a drug.

P. E. Krichbaum: Would you give the remedy thus arrived at, without consulting the materia medica?

W. H. Freeman: No.

P. E. Krichbaum: That is just my point.

W. H. Freeman: Remedies that are similar in symptoms or in localities affected, but different in their modalities, are as a rule strongly complementary. Nat. M. and Sepia are quite similar in symptoms, but different in modalities; Sepia is aggravated by cold while Nat. M. is aggravated by warmth; they are strongly complementary. Remedies that are similar, both in symptoms and in modalities, are seldom, if ever, complementary, although remedies which are antidotal to each other are usually strongly complementary also.

F. W. Patch: There are two kinds of repertories—the analytical repertory and the catalogue repertory. The use of the former, although it is but an adjunct to the materia medica and secondary to it, is an art in itself. If there is no more discussion, I will ask Dr. Turner to close.

M. W. Turner: I certainly did not, in my paper or at any time, advocate the selection of the remedy from the repertory alone without consulting the materia medica. The materia medica is the court of last resort and is always to be consulted. I was interested in Dr. Freeman's remarks about complementary remedies and I may add, there is another boon that comes through the use of the repertory which is the fact that when the case is taken in the Hahnemannian manner, the skillful use of the repertory automatically eliminates the symptoms that refer to the disease and uses only the ones that refer to the patient.

F. W. Patch: I have here an article by Dr. Tyler on her repertory which, I think, ought to be printed in our Transactions.

W. H. Freeman: I think all the members here would like to read it and it is offered with the hope that it may be

printed. It will be all right if we give the "Homœopathic World" credit.

THE MATERIA MEDICIST, THE GENERAL PROFESSION AND THE MEDICAL STUDENT.

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

Among those in the homœopathic school known as exclusivists there is much pessimism because of the attitude of the medical student and the profession at large toward materia medica study and its application.

Undoubtedly there is a general lack of comprehension of the principles underlying homœopathic practice, and ignorance as to how to apply the fine points of the materia medica.

Dr. Oliver S. Haines, at the last New Jersey State meeting said that probably not 25% of the prescriptions supposed to be homœopathic represent the true similimum. The other 75% are only more or less similar. If we review all available statistics, including our own records, even these figures may appear flattering.

Contemplation of this, and contact with the average lukewarm, or skeptical member of the homœopathic school, seem enough to make one pessimistic.

From my observations, however, I believe this attitude to be not only unjustified by the facts, but opposed to the advancement of homœopathy.

A little fundamental psychology explains both the pessimism and its cause, and will cure the pessimism.

We all look at a subject from our own view-point, and much as we may desire to detach ourselves from our prejudices, it is difficult to assume an unbiased attitude concerning any subject. We, who through hard study, have acquired a comprehensive acquaintance with homœopathy, are prone to regard every thing with homœopathic eyes. Our knowledge and our philosophy have come through long hours of concentration upon the subtleties of things; upon the hidden things in

drug-action, and in disease. The process narrows our perceptions at the same time that it broadens them, for it centers our efforts upon the individual. Each case is by itself, and must be studied out in detail. This manner of working creates the mental habit of the recluse. It tends to contract one's mental vision from broad general principles to the particulars of the homœopathic principle. The individuality of the devotee attaches itself to his philosophy, and changes his whole attitude toward the world. The consciousness of our greater responsibilities, when we have comprehended the scope of the homœopathic principle, and have taken it as our sole guide, leads to an exaggeration of our ego, and we become oversensitive. Nothing in medicine is more refined or requires more keen discrimination than the selection of the similimum. The majority of the profession is indifferent to this fine work, and practically none of the laity appreciates it, and this wounds the sensibilities of the purist. This blindness and indifference coupled with flippant remarks, no matter how good-naturedly made, assume in the mind of the Hahnemannian, the form of personal attack, and unconsciously he is diverted to defend himself instead of the principle. All of us who are known as Hahnemannians are troubled with this form of exaggerated ego.

To the strict homœopath, homœopathy is a religion. To the others, no less sincere in other directions, it is not.

In making ourselves the mouthpiece for the principles of Homœopathy, we forget that a truth is inanimate, fundamental, immutable and indestructible, and that if it be ignored or attacked, it cannot be harmed. When any truth is apparently assailed, its exponent is apt to make a shield of himself, and his ego alone receives the injury. What is the result? As individuals and collectively, we withdraw from the main body of the profession and from our local societies, and since we take with us that which they know little about, we are not missed. Our cohesive qualities are so impaired that it is almost impossible to maintain a local society of our own kind. Without realizing it, we allow our personal feelings to come between our aims and their accomplishments.

The Germans have a saying that each man carries himself on his back, where every one except himself can see him. We collectively represent an individual, and the psychological laws governing the individual, govern us as a body. As the oversensitive person's efficiency is impaired until he holds himself before the mirror and recognizes and corrects his sensitiveness, so it is with us. We have all the needful equipment for keeping alive and vigorous the truths which mean so much for the physical welfare of humanity, but we are allowing one of the least creditable of human frailities to interfere. One of our troubles is that we want to bring all of the profession to understand homœopathy as we do, and are impatient or discouraged when we fail to make the majority grasp that which we have obtained by much hard work, and which every one must get in the same way. The raw material from which physicians are made is that which composes all mankind. A certain proportion is adapted to the study of medical science. Until the students are taught, their ideas of medicine are very crude. At first, in common with the rest of the laity, they think that medicine is given to do the patient good, with no definite idea of how the result is accomplished. Calomel is given to stir up the liver; castor oil to clear out the bowels; swamp root to correct the kidneys; spring medicines to cleanse the blood. It is difficult to understand the minds which accept such methods, because their premises are not based on facts and their conclusions are therefore not reasonable. Yet it is these minds which we must understand if we are successfully to instruct them. Even some physicians never get much beyond this state of reasoning. All of them can be taught something if the teaching be gone about in the right way, but only a small proportion will become good materia medicists. Some will hardly comprehend the first principles of true homœopathy, and the attempt to teach will seem a thankless task. But here comes the application of my first remarks. Given the quality of singleness of purpose, if the teacher presents the principles absolutely impersonally, he will have the respect of every student, and will impart some of his knowledge to those ready to receive it. If his own personal

feelings enter into his teachings, he will have some disciples among those who grasp his teaching, but those who do not will give scant respect to him, and less to homœopathy. Students are quick to discern both the strong and the weak points in a teacher, and are far more impressed by his personality than by the principles he teaches. We are not judged by homœopathy, but homœopathy is judged by us.

There will be only as many homœopaths as there are students with mental qualities adapted to the understanding of homœopathy. If it be within any one's grasp, he can no more be prevented from acquiring it, than he can be prevented from thinking. The number who eventually practice it in its purity will be limited by the available material among the students. The majority of the rest, though equally conscientious and equally gifted along other lines, will understand it to a less degree; some, not at all. But their respect is worth having, because according as they respect us, they respect homœopathy, and as homœopathy is respected, so it grows. The only tie between ourselves and them is that of good feeling, and tolerance of one another's opinions. As between man and man, neither their beliefs and skill, nor ours, are of material consequence. The same is true of the principle underlying our relation to the general profession. We are first men, then physicians, and lastly, homœopaths. There is a homely expression that, as men grow in years, the plaster in their mental make-up sets; they become inelastic in their adjustment to new ideas. We see this very plainly in others, but we do not realize that it applies to us. We measure all the qualities of our professional brothers by our own conception of our principles of practice. We distrust them because, in our minds, they fail to measure up to our standards. This attitude invites their distrust of us, for a similar reason. As individuals and as a body we put ourselves on the defensive. In common parlance, we stand with a chip on our shoulders. It is time that we should see ourselves in the light in which we are seen, and change all this. Instead of withdrawing from our representative societies, because most of that which is presented in them is antagonistic to our views, we should

unite ourselves with them on the common ground of medical work.

The I. H. A. and similar societies represent the best homœopathic knowledge and skill in the world. Instead of selfishly withdrawing into these organizations, we should come to them for knowledge and inspiration to take back with us into the general societies. The Hahnemannian method of investigation has created a language of its own. Much that would be plain to one familiar with the reasoning of the Organon and with the finer technique of homœopathic prescribing would not be comprehended by others. But it can be made plain if it includes the process of reasoning from start to finish. Any one can be understood if his point of view be made clear. When we rid ourselves of our own prejudices and antagonisms, and present our facts as pure facts in the language of the day, we shall find that much of the opposition which we have experienced has been in our own minds instead of in the minds of those whom we consider our adversaries.

DISCUSSION.

J. B. S. King: There is a very excellent point raised in this paper and one which it would be well for us to take to heart. It brings to my mind a line of an old poem, "in the world, but not of it." There is a tendency among Hahnemannians to flock alone, to isolate themselves, to live the life of a recluse and a student among their books and their patrons, doing good work and content to allow their methods to die with them. The retired life, the life of contented study, away from the hurly-burly has a certain charm and certain advantages, but I do not think that we are doing our full duty when we so live. Such a life has also its dangers; lack of comparison with equals in knowledge breeds a lofty but quiet self-conceit, it narrows the view, it tends to ossify the intellect and to shut it from further development. We have a treasure in our knowledge of the internal workings of the homœopathic law and we should not hoard it in secret chambers nor hug it to our bosom entirely; it is our duty to proclaim it abroad, to show irrefragable proofs in well reported

cases, to mingle with homœopaths everywhere in their meetings and stand up for what we believe to be true, to endure patiently what slights may come from such action, to be charitable, always willing to learn, always willing to teach and to see to it that our principles remain uncontaminated.

E. A. Taylor: I am glad that the remarks of the last speaker cannot appear in the Transactions, because there is nobody present to report them. This paper sounds well on theoretical grounds; it sounds well to say, let us mix with the other fellows, but facts are stubborn things and what has been the result of mixing with the American Institute? Let the older members answer. A few years ago, Dr. Rabe was appointed chairman of the Bureau of Homœopathic Philosophy in the American Institute and he gave them the best collection of papers they ever had. He, with his secretary, had most carefully and painstakingly done the work, and what was the result? There was nobody to listen to the papers. Scarcely a baker's dozen present. It is hardly within the bounds of reason to expect men to tolerate this sort of treatment year after year. If we are expected to go into the American Institute we are at least entitled to consideration and respect and not to be ignored. We have here one member at least, perhaps two, who were members of this association at the time it was organized, and they know what the result has been of mixing with the larger society. Probably the greater proportion of us are members of the Institute, but we do not waste time by going where we are not wanted. They who have not learned this by experience had better go and they will learn. The salvation of the homœopathic school depends upon this and similar societies.

E. Rushmore: It would be interesting, as a matter of information, for any who were present at the last meeting of the national organization to give their impressions of the present state of Homœopathy there; how large were the audiences at the various bureaus?

F. W. Patch: I was present, but I am hardly able to answer the question satisfactorily; I did feel that there was more interest in materia medica than I had known to be manifested

at former meetings. The showing made this year was better than usual. There was considerable interest displayed and there was intelligent discussion. There seemed to be a disposition to stand together as far as possible. There was a call made for the teaching of a purer Homœopathy in the colleges; this desire was emphasized over and over again, and I think that that means a great deal.

C. M. Boger: It seems to me that Dr. Patch is correct in what he says; and I think that there was a full realization of the importance of this organization or association. They have regarded us as an element of weakness in the past, but have now come to recognize us as the most essentially homœopathic society in the world. I said to them, you have too many bald and gray heads here and too few young men. There were very few young men in the audience. If that was an index of the direction in which Homœopathy is going, it does not promise much for the future. We have a larger proportion of young men here. They have come to the parting of the ways, they feel the necessity of the help that this association is able and glad to give them. I feel that our mission is not accomplished by any means as yet, and if the idea of the paper is that we should merge with the Institute, I do not think that the time is ripe for that.

M. W. Turner: I support Dr. Boger in the contention that it would be unwise to join the Institute, at least at present. The paper was interesting and suggestive. Dr. Stearns speaks of the reason why we have not affiliated with local societies as being because we did not like what was put forth there in the way of papers. It seems to me that we do get larger ideas in general by affiliating with them, and should be well pleased to do so, but that what we do not like is the fact that they do not care to receive anything from us, it should be reciprocal. They sooner or later scoff or sneer at what we have to say as to the efficacy of pure Homœopathy. To quote from the paper, I think it said, "There will be as many kinds of homœopaths as there are men with different minds." If that be true there is no use of teaching Homœopathy to others, for each man will have his own brand, whereas Homœopathy is

one thing and we should *come to it* and not accommodate it to our minds. I like the paper very much and like the idea of holding up the mirror to ourselves so that we can tell where our shortcomings are.

P. E. Krichbaum: It is not possible to ever teach a person anything unless they are ready for it, but when they are ready for it, you cannot keep them away from it. You may inspire them with a desire to learn but, after all, they must get it themselves. We have not only the best in Homœopathy, but we do not give anything except the cream. We never tell anything about our failures. If we get the similimum once in a year, that is what we tell about. If a visitor drops in and hears nothing but brilliant cures described, which he knows he can't make, he gets discouraged and comes no more. No man carries all of Homœopathy under his hat and no man makes a 100% record in this thing. Therefore, I say that we should tell also of our failures for the benefit of all.

F. W. Patch: I do not think that things are as bad as has been indicated to us in the discussion. I have been connected with the state society of Massachusetts for ten years and have always received respectful attention. I have never seen a time when the members were not willing to listen to anything that was worth while. When we take better work into a society than they can show, they will gladly listen to it. Take in good cures, well reported, and there will never be any difficulty in getting listeners. We tell of many things we can do and but little about what we cannot do. This Association has a distinct work, it has done its work well in the past, but it has a bigger and more important work in the future than ever before. Homœopathy is different from any other system of medicine and in the peculiar sphere of individualization in medicine, we can exert a grand influence so long as we can show evidence of good work.

C. M. Boger: The difference between Allopathy and Homœopathy and between a true homœopath and a half homœopath is that the one thinks in terms of pathology and the other in the terms of nature. Among homœopaths the trouble arises from faulty instruction. Very few are taught to think

in the natural terms of disease. Instead they are taught to think pathologically. The truest and highest term in which anyone can think is psychological, namely the way in which the human mind works and the way in which it expresses itself. That is in the plain terms of pain, sensation, emotion, etc. The artificial way is in the terms of pathology, such as inflammation, congestion, etc., etc. The former is the way of nature, the way of the people, the way of God. The way of pathology is man's way, it is artificial, misleading and false to life, only becoming truer as we approach the end products of disease and death. Students must be taught to take a case as it is, and not as they want it to be; they must take it without any coloring being thrown into it from their own minds. They must be taught to interpret the terms in which nature speaks, without pathological bias.

Guy B. Stearns: This society is undoubtedly the salvation of Homœopathy; its endeavor is to keep the art pure; we should certainly join our local societies and work hard, with all our power and judgment. I can see a vast difference for the better in the New York society between some years ago and now. A great change has come in the atmosphere. Homœopathy seems to be on the rise; it is in the air, and not merely locally, but everywhere. We are liable to fall behind the times, to get out of relationship with the advances that are being made in all departments, unless we mix more with our fellows. Think back a moment to Deschère, T. F. Allen and others. Those men never had any discourtesy shown them. They were always listened to with attention although they had to make arguments back and forth and were often on the defensive. They took it good naturedly. If a stranger was to come in here he would get the impression that we were intolerant. I would not like to have all this discussion put in print.

"THE TEACHING OF HOMŒOPATHIC MATERIA MEDICA."

DANIEL E. S. COLEMAN, PH. B., M. D., NEW YORK, N. Y.

The importance of how to teach homœopathic materia medica to the student so that he may become a practical prescriber is of paramount importance to the laity, to the school, to the individual who chooses to practice the doctrine of Hahnemann.

The gravest error in teaching any subject is in the attempt to crowd the pupil's brain with a great mass of useless material that he cannot possibly remember. We must bear in mind that the deodrites are capable of forming only a limited number of combinations called memory, and that after a certain amount has been learned no more can be added. Therefore, the acquirement of the unimportant only forces out the important.

During the development of any science or industry the tendency is to add more material, but as perfection is attained elimination of the useless takes place. In the construction of a new machine a large number of separate parts appear; later, many of these are discarded and simplification is the object sought. For example, one automobile company dropped about a thousand separate parts in the development of its new model and produce a vastly more simple and perfect machine.

The separation of the important symptoms has occupied the greatest minds in our school, and the work must still continue. We have at our command to-day, however, a large amount of valuable material.

The points I aim to practice in teaching materia medica are to give no more than the student can reasonably remember, to present the drug as an individual, interestingly, not to talk so fast that the entire class develops writer's cramp, and constantly to review important matter.

During the first year the student is taught the essentials of homœopathic philosophy, homœopathic pharmacy and the symptomatology of some of our principal remedies.

The importance of a knowledge of homœopathic pharmacy is not appreciated by all physicians, some not knowing the difference between the decimal and centesimal scales. The technique of the careful handling of our drugs, what preparations are best, etc., should be carefully considered. For example, as a rule triturations are better preparations for insoluble substances such as Mercurius vivus, Aurum, etc., dilutions, for soluble substances. Some remedies, like certain acids, Digitalis, Apocynum, etc. should be potentized with distilled water; others with alcohol. Certain drugs require their dilutions to be freshly prepared (at least the lower), among which are most of the Ammonias, Bromide and others. The tincture of Phosphorus will change into Phosphoric acid if allowed to stand too long, and its triturations are unreliable. The tincture and 2x of Glonoine becomes dangerous if allowed to dry out because of its explosive quality. The effect of light and air on many remedies is important. The knowledge of these and many other practical points is necessary to the proper practice of homœopathy.

At present it is my privilege to teach materia medica to the sophomore class, and I consider such points under the individual drugs. Continuing my methods: in the first place, I use no notes, because I think more lasting impressions can be made without them. I begin with a short history of the remedy, its source, common name and when possible, show a specimen or picture. After this, I give an outline of its physiological action. This is followed by a presentation of its important characteristics with such comparisons as I deem useful. Clinical experiences are introduced. Lastly, I mention the potencies used by various prescribers as well as my own personal choice.

Each student is urged to quiz himself by means of the card system introduced by one of Hering's students; writing a symptom on one side of a card and the name of the drug on the other, reading the symptom, naming the drug, then turning the card to see if he is right. Dr. Nash's "Regional Leaders" is based on this system and it a most valuable aid to the retention of our characteristic symptoms.

At each lecture I hold a marked quiz on any of the important symptoms given during the year. In this way I keep the class constantly in review. Once a month or so I hold a written examination, and final ones twice a year.

It is most important that we do not indulge in exaggerated statements, and conditions to which homœopathy does not apply should be taught by members of the chair of materia medica. If this is not done the student will obtain a false conception and when he finds that homœopathy does not accomplish the things that he was led to believe, becomes skeptical and is apt to relinquish it for the rankest empiricism. A dilated heart with broken compensation, faecal impaction, the tendency to form adhesions in iritis, etc. are mechanical conditions and do not come under the law of similars. It is the province of the teacher of materia medica to differentiate between dynamic and mechanical ailments.

In the latter years of his course, after the student has obtained a knowledge of the important remedies, the proper use of the repertory is taught. It is important, however, for him to know that the repertory should not take the place of an understanding of materia medica, and that simply resorting to it in a mechanical way without a careful study of the symptomology cannot be too strongly condemned. The repertory is simply an index, nothing more, and is useful to put us on the right road when memory fails or clear indications are lacking. The better our understanding of materia medica the less often will it be necessary to resort to the repertory. The knowledge of its proper use is absolutely necessary, however, and should be part of the student's requirements.

The vast clinical material at our disposal should be utilized, and each student should be required to prescribe.

SIXTH SESSION.

JUNE 25TH, 8 P. M.

BUSINESS PROCEEDINGS.

Meeting called to order by the President.

W. H. Freeman: With the permission of the Board of Censors I move that Dr. Margaret Tyler be elected as Honorary member of this Association. Seconded, carried.

W. H. Freeman. A number of members and visitors have asked about purchasing Dr. Tyler's Card Repertory and I suggest that if we could get up a list of, say, one hundred, it might be possible to secure them.

P. E. Krichbaum: This is not an Association affair.

F. W. Patch: I think that it would be wise to pass a resolution expressing our appreciation of the repertory and I suggest that Dr. Freeman take care of the whole matter. Seconded, carried.

C. M. Boger: We have a full program and it is necessary to get on as promptly as possible; I would like to get the sense of the Association in regard to the scholarship affair.

F. W. Patch: Have you a definite plan to present?

C. M. Boger: The plan is to take young men who are desirous of learning the true art of homœopathic prescribing into private offices for two or three months, say into my office. Finishing here I would send him on to another, say, Dr. Powel who would keep him for a time. I have several who are willing to start. The student should pay his own expenses. I would like to move that we prepare a list of members who would be willing to take students in this way.

J. B. S. King: It is important that they should pay their own expenses. It is the curse of the churches that they pay the way of their own missionaries and thus introduce men into the work who are willing to accept help and to indulge a natural tendency to shirk the burdens of life.

President: How many should be on that committee, three or four?

W. R. Powel: There should be a proviso that the young

men or women helped in this manner should join and work for the Association afterwards.

C. M. Boger: If an individual should not prove to be a desirable member, the word could be passed on.

President: That makes the question a serious one; it would amount to blacklisting which is illegal.

G. B. Stearns: I do not think that we should obligate ourselves to do too much. Any man who really wants to learn homœopathy would consider the offer an inestimable privilege and be willing to pay for it.

P. E. Krichbaum: Is this Association the "we" that Dr. Boger is talking about?

C. M. Boger: Yes.

President: As I see it, this plan does not mean extra work or trouble for the Association as a whole, but it does mean an influx of new members and therefore I approve of it. It involves work for a few devoted adherents of homœopathy.

F. W. Patch: There should be some systematic plan of instruction so that one will not repeat or render nugatory the work of others. The committee should arrange that.

C. M. Boger: That is a very good point indeed. It should be mapped out in some way. In order to make a beginning, every one who is willing to take a student in the way mentioned should speak out.

E. A. Taylor: I have a matter of new business to bring up; it is clear to all that when we meet in the East, the assembly is composed of Eastern members, and when we meet in the West it is composed of Western members. I think that if we could have two branches under one head, one executive head, meeting the same year, more could be done for the prosperity of the Association and of homœopathy. We could be having a meeting in the West at the present time. The only additional expense would be a stenographer. We would have only one volume of Transactions and the same president and executive board. My plan would be to use the same name as at present, with the addition of Western and Eastern.

Whenever the main body meets in a certain place, the

local branch would meet with them. The two branches would have their own officers as necessary, but the I. H. A. would remain the executive head. Membership in one would be membership in the other. I move that a committee of three be appointed by the chair to consider the advisability of the plan and to report later. Seconded, carried.

President: I will appoint Drs. E. A. Taylor, F. W. Patch and C. M. Boger. If there is no more business we will now take up the Bureau of Clinical Medicine.

Bureau of Clinical Medicine

MARY FLORENCE TAFT, CHAIRMAN.

ADDRESS BY THE CHAIRMAN.

Mr. President, and Fellow Members of the I. H. A.:—

It is several years since I have been able to attend one of these meetings, and my thoughts instinctively turn backward twenty-four years to the time when I joined the Association.

The I. H. A., through its members and their teachings, has done more than anything else to show me how, and to imbue me with the desire, to do my best in the practice of homœopathy.

I miss the old faces and the inspiration of the presence of P. P. Wells, William P. Wesselhoeft, Bernard Fincke, J. A. Biegler, Clarence Willard Butler, Alice Campbell, E. A. Ballard, W. A. Hawley, Julius Schmidt, A. R. Morgan, and many others now on the other side.

I also miss the presence of the living man who in those days never rose to his feet to speak without giving instruction so convincing and so forceful that it was sure to be remembered; the man who has done so much for homœopathy in the large number of loyal disciples he has made and the colossal work of his wonderful lectures, teachings and Repertory.

I refer to Dr. James T. Kent, and am greatly disappointed in not having a paper from him for this bureau, as I had expected.

I have just learned of the death of Dr. Edmund Carleton, who several months ago promised me a paper for this bureau. Homœopathy and the Association have lost a good friend and loyal worker.

I have papers from many members, far and near, that I hope will prove interesting and instructive.

In conclusion I feel sure you will all be glad to listen to a letter Dr. William P. Wesselhoeft wrote me seven years ago regarding his father, one of the German pioneers who planted homœopathy, a new science, on this continent.

Boston, Dec. 19, 1905.

My dear Dr. Taft:

When we parted at our last meeting you said, "I remember things you told us (or me) of some of the pioneers of homœopathy which were interesting."

Can you refresh my memory as to what particular incident or story you had in mind? My memory is becoming withered and shows signs of senile desuetude.

Have you a copy of the memorial written by Elizabeth Peabody after my father's death in 1858; or have you ever read it?

I have mislaid my copy, and after hunting my library through, cannot find it. His late address to the Boston Homœopathic Society was printed at the end of the Memorial. This I translated from his German copy, as he was not able to write English fluently. I was then twenty-four years old and had finished my medical course at the Harvard Medical School, with all the prejudices against homœopathy that could be absorbed there from such men as Holmes, Bigelow, Ware, Clark. At that time I felt that my father, whom I revered like an idol from my earliest youth, had become biased in favor of a chimera, and that there might be some screws loose in his brain.

Nevertheless, during my three years study at the professional school, I always wondered at and admired my father's industry and conscientiousness whenever a case came up to trouble him. This was especially true when a child was dangerously ill. I remember one remark he made soon after my graduation when he had a child with membranous croup, dangerously ill, and our little family circle had a kind of pall thrown over every member by his care-worn look. I ventured the remark, "But, father, you know the statistics of mem-

branous croup; why should you be troubled about losing, or fearing to lose, a case?" He turned to me in the gentlest way, and said: "Statistics were my consolation when I was an allopathic physician; since I have became a homœopath, I feel a personal responsibility for the death of every child. I hope, my boy, you will live to see the time when you will not hide yourself behind statistics." I think the general impression of all students (at least, in my time) was, that when one of our professors had arrived at the age of fifty, no more knowledge could be absorbed by so august a personage, any more than a sponge could absorb more water after it had soaked up all it could hold.

When I finally entered into the philosophy under the instruction of this remarkable man, I stood like a cow before a new barn door. The arguments, the derision, the ridicule, poured out by our preceptors, still clung to me like barnacles to a ship's botton, and it took considerable time for me to get rid of these impediments.

I think, however, this was just in the line of my father's wishes, that we should come to him as full of prejudices against the new school as he himself had had before he investigated.

I remember well the answer he gave a lady when she asked him, "Are you not afraid your boys will become allopathic physicians, by sending them to an allopathic school?" His answer was: "My dear madam, what a miserable thing you must think homœopathy is, if it cannot stand aggression, vituperation, and lies. If I live long enough, such a calamity never can happen. If I die too early, it may happen, but I would rather have them out and out allopaths than to see them knuckling to the present tendency of making Homœopathy ridiculous by becoming Eclectics under the honorable name of Homœopathist." Imagine a young man graduating with the honor of the M. D. degree from Harvard translating this address. It opened a new area to my vision. I already knew something of my father's history of conversion, but had not been able to free myself from a feeling that I could not

subscribe to the tenets. After translating this address, I, for the first time, recognized what our art really meant.

Now, this address I wish to bring before our meeting in February, and if you can aid me in discovering a copy of this Memorial, I would feel greatly obliged to you for your efforts.

Do not forget to remind me of some of the reminiscenses which you said I had told you.

Very sincerely yours,

WM. P. WESSELHOEFT.

Dr. M. Florence Taft, Newtonville, Mass.

AN EXPERIENCE ACROSS THE LINE.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

In February, 1888, a youth of seventeen came to me suffering from tonsilitis. For the sake of obscurity I will give him the initials of "A. B. C." which are fictitious though the individual is very real.

He had already acquired the quarterly habit of quinsy, so common under allopathic treatment, and concluded that he would give homœopathy an opportunity of demonstrating its reputed efficacy in curing that disease. He had not more of it until 1890. Once again in 1891, and once, very slightly, in 1892. Indeed he was so favorably impressed by the benefit he had received that he thought seriously of taking up the study of medicine in some homœopathic college. This was too much for his relatives, however, who explained to him that there was "nothing in it," and so he was eventually graduated from an old school institution. His practice was successful from a financial standpoint and he was happy in having been free from his old enemy for ten years. An undue exposure, however, resulted in a slight attack of tonsilitis, which he treated according to their regulation method of gargling, but in a few months it began to recur in frequent and more aggravated attacks until his medical friends advised extirpation. The right tonsil was completely removed, but

in attempting to grasp the left one some bungling occurred, which resulted in a cutting away of but one-half of it. Resolution was satisfactory, but his joy soon faded at signs of suppuration in the remaining half tonsil. This continued to appear until, in very desperation, he came to me on January ninth, 1911, and said, "You have the only remedy for this thing. Hereafter I am in your hands." Suppuration was already established, but three powders of Lachesis (cm), soon completed a cure. February 20th, his throat became quite sore again, but one powder of the same medicine cured it without suppuration. No further trouble until January 3rd of this year, when another powder was required. He was relieved in a few hours, but on the tenth he took a severe cold which induced an attack of quinsy which ended in a few days. On the fourteenth he sent for me in the afternoon in awful despondency, as his throat was tremendously sore and his voice very thick. Three powders of the same remedy and potency were given an hour apart. *That evening* he was able to go to some social function where he ate, drank, smoked and I think that he added singing to his accomplishments, at any rate he afterward told me that he had never felt better or happier.

Knowing how much he was exposed in his professional work, for he does a large obstetric practice with consequent night attendance, I concluded to give him some Baryta carb., which I did in the 50m potency, one dose each night for a month. He has kept well ever since and that through a particularly stormy season.

Two incidents have come to my notice in connection with this case and they are both amusing. A woman called at my office recently saying that she had been subject to frequent attacks of quinsy and that Dr. A. B. C. had been attending her and had advised removal of the tonsils. I modestly refrained from telling her of the doctor's personal experience, though I was sorely tempted to do so. Similarly a man consulted me, saying that a certain druggist whom Dr. A. B. C. is known to favor, had sent him to me as he believed that I "had something that would cure that disease." This is particularly

interesting from the fact that the druggist named has always been radically opposed to our school. He might be informed that we could give them points on many other troublesome affections.

BRIGHT'S DISEASE AND ITS HOMŒOPATHIC TREATMENT.

WALTER M. JAMES, M. D., PHILADELPHIA, PA.

It is not my intention to give any description of Bright's Disease, any discussion of its pathology, or any extended plan of diagnosis.

We all know that all the names of Bright's are misnomers being dependent upon erroneous views of its nature. These views are as varied as are the authors who have written about it.

I am not an expert or specialist in Bright's, but I have met with a very few cases that have yielded to treatment and it is of these I wish to speak. Of course, there are some remarkable cases in the dominant school of medicine that have been conducted along for quite a number of years with their heroic methods of treatment, living in spite of such treatment. But these do not play any part in this paper. I deal exclusively with sugar pills, with little infinitesimals with the little end of nothing drawn out to a fine point, and it is with this implement that I have actually arrested certain cases and gradually brought the patient back to approximate health. Of course, I have lost lots of cases, notwithstanding my most strenuous endeavors in the application of the infinitesimals upon the similar plan.

I remember a case of a man who had been a confirmed drunkard for many years, dating from about fifteen years of age, when he engaged in the childish but entertaining frivolity of burning the barns of his father's neighbors.

In this case the dropsy was enormous. The legs were quadruple their original size, the scrotum was at least six

inches in diameter, the abdomen was expanded as far as the knees, and the dyspnœa was considerable. Another physician to whom I confided the case, because of his proximity to the patient in his summer home, proposed using the trocar upon the ascites. To this I did not consent, but suggested a prolonged hunt for the similimum. To this the other doctor agreed and so we repaired to his office and discussed the condition symptom by symptom. We finally isolated Lycopodium which was given in the two hundredth potency and in a few hours the urine began to flow in quantities constantly augmented until the abdomen was emptied out and flattened, the scrotum was reduced to normal dimensions and the same was true of the legs and feet.

But the patient didn't get well. He remained feeble and languid though his lease of life was somewhat prolonged. His was a case denominated by Dr. Soundly as Alcoholic nephritis. The destruction of the kidneys had gone too far, and so again after a few months his abdomen, legs and scrotum filled up. For a long time I could make no impression upon the dropsy, but recalling that the patient had contracted syphilis, had been treated with heroic doses of mercury and that he had had salivation and that even then his tongue was indented and breath foul with mercuric odor, I gave him Nitric acid 200 and again his abdomen was emptied out and his other members shrunken to almost normal dimensions. The period of relief this time was disappointingly short and for the third time he swelled up and remained so until he died, when the undertaker performed the delayed operation with the trocar.

In another case where the patient had contracted syphilis, or rather was said to have contracted it, though at the time I was called the evidence was scanty. Bright's Disease appeared, the patient swelled up to enormous dimensions and finally sank into unconsciousness. His attending physician withdrew from the case and predicted death in six hours. Then I was called. He was a cigarette fiend, was saturated with tobacco, was vomiting every few minutes, had a cold sweat upon him, was unconscious, had no pulse in either wrist, and the heart beat was so feeble it was with the greatest

difficulty it could be discerned. The abdomen was gigantic. So were the legs. So was the scrotum. I gave him Tabacum in the 30th potency. It had immediate effect. The pulse returned to the wrist and the consciousness came back. This continued for a couple of days during which the urine began to flow after a short period of total suppression. Then he began to sink. I gave his Tabacum in the two hundredth potency, with a partial revival. After a day or two he began to sink again, when I raised the potency to the one thousandth. Later I gave him the ten thousandth of the same drug, then the one hundredth thousandth. Meanwhile the urine began to flow profusely. The daily output jumped up by increments of ten ounces until it finally reached a climax of two hundred and thirty ounces. Then it began to drop down by similar measures of depletion, until it stood at thirty-five ounces, and he was well and I ceased to attend. That was fifteen years ago and he is still alive and well.

To the best of my meagre diagnostic ability, I would say that this was a case of acute desquamative nephritis and not the destructive degenerative parenchymatous nephritis of the previously stated case.

I was called to a case of chronic parenchymatous nephritis in a small town not far from Philadelphia. The abdomen was enormously distended, the feet and legs were fabulously enlarged. In this case the remedy was Lycopodium. When given in the two hundredth potency the kidneys started up and gradually the patient was emptied out and the normal contours of the body were restored. The man went back to his work, which was as foreman of a shop where worked six hundred men. He continued in this capacity for a year when in an evil hour he accepted an invitation to drink. Forgetting the warning of his medical attendant that the sword of Damocles hung over him, he drank and drank deeply. Unable to walk to his home, he sat down on the ground against a fence and slept. The snow came and covered him, the snow turned to rain and he was soaked. By this time he had slept long enough to become sober and went home. In twenty-four hours he was dead.

An engineer in charge of a stationary steam turbine engine, had to endure tremendous heat from this engine at the height of a fiercely hot summer. When his day's work was done he jumped suddenly, while in a heated state, into a cold swimming bath. He was taken with acute desquamative nephritis, his body swelled up enormously and he was very ill indeed. After attendance for several weeks, during which his principal remedies were Nitric acid and Pulsatilla, I increased the output of the kidneys and he was enabled to resume his attendance upon the engine. This did not last long. At the end of two months he staggered and fell in the street of the town where he lived, Chester, was carried home and quickly died.

In none of these cases was a trocar ever used or any thought entertained of ultimately using it. Nothing but the similar remedy was sought and administered in the singleness of its individuality, in the minimum dose and proper period of its action undisturbed by any adjuvant palliatives or alternatives.

It may be asked how I can expect these apparently inefficient resources to produce such momentous changes and exert such control over these remarkable phenomena in the human economy.

For answer I would say that here are the facts, exactly stated as they occurred. This in itself constitutes an encouragement to continue along the same lines.

Then there is the attractive philosophy of the phenomena.

Let me briefly explain this philosophy.

When a man is given an overdose of Belladonna or its active principle Atropine we observe a number of phenomena indicating congestion overcharging the head with a violent hyperemia, raving delirium and final stupor and death when the phenomena cease.

Only as long as the patient is *alive* do we observe these phenomena. Suppose we give this lethal dose of Belladonna to one who is already dead. Will we get any of these phenomena? Manifestly not. Well, then, there is something that has gone out of that individual which is amenable to drug action. What is that something? No end of answers will be offered, yet we know not what is the true one. We shall not

be seriously in error if we call it a force—the vital force. Man is projected into this world, a lump of so-called matter, pervaded and energized by this force. Well, if you take a billiard ball and give it an impulse upon the billiard table, it too is a lump of so-called matter energized by a force. The force in the billiard ball would carry it to the other end of the table. The force in the man would send him along the plane of time to the age of one hundred years or one hundred and fifty years according to Metchnikoff.

Now it is possible to engraft upon the billiard ball at the instant of projection along the billiard table, a second force, so superposed that it shall not be discernible to the eye until the ball has traveled say three quarters of the way along the table. Then this second force asserts itself, the ball seems to stop, consider, change its mind, and return to the hand that started it. I have seen an expert billiard player do this with striking effect.

Now the human being projected into this world with a force sufficient to send him along the road of this world to seventy or eighty years of age has superposed upon his initial impulse a secondary impulse which will cut him off at half or two-thirds of this time and return him to the great eternal silence from which he started. This secondary impulse is disease, or rather disease inheritance or the capacity or the fallibility before the attacks of disorganizing influences. Thus the simile of the billiard ball is fully justified by the phenomena of human careers.

Now when a drug is given in appreciable doses upon any of the brilliant conceptions of the dominant school of medicine, it is really a stroke at this initial impulse. The vital force quails before it and subsides; but gaining new energy, it strikes back and larger doses are then given to prostrate it when there is again a conflict. Thus the secondary energy is suppressed, for the time being, until the inevitable retroactive blow is once more struck by the vital force.

The energy in the potentized drug on the other hand strikes only at this secondary, destructive energy, the disease, and as it is a form of vibratory impulse, the potency has the same

vibratory period because it was originally chosen by the law of similars and thus suppresses the destructive tendency. This removes the handicap that the vital force suffers from, and at once that vital force asserts itself and the functions of the body are performed naturally. Thus it happens that we have remedies that stop constipation and yet are not purgatives; remedies that induce flow of urine and yet are not diuretic remedies that produce sleep and yet are not anodynes or drug hypnotics. This is a paradox, but science is full of paradoxes.

Is this philosophy too vague, too obscure, too fanciful. Well, if you think so, I will assert that it is not any more fanciful, not any more speculative than the philosophy of the action of the antibodies in the blood. The side-chain theory of immunity as devised by Ehrlich. Look at the exposition of this philosophy in Da Costa's recent book on the Clinical Pathology of the Blood. Nothing more fanciful could be devised.

Well, fanciful or not, true or not, it is a great assistance to anyone who wants to emancipate himself from the inefficent and archaic means of medical treatment that have been invented, in the ages passed, and who wishes to make himself familiar with a new and almost totally neglected means of treatment.

THE HOMŒOPATHIC CLINICIAN.

FRANK C. WALKER, M. D., NANTUCKET ISLAND, MASS.

The homœopathic clinician occupies a unique place among his therapeutic brethren. Numerically in the minority, his tenets and methods discredited by his opponents, he yet enjoys the satisfaction of seeing such progress as is being made in medicine conform to the lines laid down by that strict inductive method of Hahnemann, the abandonment of which by our school Hering assures us should expose us to the ridicule of the medical world. At this late day, it might seem by some

superfluous to elaborate on the inductive method. But inasmuch as the profession is by no means unanimous as to what it means as applied to therapeutics, a short consideration of the subject does not seem out of place. Now just as a straight line is the shortest distance between two points, so the inductive method is the most direct route by which we apprehend truth. One logician says that "it is the process of real inference, in other words, by it we proceed from the known to the unknown, or from a limited range of facts we affirm what will hold in an unlimited range. All things that we do not know by actual trial or ocular demonstration we know by an inductive operation. By the inductive method we obtain a conclusion much larger than the premises; we adventure into the sphere of the unknown, and pronounce upon what we have not seen. Nothing is more common than the making of bad inductions, and accordingly it is now considered a part of logic to lay down the rules for the right performance of this great operation."

Now if nothing is more common than the making of bad inductions, we can appreciate the gravity of this fact when applied to therapeutics. And it is safe to infer that Hahnemann appreciated it when he declared that when "one has to do with an occupation whose function is the saving of human life, any neglect to make one's self master of it becomes a crime." Now when we search for the relation which the inductive method holds to therapeutics, we are anticipated by Carroll Dunham in his "Science of Therapeutics" when he said that "on the threshold of this discussion we are met by the necessity of defining therapeutics. It will be found that although still sufficiently comprehensive, it is used by us in a much more restricted sense than that which in popular thought is attached to it. Therapeutics being etymologically the science of curing diseases, it would seem to comprise the entire function of the physician. It is evident, however, on slight consideration, that the medical man in general practise brings into requisition too great a variety of scientific knowledge to admit of comprehension under a single term." As by excluding certain functions of the physician, Carroll Dunham con-

fines his attention to the nature of disease, the nature of drugs, and the conditions for cure, as we shall do likewise. Now as induction has been defined as the process of real inference, we may appropriately ask what is real inference regarding disease? To this question there will undoubtedly be a variety of answers accordingly as they are evoked from men of widely different educations. But translate this question into any form that you may there can be but one true answer and that is that there can be no real inference regarding disease except that which is involved in the observations made both by the patient as well as the physician, and which evince themselves as symptoms. Nobody better than the patient himself or herself, as the case may be, can tell in what particulars their feelings are a departure from that standard which they call their usual health. And that patient's education has been sadly neglected who seeks relief from other than these feelings or symptoms, or who is satisfied because a name is given them, or because other symptoms are substituted for them. How few of the medical professors have given this proposition the consideration that its importance demands. Yet, whatever may be our ideals in medicine, we can perform few higher offices than by each of us constituting ourselves a committee of one to impress on the minds of the laity the significance of this proposition. For can we not guess what a changed conception of disease will possess the layman's mind when he appreciates the fact that he can draw as real inference from it as the physician. To show what a distorted idea the laity can possess regarding disease, we recall an incident related by the late Dr. W. P. Wesselhoeft from the experience of his father. A young lady applied to him for relief from an unusually obstinate case of Dysmenorrhea. The doctor, after having devoted more than an hour to a careful transcription of her symptoms, and about to close his book, was confronted with this question, "Doctor, what is the matter with me?" The doctor with an assumed attitude of bewilderment said, "Madam, I do not understand you; have you not been telling me for more than an hour what is the matter with you?" Then turning abruptly to her, he said:

"Oh, I know what you want, you want a name for your ailments. That is not my business, I cure patients. If you want only names you must go to some other physician."

This is not an exaggerated instance of what occurs to all of us very often. Yet how fortunate it would be for all of us, however, if we possessed the mental astuteness of the venerable doctor, and were able to meet that type of mind which would substitute an abstraction for the totality of symptoms as an object for cure, and with a mental flash show to it the incongruity of its position. Analogous process of reasoning in other departments of life would be disastrous, but they become doubly so when applied to the apprehension of disease. As proof of this statement recall the fact that in one of the most noted hospitals in the country as narrated by Dr. Cabot in the journal of the American Medical Association, that in a series of one thousand autopsies only sixty per cent of the antemortem diagnoses proved to be correct. In other words, forty per cent of the patients were treated for entirely different ailments than were named in the records. In consideration of this fact is at any wonder that thousands of people ally themselves to therapeutic cults which base their successes on entire indifference to the names of diseases. The simplicity of this matter has probably retarded its general acceptance by the medical professors. For our education has been so complex as to obscure our minds to that which exists under our very noses. How commonplace it would seem to most of us today to seek relief for that only which ails us, namely: the totality of symptoms from which we suffer. And what sympathy we are apt to pour out on those patients whose ailments have not received a name on which all physicians agree. Now, having convinced ourselves that the patient can make as real inferences regarding disease as the physician, or in other words, can know all that is knowable about diseases through the symptoms, we are prepared to understand the statement that by the process of induction we proceed from the known to the unknown. The unknown regarding disease must always be its essential character which being perverted, life must always remain a problem until the essential character of life is dis-

covered. If this proposition to some minds seems a little metaphysical we are sure that it will appear more lucid as we contemplate it more. If the only real inference that can be made regarding disease is what the patient can make as well as the physician, then that treatment in the long run will most command itself to the patient which removes these real inferences, or in other words, causes an obliteration of the symptoms throughout their full extent. This having been done the necessity of dwelling on the unknown or the essential character of disease so far as it is embalmed in a name very readily disappears. Having arrived at a fairly clear conception of what the inductive method is as applied to disease, we may appropriately inquire what the inductive method is as applied to drugs. From what we have learned of induction regarding disease we easily infer that the answer is simple. Yet simple as it is, it was not appreciated until Albrecht von Haller, who began the practice of medicine in 1729, answered it by stating that all that is knowable regarding drugs is their unadulterated effects when given to the absolutely healthy human organism and which are evinced in symptoms. Valuable as was this piece of information it fell into desuetude until rescued from that state by the immortal Hahnemann. To him belongs the credit for having, with one of those flashes of intelligence which has always presaged the birth of a new science, found the key which unlocked the science of therapeutics. Others before him had had faint glimpses of the truth, but it was reserved for him to see the truth in its full perspective. Undoubtably his mind was prepared for an apprehension of the truth by those lessons in thinking, the importance of which an unusually wise father had impressed on him in his tenderest years. And do we err widely in guessing that those lessons conformed to the method laid down by Dr. Francis Bacon on the strictly inductive method? In this connection too it may not be out of place to refer to Constantine Hering's conversion.

Is it not also easy to believe that it was on account of his capacity for clear thinking that he was chosen by his colleagues to refute homœopathy? And was he not converted to it

because he discovered its absolute conformity to the laws of strict induction? If this is not so, why did he ever reach that safe conclusion that, "if our school ever gives up the strict inductive method of Hahnemann it deserves to be lost and remembered only as a caricature in the history of medicine?" Did not a similar light shine on that Vienese professor, who after reading to his class the unadulterated effects of Mercury on the healthy human organism, disappeared from his class room for days and when discovered, explained his unusual absence by stating that as he read those symptoms he was struck by their analogy to an uncomplicated case of Syphilis, which led him to question if there was not a law of cure. And what shall we conclude when the great von Behring says, "what else causes immunity in sheep vaccinated against Anthrax than the influence previously exerted by the virus similar in character to that of the fatal Anthrax virus? And by what technical term could we more appropriately speak of this influence exerted by a similar virus than by Hahnemann's word 'Homœopathy?' ". And then concludes by say that "if I had set myself the task of rendering an incurable disease curable by artificial means, and should find only the road of homœopathy led to my goal, I assure you that dogmatic considerations would never deter me from taking that goal." These are but few of the examples of inductive reasoning with which the history of medicine teems. But they are sufficient to place in bold relief the disadvantages that must accrue from elaborating a theory and then making the facts accord with it. How few of us have ever considered in its true light the analogy between the work of Charles Darwin and Samuel Hahnemann. Just as Darwin, without reference to any theory, observed with the greatest patience for fifteen years the habits of animals until the law of evolution became sufficiently clear to him to give it to the world, so Hahnemann, from the similarity of Malaria to the symptoms of Cinchona found in Cullen's "Materia Medica," made for a like period those exhaustive experiments which convinced him of the truth of the law of similars in therapeutics, and encouraged him to give it to the world. In the light of all this, does not the

duty become imperative to every Homœopathician to relegate to a subordinate place much of the knowledge that is usually considered absolutely essential to a thoroughly equipped physician? Suppose that it does place him in the minority among his professional brethren. Suppose his methods are discredited by them. Will not the element of time ultimately come to his rescue as he patiently applys the inductive method, and his clinical successes assume such dimensions as to conclusively prove the superlative merits of his treatment? Causes of disease he must explore and remove, just as his opponent of the dominant school, and as his master has taught. For who of his time paid more attention to the etiology of disease than Hahnemann? Adjuvants to treatment of a none medical kind, the homœopathician must apply as do other physicians, but in the field of drug action he must adhere to the inductive method if he would merit the commendation of the master; and finally let us contemplate the advantages that he enjoys over other physicians. First of all he possesses an overwhelming faith in the power of drugs to cure disease. This is by no means an inconsiderable asset. For if it has only a psychological basis it is worth possessing. For do we not all know that that physician is most apt to encourage his patient who possesses faith in his own powers to cure. Have we not all seen time and time again the patient contract as by contagion that faith and make an unusual recovery when divergent minds have expressed the greatest doubt of it? Again contemplate the mental poise of the homœopathician as the patient seeks for relief from a sensation in some particular locality. He is not perplexed because he does not know just what anatomical elements of that location are involved. Sufficient to him is the knowledge that that is the location that must for the present time engage his thought, not in theorizing as to what pathological process is going on there, but induced by the belief that among the drugs, of which there may be many, that produce on the healthy organism analogous sensations he will find the cure. Again in searching for a cure for the particular kind of sensation in question, he is not harrassed by any doubt as to the anatomical or pathological

elements involved, but is sustained in his search by the conviction that fewer remedies still than is the former catagory produce similar symptoms on the well man, and that among these he will find the cure. His search for a cure will be still more narrowed as he finds fewer remedies still that produce on the well person conditions of aggravations or ameliorations similar to those experienced by his patient. And the search will be complete if he finds among his provings some one remedy which besides producing the same kind of sensation in the same localities, and aggravated or relieved by the same conditions produces some concomitant symptom in some other locality even if remote. In what respect, we ask, does this process fail to comply with the most exact demands of science? Where in therapeutics is there so much certitude? We challenge any one to answer. The claim may be made that this process is mechanical, but this is pre-eminently an age of specialism. And when one attempts to cover the data of any specialty to minds too narrow to appreciate his point of view, his method must always seem mechanical. But in pursuing this process he had the assurance that he is not included in that class to which Hahnemann referred when he said: "Let any one who is deficient in mind, in reflection, in knowledge, in sense of duty, in tender sympathy for the welfare of men, in one word who is deficient in pure virtue stay away from the sublimest of all earthly professions, the profession of medicine. The practice of medicine should be a constant and pure act of worship."

THE RECENT CHOLERA EPIDEMIC IN ITALY.

BY PROF. TOMMASO CIGLIANO OF NAPLES.

TRANSLATED BY EDWARD RUSHMORE, M. D.

I have delayed answering yours of the 9th January, 1911, in the hope of gathering positive data in regard to the last appearance of cholera in Italy, but that proving to be impos-

sible I will simply gather up and notice that which is known and openly conceded by all.

It is not positively known whether the cholera was imported from Russia by means of wandering gypsies or from other countries having frequent commercial relations with Italy.

The regions reached by the epidemic may be regarded as one tenth of the kingdom; the duration may be said to have extended from the last days of August to the first of November on a general average for a period of three months. The total expense of prophylaxis was about six millions of dollars, the greater part of which was used for disinfection. Its progress was irregular, its intensity less than that of former epidemics.

The directory of public health, however negligent it may have been in the application of hygienic rules to maintain the salubrity of the dwellings and their surroundings, from the smaller to the larger communities, still in the beginning of the disease showed itself active, eager, energetic and worthy of the praise of all, even if guided by a questionable wisdom.

The comma bacillus was fought in ailmentary products, in the sea water, in insects, in the air, everywhere, and the maxim was: *Unless the microbe is destroyed the man will perish.* This maxim, however scientific in appearance, instilled such terror in the people as to make them stop their mouths if they walked in the street, to make them fear to eat or drink, to make them flee from all society, even that of their dearest relatives, especially if attacked; a purely suggestive cholera which in many cases proved more fatal than the cholera of the baccilus virgula!

I have always held, what I have indeed been able to confirm in the recent epidemic, and my practice extends over half a score of such, that in some cases it appears to me that the cholera is transmitted by imitation or suggestion, like yawning and laughter, or even the vomiting of sea-sickness, with the same rapidity with which a case is followed by others and even by whole families, with the terrorising aspect of cholera symptoms. The encouraging and consoling word of the physician proves in these cases a more efficacious remedy in cutting short the unfortunate effects of suggestion.

Many unfortunate ones could not have the benefit of this on account of compulsory isolation in public hospitals if attacked, or in poor-houses if relatives of the attacked, profaning thus the sacred liberty of person and of home, not only in injury to the sick by this draconian measure, because it is not granted to any to deprive the sick or simple citizen of consulting his own physician and choosing the system of treatment in which he has greater confidence; neither was this useful to the rest of the community, because the transport of a case of cholera in the highways sometimes more than a mile, from his home to the hospital, on the one hand meant an increase of the panic by presenting to the public the painful spectacle of the sufferer, and on the other the diffusion, by means of the products of the vomiting and diarrhœa scattered over the ground and in the vehicles, the infection where it did not previously exist, without reckoning the inhuman aggravation, often fatal, which the unfortunate victims experienced, torn from their homes with the violence of public officers and taken to hospitals almost always newly improvised and not always furnished with needful comforts.

This mediæval system, most unseasonably revived, without modern scientific authority, caused many cases to conceal themselves from the sanitary officials who, while they sang of victory on account of the lessened number of reported cases, were contradicted by the anonymous and telephonic reports of deaths, which pointed out to the sanitary offices the houses of the deceased; in these were to be found only the cadaver, the relatives having fled far away, carrying with them their own household goods and planting thus new sources of infection in spite of all the rules of prophylaxis.

These painful results of compulsory hospital isolation would certainly have been avoided by domestic isolation, best made by confining the case to the family physician, or by regional isolation in case of attacks occurring in several houses. This system which excludes violence would be availed of by the great number of private physicians who in a case of public infection render important aid in the public confidence which they inspire.

The compulsory hospital system is not justified by the following scientific postulates:

I. That the bacteria live everywhere whether in the attacked or in the healthy, in commerce and in what concerns the life of a people, and that they live in spite of all disinfectants, including a high temperature, which if they kill the microbes do not kill the spores, if they kill the spores they do not regard the health of man nor the nature of things; and this assumption is sustained by the doubt of the diagnosis, for notwithstanding the death may be from cholera and the eloquent clinical signs stand out, so that diagnosis is made even by the laity, yet in the official bacteriological laboratories the analyses of the excreta were, in most cases, negative, and the greater part of the deaths from cholera were declared to be cases of acute gastroenteritis. Moreover, the question whether the microbe is the cause or effect of the chlorea remains still unsettled, and is made especially doubtful by varied and illustrious investigators who have ingested cultures of bacilli virgola and remained perfectly well.

II. That the efficacy of all disinfection, it being admitted that the microbes resist every disinfectant, is reduced to simple cleanliness as the best means, and especially if effected with pure lime, which if it does not kill the microbe has been always used as a purifier from the most remote antiquity, easy as it is of application by every one and accessible to all by its small cost.

III. That cleanliness is the best and surest prophylactic against all forms of infection is proved also by the fact that infections attack more easily the small squalid and destitute habitations, rather than the houses of the rich which whatever they may still require are not lacking in needed cleanliness and space.

In reality the family of the poor not only live without cleanliness in a small and dark house, but lack sufficient food to maintain the required organic energy against possible contagion. All prophylaxis which looks only to the contagion, as that already practiced, is ineffective and excites the people who dread being assaulted with microbes everywhere, makes nutri-

tion insufficient, and personal and domestic cleanliness difficult or impossible. Finally, for the tranquillizing of the public, for a just regard for the neglected classes, for the arrest of overcrowding—three efficacious factors in all infection—have been substituted public terror as of some great calamity, the arrest of trade and industry, by which well or ill, all the people live, and lastly the disapproval of living in the open air and sunshine, to which natural instinct impels everyone who lives in narrow quarters.

Naples. Notwithstanding the stated inconveniences the people with their genial and artistic disposition found their best and only prophylaxis in living in the open air and sunshine and amid the soft breezes of the enchanted bay; they assailed the disinfectors with stones and would not allow poisonous disinfecting substances in their own huts and cottages; they associated with whitewashers and fountain builders, from whom they confidently expected the greatest possible cleanliness in their own squalid huts and streets, a cleanliness never sufficiently effected by those whose duty it is to procure it. They are fortunate and happy, however, in the extension and improvement of the city made in the last thirty years, in the new system of sewerage and in the deviation of the channels of refuse from the shore where they enjoy frequent sea baths. To such labors of the city accomplished with very great sacrifices is due the happy reduction of mortality now less than that of the other great centers of the world, as well as to the salubrity of the climate and the magnificent aqueduct for the water of the Serino, unique in the world, and finally, permit me to say, to the genial character of the Neapolitan people. They are like the fabled Antæus, the more they are cast down the more they rise. They do not permit themselves to be overwhelmed with doubtful hygienic rules, they eat their pottage of herbs and of well cooked potatoes (merchandise burdened with vexatious municipal formalities), get over their troubles and recover their former strength, as usual, in their ritual of the summer rural excursion, contract debts with admirable financial arrangements and resist cheerfully in the best possible manner the terrorizing cries of choleraic invasion.

The attacked in Naples numbered on an average five or six cases a day with a maximum for three or four days of 100 to 150, that is, one to twenty-five cases to every hundred thousand inhabitants, a figure not worth the trouble of considering in speaking of Naples as an infected city, especially when it is considered that the positive bacteriological diagnosis were, for the most part negative. A useful result of the hygienic studies made in connection with this epidemic has been the following: in the name and for the sake of sanitary protection the city will be enlarged so as to reduce the density of the population to an average of 25,000 to 30,000 per square kilometer; whereas at present according to the latest computations the average is 80,000 per square kilometer, a frightful figure when considered in relation to the requisite normal for immunization, and which our legislators have taken into serious consideration as a problem which the nation must and will solve.

Treatment. It is useless to speak of treatment as it is understood by the official physicians, in whose hands every prescription is a confused and undigested mixture of discordant elements, which must act in all directions in the body without ever leading to any positive conclusions, or if they reach any conclusion they overturn all the laws of cure.

The homœopathists, as always, prescribe the usual remedies, Veratrum, Cuprum, Arsenicum and Carbo-Vegetabilis according to the stages and symptoms of the individual case, but the remedy which has always merited and still merits the unquestioned confidence of the public is the True Camphor Rubini, proven superior to other remedies in all epidemics of cholera, past and present. Between the True Camphor Rubini prepared according to the precise details of the author and the popular Camphor Rubini as taught by him to be prepared by anyone, from the earliest epidemics it has been authentically stated that 30,000 persons have employed it with certain success, not excepting the officials and various non-homœopathic physicians who visited cholera houses, hospitals and almshouses; and such as these, especially if not physicians, proving the efficacy of the remedy, offered it enthusiastically to the attacked even in desperate cases and always with success. The cure was prompt

and sure, because they used purely and simply the True Camphor Rubini according to his instructions. This method as taught by the lamented professor Rocco Rubini and reproduced by me was gratuitously distributed in at least a hundred thousand copies. The neapolitan people, always enthusiastic in generous deeds and despising the terrorizing instructions of the sanitary officials, used for themselves and administered to others the wonderful homœopathic remedy, either as prophylactic or as curative, whenever the case required it, delighted to gratify the noble altruistic sentiment of their hearts.

How great and many would have been the economical, sanitary and commercial advantages of the homœopathic prophylaxis and treatment! The future will demonstrate it when the unjust hatred of homœopathy will permit it.

DISCUSSION.

Discussed by Drs. P. E. Krichbaum, John Hutchinson, J. B. S. King and B. G. Clark.

It was moved, seconded and carried that the Secretary be instructed to include Dr. Cigliani in the motion made yesterday concerning Dr. Wm. Jefferson Guernsey.

"FRAGMENTS."

BY C. W. S. ST. JOHN, M. D., BARBADOS, W. I.

In all the West Indies homœopathy is represented only in the Island of Barbados, which lies at the eastern end of the Carribean Sea.

The public long ago recognized the benefits of homœopathy in the practice of Dr. F. Goding, who was one of its earliest practitioners, and a convert from the old school. Later Dr. Archibald Bayne, a graduate of Hahnemann College, Philadelphia, acquired a large practice and held the only public appointment given to a homœopath under the poor law administration.

There used to be a homœopathic physician in Jamaica—Dr. Wiles, but he long ago returned to the United States. Since 1854, the period of the cholera epidemic here, Barbados has never been without the services of a homœopathic physician. At present there are five physicians practising in the island, one a lady doctor, a graduate of Cleveland, Ohio. Homœopathy enjoys the patronage of many families among the upper classes in the island, and the masses of the people go to homœopathic physicians as readily as to physicians of the old school. Many patients from the neighboring islands come to Barbados to obtain the services of homœopathic physicians.

The diseases most commonly found here are such as are common in temperate countries. The island is the healthiest of all the West Indies, and is the sanatorium of the West Indies.

There is a disease peculiar to Barbados called locally "Fever and Ague," but which is a form of Elephantiasis.

It consists of a sudden attack of ague followed quickly by high fever (temperature 104°), intense headache, backache, and an erythema of one leg, and an enlarged and painful gland of the thigh of the same leg near the groin. The attack usually goes off in a couple of days, but the leg remains red and swollen for nearly a week. If the patient steps about too soon the leg remains swollen, and repeated attacks leave it permanently enlarged. This enlargement is not a mere œdema, but an infiltration into the tissues of the leg. Some persons seem peculiarly liable to the disease, and many have periodical attacks all their lives. The causes of it are in some cases taking cold, and in others, a disorder of the liver seems to induce it. The theory of the old school is, that there is a parasite in the blood, which accounts for the disease.

The remedies most useful are Belladonna in the early stage, and later Bryonia or Rhus tox. may be indicated. It rarely kills, but by its suddenness and periodical return it greatly incapacitates.

A few years ago occasional sporadic cases of Yellow Fever occurred here, and I noticed that in fully developed cases,

Baptisia in the earlier stage, and Crotalus Horridus later were the medicines most usually found beneficial.

The two following cases are suggestive, rather than absolutely demonstrative of cure by the remedy used.

I was called to the two cases in the early stages, which were ushered in by sudden severe chill, intense backache, and headache, with great photophobia and high fever, temperature being 104°. I gave Pyrogen 30 every hour, for a time, afterwards every two hours or longer. Within twenty-four hours nearly all symptoms were greatly relieved, except the headache and photophobia, and a continuation of the medicine for a day longer brought complete relief of all symptoms, the headache and photophobia included. These cases as I have said are suggestive only, as the symptoms were not characteristic of Yellow Fever only, but as they were several cases of real Yellow Fever in the district characterized in the early stages by these same symptoms, it is fair to conclude that these two cases were those of Yellow Fever aborted by the remedy. The proving of Pyrogen shows it produces all the symptoms of the early stage of Yellow Fever, the albumen in the urine included. If I were placed in the midst of an epidemic of this fever I should not hesitate to administer Pyrogen both as a remedy and a prophylactic.

Another interesting case showing the need of paying attention to constitutional symptoms is one of Enuresis Nocturna in the person of a young lady 16 years of age. All her life she had suffered from this affection and various medicines had been given without benefit. I was consulted by her mother on her behalf, but did not see the young lady for some time after. On giving two or three remedies without relief, I asked the young lady be brought to me. She presented no urinary symptoms to guide me, but I proceeded to question her in general and elicited the fact that she suffered from offensive foot sweat and cracks between the toes; and on these symptoms I prescribed Silicia 30. Two weeks after her mother returned and reported that she had not been troubled by the urinary affection from the time she took the Silicia.

This was the first time in her whole life that she had been free of the trouble.

CLINICAL EXPERIENCES.

BY ERASTUS E. CASE, M. D., HARTFORD, CONN.

I.

A college professor, aged 35 years, small, dark, nervous temperament, has spent two months in Europe, mostly in Paris and London, suffering from the cold, damp atmosphere. After embarking for home he had a chill followed by continued fever, which kept him in the stateroom. With the help of his wife he "braced up" and passed the quarantine. On reaching home he had:

High degree of fever, with dark red face, and dullness of mind.

Dull pain in the occiput, relieved by lying with the head high.

Extremities felt too heavy to be moved.

Tongue yellowish white.

Speech difficult (both mind and motion sluggish).

Thirstless with fever.

It was a Gelsemium picture, but to avoid error Kent's Repertory was consulted. The color of the face was strongly marked.

Dark red face had 17 remedies: Alum., Ant. t., Bapt., Bar. c., Bell., Bry., Camph., Chel., Coloc., Gel., Hyos., Kre., Op., Sec. c., Stan., Sul., Verat.

Mental symptoms are most important.

Dullness of mind had 13 of these remedies: Alum., Bapt., Bell., Bry., Camph., Chel., Gel., Hyos., Kre., Op., Sec. c., Sul., Verat.

Dull pain in the occiput had only three of these: Alum., Bry., Gel.

Pain in occiput relieved by lying with the head high: Gel. only.

Gelsemium was the only one of these remedies covering all the other symptoms.

Aug. 8, 1910. Four powders Gelsemium 200, one every three hours dry on the tongue.

Aug. 14. The patient has improved much, sleeping well and taking liquid food in sufficient quantity. The fever became remittent, on the 11th intermittent. A second prescription was delayed until three attacks gave a clear picture.

Type quotidian, at 11 A. M., each stage of two hours duration.

Chill begins in the hands, worse from motion, worse from uncovering. Chill with headache, with thirst, with blue nails, with pain in extremities.

During fever aversion to uncovering, chilly from uncovering, cold feet.

During apyrexia: taste metallic, tongue white, eruption about the mouth.

A study was made with Allen's Therapeutics of Intermittent Fever.

Type quotidian and time 11 A. M. had in common 11 remedies: Bapt., Cact., Carb. v., Cham., Ip., Lob., Na. m., Nx. v., Polyp., Pul., Sul.

These remedies were consulted under the other symptoms: Chill beginning in the hands: Nx. v., Sul; chill worse from motion: Nx. v., Sul.; from uncovering: Nx. v.

During chill—headache: Carb. v., Na. m., Nx. v., Pul., Sul.; thirst: Carb. v., Na. m., Nx. v., Pul.; blue nails: Carb. v., Na. m., Nx. v., Sul.; pain in extremities: Na. m., Nx. v., Pul., Sul.

During fever—aversion to uncovering: Nx. v., Pul.; chilly from uncovering: Nx. v.; cold feet: Nx. v., Pul., Sul.

During apyrexia—taste metallic: Nx. v., tongue white: Carb. v., Na. m., Nx. v., Pul., Sul.; eruption about mouth: Na. m., Nx. v. Nux vomica alone covered all the symptoms.

Nux vomica 200 in solution, two teaspoonfuls every two

hours while awake, from the cessation of sweat until 10 A. M. the following day.

Aug. 15. Chill more severe, at 10.30, half an hour earlier. This was thought to be an aggravation. No medicine.

Aug. 16. Chill came at 11.30, less severe in all stages. Action of remedy continuing favorably. No medicine.

Aug. 17. Chill still lighter at 1 P. M. Patient feels quite well during apyrexia, but weak. No medicine.

Aug. 18. Chill came at 12.30, earlier and more severe than on preceding day. Has the remedy ceased to control the disease force? That was the conclusion.

One powder Nux vomica c. m. Fincke, dry on tongue at close of sweat.

Aug. 19. Great improvement. Slight chill at 1.15 P. M. No medicine.

Aug. 20. Chilly for a few minutes at 2.45 P. M., then fever for an hour, no sweat. No medicine needed yet.

Aug. 21. Felt cool and wrapped up at 2.45 P. M., slight fever.

Aug. 22. Just a shiver at 3 P. M., no fever.

Sept. 9. All went well until today, after a week of hard study in preparation for teaching, a chill came at 12 M. of the same type as before.

One powder Nux vomica c. m. Skinner, dry on the tongue.

Sept. 10. Chill came at 11 A. M. more severe. An aggravation? No medicine.

Sept. 11. Slight chill at 1 P. M., some fever for an hour, no sweat.

There has been no manifestation of malaria in this patient since them, now nearly two years.

II.

A tall, dark haired seamstress, aged 27 years, has had glossitis five years under old school treatment, one year of the time under the surgeons in Bellevue Hospital.

The tongue is fissured through the centre, and diagonally from the centre towards the edges like the vanes of a feather, and is so large that she can scarcely close the mouth; with

burning and itching. Worse from warm food or drink, salt, pepper, acids, coarse food. Salivation at night, dandruff on the scalp, face sweats from least exertion. Occiputal headache during menstruation, worse from motion, also with vertigo if she rises from bed; constipation, with ineffectual urging to stool; menses late; foot sweat cold, offensive; soles of feet hot day and night; worse in the morning; worse in wet weather.

A study of the case was made with Kent's Repertory.

Fissured tongue, the prominent symptom has 54 remedies: Ail., Anthr., Apis., Ars., Arum. t., Aur., Bar. c., Bapt., Bell., Benz. ac., Bor., Bry., Bufo., Calc. c., Calc. p., Calc. s., Camph., Carb. ac., Carb. v., Cham., Chel., Chin., Cic. v., Crot. h., Cupr., Cura., Fl. ac., Hyos., Iod., K. bi., Lach., Lyc., Mag. m., Merc., Mez., Mur. ac., Na. a., Nit. ac., Nx. v., Pho., Pho. ac., Plb., Pod., Pul., Ran. sc., Rap., Rhu. t., Rhu. v., Sacch., Spig., Stram., Sul., Verat., Zn.

Swollen tongue has 25 of these: Anthr., Apis., Ars., Bapt., Bell., Calc. c., Calc. p., Camph., Chin., Cic. v., Crot. h., Fl. ac., Iod., Lach., Lyc., Merc., Mez., Pho., Pho. ac., Plb., Pod., Pul., Stram., Sul., Verat.

Heat of the soles is a very marked symptom and has seven of these remedies: Bell., Fl. ac., Lach., Lyc., Pho. ac., Sul., Verat.

These seven remedies are compared throughout the list of symptoms.

Heat of tongue: Bell., Sul.; itching of tongue: Sul.; worse from warm food: Lach., Pho. ac., Sul., Verat.; salivation at night: Sul.; dandruff: Lyc., Sul.; perspiration on face: Bell., Lach., Lyc., Sul., Verat.; headache during menses: Bell., Lach., Lyc., Sul., Verat.; headache worse from motion: Bell., Fl. ac., Lach, Lyc., Pho. ac., Sul., Verat; vertigo on rising from bed: Bell., Lach., Lyc., Pho. ac., Sul.; constipation with ineffectual urging: Bell., Fl. ac., Lach., Lyc., Pho. ac., Sul., Verat.; menses late: Bell., Lach., Lyc., Pho. ac., Sul.; heat, soles of feet: Bell, Fl ac., Lach., Lyc., Sul., Verat; sweat on feet, cold: Bell., Lyc., Sul., Verat.; sweat on feet, offensive: Lyc., Sul.; worse in morning: Bell., Lach., Lyc., Pho. ac., Sul., Verat.; worse in wet weather: Bell., Lach., Lyc., Sul., Verat.

Sulphur has every symptom, Lycopodium lacks four, and Lachesis lacks six of them.

Oct. 6, 1908. One powder Sulphur 1m dry on the tongue in the morning.

Nov. 20. The feet have become normal and comfortable. The bowels are regular and health much improved, but the tongue is unchanged excepting that it is less sensitive. A new symptom is present—she awakens from sleep with a smothered feeling, soon falls asleep to be reawakened in the same manner. The rule for prescribing for chronic ailments is to follow the latest symptoms. That one is characteristic of Lachesis, which had a strong claim for use at the first prescription. One powder Lachesis 1m dry on the tongue.

Dec. 22. Steady improvement followed. The cracks have disappeared from the tongue, it is less sore, and about half the size a month ago. Food can now be taken with comfort unless hot, salt, or pungent. During the last few days seems to have grown worse.

One powder Lachesis 40m dry on the tongue.

She afterwards needed on Jan. 26th, 1909, one powder of Lachesis 50m, and on March 6th, Lachesis 60m.

Her tongue has remained of normal size and generally well since that time.

III.

Mrs. A. 50 years of age had an operation for cancer of the stomach 18 months ago. No cancer was found, but the appendix was removed, and a floating kidney fixed in place. She seemed better for some months, since then has been unable to take much food without acute pain. She went to the hospital again, was told that no operation could help her, and was sent home to die of cancer.

She has stitching pains about the umbilicus after eating; exceedingly thirsty; constipation is obstinate from torpor of rectum; urine blood red; dry cough hurts the lumbar region right side; worse from motion, cold air, lying on either side; has taken narcotics to produce sleep, but they have lost their influence.

Feb. 20, 1911. Nux vomica was well indicated, especially because of the narcotics, and while studying the symptoms she was placed under the influence of Nux vomica 200, four powders three hours intervals. Allen's Bœnninghausen slips gave this result:—

	Bell.	Bry.	Merc.	Nx.V.	Pul.	Sep.	Sul.
Stitches	3	4	4	3	4	4	3
Stitches in umbilical region	3	4	1	3	2	3	3
Worse after eating	3	4	1	4	4	4	4
Thirsty	3	4	4	3	2	2	4
Constipation	3	4	3	4	2	3	4
Urine red	3	4	3	2	3	3	3
Dry cough	3	4	3	3	4	4	3
Dry cough hurts lumbar region	3	3	3	4	4	4	4
Dry cough hurts right side	4	4	3	4	4	2	3
Worse from motion	4	4	4	4	4	3	4
Worse from cold air	3	3	3	4	3	3	3
Worse from lying on the side	1	4	3	2	3	1	3
Worse from narcotics	4	2	2	4	3	3	1
	40	48	37	44	42	39	42

Feb. 25. Patient can take liquid food with less pain, is sleeping more and refreshingly. A new symptom has come,—she awakens with pain in the forehead, and the eyes are very lame. This symptom is very characteristic of the remedy best indicated in the study.

One powder Bryonia 200, dry on the tongue.

March 7. She sleeps well, can take liquid food with little pain, and the bowels are acting nicely. The headache ceased, but is returning. One powder Bryonia c.m. dry on the tongue.

March 28. She is now able to get about the house, but feels weak in hips. Bowels are again constipated with ineffectual urging to stool. Feels faint at 11 A. M. and wishes husband would come home to dinner. Soles of feet burn so at night it prevents sleep.

These new symptoms are all characteristics of Sulphur. One powder Sulphur c.m. dry on the tongue. No more medi-

cine was given. The gain continued and she was soon able to care for her house and continues to do so in better health than since early womanhood.

What is the diagnosis?

DISCUSSION.

J. B. S. King: For many years I have admired and wondered at the clinical reports of Dr. Case. Now that the doctor has written this paper, giving the mental processes by which he found the remedies, I perceive that he works by the old fashioned, genuine, laborious, rock-rooted, adamantine-founded method of digging in the materia medica and repertory. His superb technique, great skill and modes were concealed under a Spartan brevity. Let me say that there is no better exercise for the mind of a student of homœopathy than to take any of Dr. Case's papers and covering the name of the remedy with a card, work out the case for himself.

P. E. Krichbaum: Why did he begin at the tongue in that case? I would have taken the most peculiar symptom first; there were about fifty symptoms of the tongue and about two of the feet. By beginning with the tongue you have about forty-eight times more writing than you would have had if you had began with the feet.

C. M. Boger: The subject of chills brings back the recollection of a case which was peculiar. It was a double type of malaria not often seen. There were two chills in one day, each of a different type. One set of paroxysms corresponded perfectly to Chininum sulph. It was necessary to give it in the 200th every two hours for four days before that feature of the case disappeared. What was left corresponded to Natrum mur. It was then given in the same way. The recovery was perfect. It was very psoric patient.

P. E. Krichbaum: How could the patient have two distinct types without any mingling?

C. M. Boger: That is the very thing he did have.

E. Rushmore: Was the remedy given through all the stages every two hours?

C. M. Boger: Yes.

E. Rushmore: When I was young in homœopathy I gave Arsenicum 45m at regular intervals all through the stages of a case of intermittent fever with the result of a good cure.

W. H. Freeman: I had a case that had different types of paroxysms such as Dr. Boger describes. One set of symptoms was covered by Natrum mur. and the other by Eupatorium perf. I gave Natrum mur. and one set of symptoms cleared up. A few days later Eupatorium symptoms come out strong and clear and then Eupatorium completed the cure. From this I concluded that it was a double infection. The two symptom groups were distinct and separate.

E. A. Taylor: Dr. Case evidently believes in Hahnemann and this masterly report is the result of a close adherence to the Hahnemannian method uncontaminated with any theory. In that case diagnosed as cancer of the stomach the woman got Nux because the symptoms called for it and later Sulphur, not because the apparently indicated remedy did not act, but because the symptoms indicated it. Sulphur was not given on account of a supposition that the patient had psora, not at all. Let us all adhere to the law as closely and we will all get as splendid results.

R. Blackmore: Recently I consulted Dr. Allen's work on the Therapeutics of Fevers. I was hunting for a symptom of which the patient complained "chill beginning in the nape of the neck and going down the back." I found it under Valeriana and gave it. That was all there was to *that* chill. In this instance I began with one peculiar symptom and went from the 200th to the c. m. and from one m. to 60m. and one dose was enough for the patient.

G. B. Stearns: I want to ask Dr. Case whether he has any rule as to the succession of his potencies. Dr. Kent has a rule about certain intervals and I noticed that Dr. Case went from the 200th to the c. m. and from one m. to 60m. and I wondered whether he had any particular reason for making just those intervals.

E. A. Taylor: I would like to ask whether in giving the symptoms of a case he gives all the symptoms or only those which were useful for the selection of the remedy. I think that

he must give not all of them, but only a certain number; the point has been raised about the chill of Natrum mur. whether it begins in the hands and feet or not. It does not seem to conform to the rest of the symptoms. I think, however, that you will find it in Dr. Allen's book.

Richard S. True: In regard to the history of a case does not the fact that the patient has been exposed to the action of quinine determine in favor of the selection of natrum muriaticum?

E. E. Case: We are to prescribe for the patient as he comes to us. The fact that quinine has been taken is only one factor in the selection of a remedy and might be overcome by other factors.

Richard S. True: I accept that. What I want to know is, should not natrum muriaticum be given first in a case that had been taking quinine? Would not the history of quinine taking be sufficient to determine in favor of the natrum? It seems to me that that is what Dr. Hawley taught me.

W. H. Freeman: The remedy that covers the totality at the time that the patient presents himself will antidote the quinine that has been taken, as well as cure the other symptoms.

E. E. Case: One who is sick and has taken large amounts of quinine presents a complex picture. He has disease symptoms plus quinine symptoms, and the needed remedy must cover the totality so far as it can be found. Natrum muriaticum is not an exact antidote to quinine, and might not be the best antidote to the quinine symptoms that still remained. Observe the language that was used, viz.: "Nux vomica was well indicated, especially because of the narcotics," and this aggravation from narcotics was important, but only one of the symptoms pointing to Nux vomica as the remedy.

E. A. Taylor: A history of the previous taking of quinine does not alone constitute a valid symptom for prescribing Natrum,—not that fact alone. The whole complex of symptoms only could determine the remedy, even if he had taken a barrel of quinine. The fact was never better demonstrated than by one of the remarkable cures made by Dr. Lippe. The

patient, a woman, had been in the hospital for a long time. The sickness was caused by being drenched in a rainstorm and had continued so long that the woman had become a confirmed invalid. She had been prescribed for by able men who, no doubt, had selected all the remedies that were supposed to be indicated by the results of getting wet, or of being exposed to dampness and so on, such as Pulsatilla, Calc. carb., Rhus tox., etc. They were all prescribing for the rainstorm and without effect. One day Lippe came in and he saw that although it was in the month of July and hot the woman was covered with blankets and had hot water bottles around her. She could not get warm at all. He noticed also that she jerked and twitched a good deal whenever he came in. He asked a question or two and soon found that she had burning up the back. A dose of zinc, given upon the symptoms and not for the rainstorm cured her.

E. E. Case: In office work I usually begin with B. & T.'s 1000, and then ascend to higher potencies if necessary. In the higher potencies Fincke's and Skinner's are the favorites, the latter of which seeming to have a keener action. Formerly an endeavor was made to select the remedy especially suited to the constitution of the patient, with the purpose of going to the root of the disease at once, but this often caused such an aggravation that I did not know what to do with it. Later I came to the conclusion that that was not the true method. We should prescribe for the symptoms then present, and in subsequent prescriptions follow the new symptoms that appear. After one or more remedies are used the constitutional remedy will be clearly indicated, and it will complete the cure gently and permanently.

THE BASIS OF HOMŒOPATHIC PRESCRIBING.

BY B. L. B. BAYLIES, M. D.

Homœopathy is like that universal principle, sympathy, an expression of the correlation, of everything in Nature.

"All are but parts of one harmonious whole,
Whose body Nature is, and God the soul."

Our object as physicians is to retrive the lost harmony of the human organism; to attune the distuned instrument. And to this end we must first obtain a thorough knowledge of every indication subjective and objective, of that disturbance of the life-force which constitutes the distunement, or disease.

It is said that in the search for the remedy must be found a correspondence of the totality of the symptoms, to that of the case to be treated. But Hahnemann directs us to select from that totality, and find as nearly as possible the identical likeness, in the characteristics, the corresponding characteristics of the objective and subjective phenomena, mental, psychical and physical.

This can be found, for all thus far curable conditions, for every drug is individual, in its ability to excite certain mental, emotional or passional phenomena, concurrent with the physical; thus presenting a prototype of that similar morbid action which it cures, although it may not, like disease, unless given in toxic doses, have produced similar organic changes, which if they were detectable in life, could be of little or no value for homœopathic diagnosis. Among the characteristic symptoms of a remedy, often those which are rather obscure than prominent, have the highest therapeutic relation.

These obscure symptoms will frequently be more significant of the patient's idosyncrasy or dyscrasia, the fundamental element of his case, whether it be psoric, sycotic or syphilitic, or possibly some hitherto undescribed miasm.

Next to Hahnemann's demonstration and development of the scientific law of Homœopathy, his discovery of the hereditary miasms as essential principles of disease, is the greatest of medical achievements, and of the greatest practical value. Rendering every form of disease more inveterate and difficult of cure, they should be sought in every case; and there are few cases untainted by one or more of them, simple, or composite.

Our treatment of a case in the first instance applies to the primary phase of the disease; to what then appears, as the

complex of the symptoms. But when progressive improvement under the remedy has promised a restoration of health, an interruption of improvement, aggravation or metastasis, a change of symptoms may occur, resulting from the intervention of a hitherto latent miasm; and the patient's condition then exacts the selection of a new remedy.

In the selection of the remedy the symptoms and the modalities of their manifestation, often more important than the symptoms, must as heretofore be regarded; but they now lead us to a deeper plane, which seems most directly to involve the system of organic life.

Here, the external lesions indicating this involvement of the organic system, nutritive, assimilative and reproductive, such as dry or humid squamous eruptions, erysipelas, warts, moles, tumors, ulcers; which may be distinctly significant of miasm, appearances in diseases of the throat, all external and internal lesions which can be located by physical examination, the sides of the body, or the part of the organ affected, if not determining the remedy, will suggest the direction of the search; as all remedies have their correspondent affinities for tissues, organs and localities.

I present a case which may afford some illustration. A patient of the late Dr. Bayard, accustomed to the occasional single dose in high potency, was frequently troubled with indigestion accompanied by frontal headache, and evidently affected by a chronic miasm, having traces of old eczema upon the legs, and constantly hot perspiring feet. He had been benefitted during several years, for modifications of these symptoms, by Natrum carb., Natrum mur., Silicea, and later by Sulphur, more rarely by Lycopodium. The headache and gastric symptoms were accompanied by sleepiness, and were worse by riding; a modality to which these remedies correspond; the Natrums and Lycopodium in the lower degree, Silicea and Sulphur in the third higher degree. The rank of the remedies stated by Bœnninghausen generally signifying, I believe, their true relative value.

Jan. 19th. After a chill the previous evening, and a restless night, I found these symptoms prominent in the morning,—sen-

sations of painful pressure and fullness in the forehead, worse immediately after eating, severe supra-orbital ache, smarting of the eyes, ache and soreness to the touch of the whole surface of the nose, of the alæ nasi and the nostrils, moderate discharge of nasal mucus, sensitive submaxillary glands, sore commissures of the lips; hot flushes of the whole head at intervals; soreness around the lower back and abdomen, pain in the sacro-iliac region, when making effort at stool. The pain and soreness worse moving, bending, and straightening the body. Urging to urinate early in the morning, with sharp cutting pain extending from the neck of the bladder along the urethra. ℞ Natrum muriaticum 45m F., in solution, half at once, the remainder in the morning if required. He felt some relief from the first portion of the Natrum mur. and omitted the second.

January 21st. Erysipelas of blooming, scarlet hue, appeared on the forehead and extended down upon the nose and cheeks; smooth, without vesicles. Natrum mur. the same potency one dose. The patient felt stronger and improved after each dose. Vegetable diet, water freely, and milk were directed.

January 23rd. Feeling better the patient indulged without permission in a little chicken in the evening; passed a restless night, and the following morning at eleven had a severe chill and shake, which ceased soon after a dose of the same medicine.

January 24th. Inflammation has left the face, and appeared on the left ear, which is much swollen.

January 25th. Improving, stopped Natrum mur., a dose to be taken if required.

January 26th. Toward evening yesterday, came on penetrating, stitching pain at the upper angle of the right scapula, next the vertebral column, and coincidentally, a similar pain at about the fifth rib antero-laterally; also drawing pain in the right groin, and extending down the posterior aspect of the thigh; worse lying on the right side, better lying on the back with the knee drawn up; burning sensation in the sole of right foot. These symptoms continuing during the night, remained this morning. Between three and four this morn-

ing, sensation of a painful knotting up of the muscles of the right calf; pain in the limb worse at beginning of motion; with stiffness if long in one position; stool at 8.15 A. M., preceded by much flatus.

Amelioration by lying on the back with the knee bent, with aggravation by lying on the painful side, corresponded to 24 medicines. Being worse at beginning of motion, burning of the sole of the foot, locality in thigh, affected, reduced the number to three, Calcarea carb., Lycopodium and Phosphorus. The summary of the relative value of these according to Bœnninghausen's repertory, ranked them as Calcarea 21, Lycopodium 25, Phosphorus 16. By comparison with the text of the materia medica, I selected Lycopodium, and gave a dose of the 45m F.

January 28th. Pains in the groin and thigh have disappeared; patient can walk well; no acute pain in the chest or scapula; only a slightly drawn feeling, in that region.

January 29th. No trouble on the right side, aching throbbing, soreness and stiffness of the left knee have appeared. Swelling with inflammation and intra-articular effusion; knee often painless when lying or sitting still; restless turning in bed at night without relief; flushes of heat in face and head after eating, aggravations in the evening and early morning, weakness of the limb in the morning. ℞ Thuja 5m F.

January 30th. Knee better, less pain and swelling, improved appetite, no more discomfort after eating.

January 31st. Free motion, no inflammation.

February 9th. Patient has attended daily to business since the last note, without trouble in the knee or elsewhere.

This case was evidently complicated by the psoric and sycotic miasms.

The miasms referred to by Hahnemann are so prevalent in the human system today, that if one or more of them is not apparent in a case as first presented for treatment; when a second or later prescription is required, although that prescription must always accord with the symptoms, perception of their presence of the miasms, will suggest the direction of our

search for remedies, and incite us, if possible to perfect the cure.

A PNEUMONIA CASE.

ALONZO EUGENE AUSTIN, NEW YORK CITY.

Nakamura, a Japanese butler, 33 years old, had a cold for several weeks. His health had been undermined by the excessive use of cigarettes, the smoke of which he inhaled. When I first saw him, I found a desperately sick man, both lungs involved, temperature 106. Had many chills, could not be made warm by any means. In his broken English said, "Naka no get well." When I saw him the aconite stage had passed. Bryonia stood out plainly. Six doses of Bry. cc arrested the disease in the stage of red hepatization. It never went on to the other stages and in less than one week's time the temperature had gone to subnormal and in ten days he was practically well with the exception of prostration. The day and night nurses attending him said these things were new to them.

The Japanese friends were astonished with the results. I have since learned that pneumonia with the Asiatics is generally fatal and they rarely expect to get well. I told his friends, had I seen the case earlier that pneumonia might have been aborted. Some think me over-zealous, over-enthusiastic, but when one can by following the "law," stop pneumonia where both lungs are involved, with six or seven doses of Bryonia or some other indicated remedy, I feel that we have a right to the pride, in having found the laws laid down by Samuel Hahnemann as true to-day as when they were made.

WHEN THE SIGHTS BLUR AND THE BULLSEYE PLAYS HIDE AND SEEK.

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

"Way down in Maine," in the land of magnificent distance and wind-swept space—in the silent places where, it has been

conjectured, the bear, the wild Indian and the weird wampus wander at will; where the arboreal solitudes discourse not of disease; where "The murmuring pines and the hemlocks," swayed by ozonic blasts from Bigelow and Blue, from Kineo and Katahdin, whisper only of health; where a thousand miles of rock-ribbed coast-line, "from Kittery Point to Quoddy Head," fling back the ocean surges—bearing far away toward Gehenna, Massachusetts, and other outlying districts, all deadly germs—"way down in Maine" it may be inferred that homœopaths are unknown and that Hahnemannians are not even a tradition.

Under such circumstances the chairman of your Bureau of Clinical Medicine, in dire distress, has recklessly wasted good stationery and stamps of the realm in an effort to find some mute inglorious Rip Van Winkle who, with his little old homœopathic gun, might be drafted into the service of her Bureau.

In this shameless way was the writer hereof rudely awakened to a realization of being in the toils of her far reaching lasso; and if the resultant effusion savors more of the wilderness, the fields and the rifle-range than of a close Bureau of Clinical Medicine, my *confrères* "must pardon something" to the environment above outlined.

Candidly, however, to those of you who are deep in the similitudes of things there should be no incongruity—even in the title of this paper.

If there are any here who have never seen, handled, fingered, fondled the beautiful lines and exquisite finish of the modern rifle, from its superb interior of barrel to its absolute exactness of wind-gauge sights and lightning-quick response of trigger-pull; if you have no knowledge of the weapon and its ammunition of black, and smokeless, powders of "high" and "low" potencies—propelling an exactly formed and perfectly adapted missile that can be placed anywhere within the power of human eye and nerve—from the "firing-line" to a thousand yards—if you never have been out there on the breezy range with this instrument of precision when the cross winds blow a gale of forty miles an hour, or when the light and

heat waves quiver—when the sights blur and the bullseye plays hide and seek—then, I say, you have missed a precious and parallel illustration of the practice of pure homœopathy, and of the difficulties besetting the art. Let us suppose—not a chronic case—not a 500 yard target with its bullseye looming large in all its twenty-two inches of diameter, when we are permitted to leisurely lie prone, adjust our sights and wind-gauge, take a few "sighting" shots, select a few choice cartridges, and then commence our record score—for publication in the papers!

Oh, no—it's just a simple 200 yard case, with only an eight inch black spot and quick, "off-hand" work for your light *22 cal.*—no cannon, no blunderbuss—no "shotgun prescription" there! Can you have a sighting shot? Oh, yes, if you want it; not many, however; (the storm of opinion may ruin the target).

You toss up the blue barrel, the wind tries nerve and eye; the bullseye wavers, the sight grows dim—the weapon lowers as you heave a sigh and relax the tense muscles for an instant. Once more, and you think the moment a good one; the sharp crack is followed by the answering "spat" borne back from the target, and you know the effort was of some value. But how slow the marker! After a little up goes the red disk, and you are sure of a "centre"—not the hottest kind, perhaps, yet something like—a "similar," so to speak. Again, and yet again, with like results, save that the red disk creeps a bit nearer to the black. And then, with the merest fraction of change in light and atmosphere, how sure the view through peep and globe! The crack, the reactive "spat"—and there is the coveted white disk obliterating the black—a sure enough *similimum*. To some of us it looks good; others, no doubt, accept it as a matter of course—expecting never a "magpie"—but a *brood of white disks all the way through!*

My impression is that Samuel Hahnemann, with his usual acumen, and long experience on the firing line, was right when he said: "Another embarrassment in the performance of a cure, may arise from the scarcity of symptoms presented

by the disease"—another chance for the sights to blur, and for the bullseye to indulge in a "Highland fling."

Again: "Diseases which seem to present an insufficient number of symptoms, and which, therefore, appear to be less susceptible of cure, may with propriety be termed *partial* (one sided) diseases. They present only one or two prominent symptoms, which obscure the remaining features of the case almost entirely. The greater part of such diseases are chronic."

And Section 179 of the Organon is of like import:

"In most cases, however, the selected remedy will only be partially, that is, inaccurately adapted, because a proper selection could not be made in the absence of a majority of striking symptoms."

When we further reflect that there are numbers "who withhold many complaints from the physician, partly from false modesty, timidity or bashfulness; and who state their cases in obscure terms; or who consider many of their symptoms as too insignificant to mention," we are prepared to accept all the effects of "refraction" as we peer through the sights, and to load and fire again—and yet again—after readjusting elevation and wind-gauge, strictly in accordance with Section 184:

"After the completion of the effect of each dose of medicine, the case should be re-examined, in order to ascertain what symptoms remain; and again a most suitable homœopathic remedy should be selected, corresponding to this newly found group of symptoms; and so on, till health is restored."

Let us be thankful that here was a man whom we recognize as a leader in the art, the science, of medicine—one who talked of, and believed in, *the restoration of health*—a process entirely different from the half-hearted, negative theories of "recovery" in use today.

To the veterans of the I. H. A. all this is trite. But the pilgrim and stranger, and the nursling in our midst, must be approached through various, and possibly humble, channels.

"They walk with bare, hushed feet the ground
Ye tread in boldness shod."

It is to be hoped that the foregoing will not harm them. But for further illustration, and lest this paper find its way to some Basket of Anomalies instead of the Bureau of Clinical Medicine, one or two experiences may be briefly told. They are, I think, typical of what may happen to all of us—when the bullseye plays hide and seek and the aperture sight grows dim—when the cross-winds blow, and the range-flags float toward all points of the compass.

Case 1. March 28th, 1911. A French-Canadian woman of about 35 years, married, without children.

Can speak English fairly, though not a model of fluency when attempting to describe symptoms.

Complains, however, of what is easily interpreted, and duly diagnosed as "bellyache"—with a preordained predilection for the popular and much overdone right side, in the region of the appendix. The pains are sometimes quite severe—almost sharp. Meanwhile there is a constant sensation of fullness, as if "blowed up," (using the exact phraseology of the patient). On inspection the blowedupness could not be doubted, the abdomen from the pubes to above the umbilicus being large, round and full, almost as much so as at the seventh month of pregnancy. Palpation and percussion showed a notably resistant and dull area, located centrally, with a tendency to sag toward either side on change of position. The position preferably taken was dorsal, with knees flexed,—(equivalent to relief from bending double). Examination of the uterus revealed no marked change in that organ; and menstration was said to be about normal. The entire distended area, save about the region of the appendix, was not oversensitive to palpation.

The above described condition, with the exception of the more acute pain in the right side, had been developing for some weeks. When it reached a degree of expansion prohibitory by some eight inches, of buttoning her best coat, the patient, as a matter of economy, consulted the doctor instead

of the dressmaker. I do not say that the celerity with which patients are sometimes "reduced" by the profession today, cut no figure in her choice of methods; neither would I, for a moment, insinuate that the dressmaker never contributes to the general *building up*. This patient on the above date received a few powders of Coloc 30th, a dose every three to four hours, followed by no medicine until April 4th, during which time there was some mitigation of pain.

From the date of first call until August 12th—a period of nearly twenty weeks—there were administered, in all, seven different remedies, as the symptoms seemed to require when changes of more or less magnitude were in evidence. The remedies, all in the 30th potency, with the single exception of Apis repeated in the 1000th, were Coloc., Nux Vom., China, Lyc., Apis, Ars. Canth.

On May 17th there being little or no diminution in abdominal measurement, I called in consultation a neighboring allopathic physician, for the purpose of a further attempt at diagnosis. (A representative of that school was selected because there was no homœopathist within reasonable distance). Chronic peritonitis was, in his opinion, the strong factor in the case.

The diagnosis may have been correct; I am not quarrelling about it—though doubting. I simply know that, guided by the few symptoms as they appeared, the above remedies pleased the patient very well—permitting her to keep a fairly good appetite, and, after a month's time, to walk about town without serious inconvenience—and, chiefly under the influence of Apis 30th and 1000th, taken sometimes, for a week or two, to dispose of enough pathology to render a new coat a superfluity.

It may be of interest to state that at no time was there excess of temperature or heart's action.

It may be of further interest to relate that eight years previously this same patient had been "blowed up"—inflated—with the idea of pregnancy. This obsession, this mental and physical inflation and consequent elation were such during the first few weeks of observation, as to infect the attending

physician with a dread of the prospective influx of foreign population,—a tidal wave against which there had been no adequate legislation. But moons waxed and waned, as moons will, and yet no signs of change in the reproductive organs; while those physiological functions supposed to be, in some mysterious way, related to lunar mutations, kept on with clock-like regularity. The physician being driven to skepticism, became a scoffer, as well, and did his best to laugh the patient out of her idea—and, with the aid of now and then a remedy, succeeded in dispelling both the idea and the notable enlargement.

What has been the matter with this woman? I don't know—do you?

If, however, you are familiar with the psychological make-up of our French-Canadian neighbors you will expect unusual manifestations. Doubtless you can all recall instances of hysteria, fainting, and collapse of vital force on the slightest provocation; you can recall "jumpers" who are off the handle if a finger is but pointed at them—even to an extent bordering on tarantism.

Case 2. October 23rd, 1911, 2P. M. Summoned hastily in consultation with a French (allopathic) physician whom I found at the bedside of one of his young fellow countrymen—age 24—whom he was trying to conjure into a condition of repose by liberal hypodermics of morphia—simply because the young man had looked upon the wine, or something else, when the color was too intense. The patient had developed first symptoms at 11 A. M., after returning from a visit to —— probably a dry-goods store. The doctor had been in attendance since about noon, at which time he found the patient in convulsions, writhing upon the bed and only partially restrained by the strong arms of his friend, the man of the house.

On my arrival the lightning changes were still in progress notwithstanding two hypodermics of morphia, the first of one-half gr., the second one-quarter gr.

After a moment of relaxation the whole muscular system would grow tense, with all sorts of distortion of face, and

violence of motion. There was, except during the most violent paroxysms, no loss of consciousness, though unable to speak—and there was total inability to swallow. Any attempt to swallow water, which he appeared to greatly desire, was followed by the most horrid contortions—biting the thick glass as if to destroy it. I was shown basins and dippers of heavy metal that he had bitten and battered out of shape in frenzied attempts at drinking. Then would come twisting at the bed-clothes, with biting and gnashing.

The foregoing is but a hint of the reality of a case for quick "off-hand" work. Three remedies at once line up for consideration as somewhat related: *Bell., Hyosc., Stram.* But there was not the gyratory waving of arms, nor the singing and praying, of *Stram.* (I have seen such—and the 200th of Dunham did rapid work).

Again, there was not the shameless uncovering of *Hyos.,* neither was there dread of water, but, rather, great desire for it with loss of ability to swallow. There was, however, the biting of utensils, the congestion, the thirst, and the additional antidotal relation of Belladonna to Opium and its great alkaloid.

Hence *Bell.* 30th, a powder every 20 to 30 minutes—three or four doses, covering my stay of two hours; during which time quiet was measurably restored—the young man meanwhile making intermittent efforts at writing his will; and, as his physician subsequently informed me, clearing up well, although speech did not return for a day or two.

What was it? A Canadian Frenchman for one thing—a most volatile factor in any case. Add to the above—call it vehicle, if you will—an empty bottle retaining the odor of *Spiritus Vini Gallici* with, as his doctor thought at the time, a hint of some drug—perhaps Strychnia. The foregoing combination may not be a rare one; but if we could eliminate barely the psychological traits of the *habitant* and his progeny, how would the complex simplify!

Is not this suggestion of the possibility of *racial remedies,* so to speak, even as we recognize a variety of antipsorics, anti syphilitics, etc.?

May not the future Bureau of Clinical Medicine be replete with studies of such groups?

"There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy."

CLINICAL MEDICINE.

BY H. C. SCHMIDT, M. D.

Clinical medicine is the touchstone for the physician, it reveals how much one comprehends the law and shows one's aptitude in its application. It shows how often one reaches the standard of the true physician, the ideal cure, or how often one has only tried to patch up the house in which the thinker liveth, instead of correcting the disturbed life force.

True Hahnemannians are ever students, and idealists, and Dr. Kent openly lays his success at the feet of Swedenborg and of Hahnemann. These two, much slandered mystics, were pioneers of a new era, and today, if one has eyes to see, and ears to hear, one can see all about him things in transition. It is not medicine alone, but the whole world shows signs of a great oncoming wave of cosmic force, like an oncoming convulsion, and when that has passed, where shall we find Hahnemannian Homœopathy?

A clinical case loses its value, unless one is well versed in the laws, which control the case, and a physician should really be well versed in at least four Cosmic Laws. The law of Similia plus Drug-provings, and a knowledge of disease—as Hahnemannians understand disease—the law of evolution, of Reincarnation, and of Karma, for all have a very definite effect on disease and on heredity. One is at first surprised at such a statement, but Hahnemann—the most learned doctor that ever lived, excepting the great Occult Healers—showed by technical terms of Vital Life Force, the disturbed Life Force, and Drug Aura, Immaterial Drug Power, that he was well versed in them, and also showed by his inability

to cope with certain cases, that there was ample room for a still wider knowledge of Cosmic Laws.

There is not a single Hahnemannian who would deny that medicine is in a transitional state, nor is there one who will believe homœopathy will be vanquished, when the crisis comes. That is against all evidence of evolution. It will be the empiric school of guess and of poison which will go, never the one based on law and knowledge, and later on wisdom. When that strong Cosmic Force shall charge our earth, then will many a mind be inspired, in fact, all humanity will be lifted to higher levels, but the one capable of doing this work, will step into Hahnemann's footseps and will be his legitimate successor, and our leader, and he will lift our system out of its infancy to heights not as yet dreamed of.

To show that homœopathy is still in its infancy, I am going to present a few cases that seem to call for Ars. I never prescribe by intuition, as that is a very bad habit, but try to obtain symptoms as they are, and to get a clear picture of the thinker and the disturbed life force, and not only of the house that shows signs of mismanagement. I still have very much difficulty in establishing values for the symptoms, and finally have worked out a diagram to help me to better find the primary symptoms, showing the disturbance as affecting the different levels at which the ego expresses itself, separate from secondary or confusing symptoms, including diagnostic symptoms, those peculiar to the disease as such.

If we consider that man is Triune, for he was made in the image of God, and that this triple aspect is called, Will, Wisdom and Activity, then we have three points to commence with. When we take into consideration that each of these three aspects express themselves in each of the three natures that constitute man, then we get nine primary points where to look for symptoms. Each of equal importance to the other, and all of which, if definitely expressed, must be in the compound picture of the drug proving.

If we call man's highest nature the mental, his next highest nature the emotional, and his coarsest nature the physical, then we will get the places where the life force

expresses itself. And now we must see how it expresses itself, or what symptoms especially to look for.

Will, or free will, is man's highest possession. Of course, we cannot here consider how far man's free will is hampered by other cosmic laws, let it suffice that man has free will. It expresses itself in the mental nature as consciousness, in the emotional nature as self control, in the physical as voluntary motion. It is the great inhibitor who prevents the activities from running riot. These first two, if affected by the disordered life force are the most important, but too difficult to obtain. The Will aspect expressed by disordered life force in the physical nature is of more importance. There we may place all aggravations and ameliorations and causes, and most of us know the weight of this class of symptoms. They are mostly very definite and real. It shows the utter inability of the ego to control external conditions, which, during health don't disturb him in the least. Why is a Nux patient always worse in the morning, a Belladonna patient worse in the afternoon? Why is a Rhus patient always better from motion, a Bryonia patient always better from rest? Those are physical conditions and ought to be, and are, in a healthy man, under the perfect control of the will. So we should look especially for modalities, and if they are definite enough must not be omitted in selecting the remedy.

Wisdom expresses itself in the Mental Body as Reason, but, if expressed through a disturbed vital force then we get illusions, delusions, and hallucinations, most important symptoms if they can be obtained. In the emotional body it is expressed by desire, these symptoms are usually quite definite and easy to obtain. Strong desire for sweets even though it makes him ill Argn. Nit., for milk, like Rhus, for whiskey, like Nux. Desire for company or desire for solitude can be obtained quite readily if present. Desires in the sexual sphere I do not inquire into, except information is volunteered. In the physical nature the Wisdom aspect expresses itself through the five senses and their disturbances are important, but they

have been produced in such profusion by all remedies that one has to be very careful how much weight to give them.

Creative Activity is the last aspect of our Divine Nature. It expresses itself in the mental nature as Thinking. Symptoms on this level are the most important, but it takes a keen mind to read a man's disturbed thoughts rightly, and the other difficulty is in the provings. The prover has great difficulty in expressing these disturbances correctly in words. He knows the symptoms produced, they are definite enough, but how to express them is quite a different thing.

In the emotional nature we can observe the Activity aspect very nicely. Who could fail to notice the rage of a Nux or Cham. patient, or the sadness of a Puls. patient, or the hilarity of a Can. patient, or the lasciviousness of a Hyos. patient.

But the most productive of all points is the activity in the physical nature. All functions produce mostly objective symptoms and as the physician sees them himself, he has something he can rely on, and they are many. Viz., Eruptions and discharges are of great importance. Sleep, heart activities, menstrual activities, chill, fever, sweat, thirst, appetite, etc., etc. We should be able in most cases, to get modalities including the cause. Desires, the emotional state, and some definite symptoms concerning as many functions as possible, also the direction of course of disease. I have chosen a few cases where arsenic was prescribed to show that our beloved science is still in its infancy. It seems to me there should be less work in prescribing. I don't mean short cuts or key note prescribing, or half guessing, far from it, but I do mean that we do a lot of unnecessary work.

Case 1. Sunday, February, 1910, 2 P. M. Was called to a room six by eight feet, windows closed, room dirty, freight yard one block distant, meaning constant noise, on one side of bed was an oil stove burning, on which patient heated his beef-tea and water bottle. Patient lay in bed shivering, covered with much bedding, skin was dry, extremities ice cold, pulse high, temperature 103. Patient emaciated, *anxious, restless, sleepless, wanted warm drinks frequently,*

stomach and abdomen were burning, but he wanted hot drinks, vomiting frequently, constipated. Had four doctors, last one made a diagnosis of Dengue fever,—everything in town at that time was Dengue fever. Patient had been in bed for weeks and on abdomen was an indefinite eruption something like flea bites. I told patient that he had typhoid fever, that he could never get well without proper care and also that he must have absolute confidence in me, or that he must change doctors at once, before it was too late. I also told him that sycotic infection was the basis, and unless I succeeded in re-establishing the discharge or producing an eruption, I could do nothing. He denied sycotic infection and I told him I might as well go if he would not admit the truth. ℞ Ars. 1m every fifteen minutes for two hours. If I had given pure water the effect would have been the same, and that prescription had been verified in the repertory. Additional symptoms: everything disagreed with stomach, especially butter. Sensation of hot cotton ball in occiput. Patient had been an absolute invalid for ten years.

Rhus. 1 M. reduced fever from 103 to 95 in one night. He remained sub-normal for sometime, gaining a little every day and pulse getting slowly stronger and less frequent. I had to give one dose of medicine every three or four days. Notice, it is taught that typhoid beginning with diarrhœa is Rhus. He had two perforations of the bowels with immense distension, which were reduced by hot turpentine stupes, as I did not care to interfere with the action of Rhus. I never doubted that I would get him over the perforations, as Rhus, displayed such wonderful beneficial results When Rhus. stopped acting then he received Sabad 200, which made him look like a turkey egg, abdomen and inner thighs were dotted with brown pigmentations, small pin point, but thousands of them. He left hospital after a stay of about ten weeks. He gained 46 pounds in three weeks after leaving hospital; I could scarcely believe it, and for the last two years he has been working as freight train conductor or brakeman, the first work after ten years of sickness. Sep.

and Puls. have done much to get him strong. I hear from him every four to six weeks.

Case 2. Young lady suffering from weekly severe headaches lasting two or three days each time, for five years had tried many doctors, all gave dope, acytanilid and opiates, but headache returned promptly every week. First prescription in summer of 1910. H. K. with nausea and vomiting, dull pain over eyes, commences mornings and gets worse as day advances, lasting two to three days, returning regularly.

Loss of sleep, resting dark room, open air, vertigo stooping, sleeps on back, perspires on face only, menses much and protracted, desires company and is of pleasant disposition.

℞ Bry. also Nux invariably cut attacks short to half a day, but did not cure.

May 26, 1911, patient taken with sudden attack of diarrhœa. She had been eating ice cream, attacks during day, severe cramps before and during stool, stool prostrating, recurring in ten to fifteen minutes, frequent thirst for cold water, drinking had no perceptible effect on bowel movement, stool watery, dark brown to blackish, very offensive, excoriating, disposition amiable, not restless, a very agreeable patient in spite of suffering. Sleepless, remembering the good results of Nux, combined with the absence of definite indications, I gave Nux 1m, dose every fifteen minutes, to be stopped as soon as first symptom of improvement could be perceived. On calling the same evening I was faced with this greeting. ("Well, doctor, our patient is no better, you must do something and that quickly, she cannot stand this another night; if you can't, then we will have to call another doctor."

I again took the symptoms, nothing new. I finally selected Ars. 1m in spite of contra indicated mental state, one dose every fifteen minutes until the first improvement. Went to office and studied case carefully. I found Chin. to be the similimum, Ars. and Nux. being close seconds and decided to give Chin., but I came too late, five minutes after first and only dose of Ars. had been administered patient fell asleep, and slept eight hours without interruption. It also helped her headache so much that I had no chance to give

Chin. till November, 1911, since then she has had practically no more headaches. However, March 10, 1912, I had a chance to give another dose of Chin. as I never lose a chance if I can help.

The first case apparently called for Ars., but Ars. had no effect, in fact did not belong to the case. The second case—well, some might consider it a brilliant cure for diarrhœa, it would have been, had I prescribed Chin. when first I saw the case in 1910. But it took practically eighteen months to prescribe intelligently. We should be able to prescribe the simillimum in at least 90 per cent in our first prescription, and that without studying the case from six hours to six days, as now frequently we must do, when we get one that everybody else has given up and mistreated, before they come to us.

Shall we be considered visionary, if we predict that time, before we write the year 2000? Do not let us forget that we live in a most wonderful age, an age pregnant with great possibilities, and to be remembered centuries hence. It will be an age as much remembered as the age when Greece was in her prime, and while in Greece it was beauty to comparatively few, this time will be along philanthropic lines to all humanity, and who will deny that medicine shall play an important part in benefiting and lifting up humanity. Surely not an Hahnemannian, who has comprehended the wonderful philosophy that vitalizes our system of healing.

CLINICAL CASES.

BY B. L. B. BAYLIES, M. D.

Upper pharynx feels filled up, and mouth and tongue exceedingly dry, although with moderate increase of saliva. Columnæ faucium somewhat congested and reddened, but without swelling. Obstruction of the left nostril. She must lie upon the right side, with head elevated and covered. The aggravation comes on and awakens her from a period of sleep,

causing a horrifying suffocative feeling, which obliges her to sit up and leave the bed, unless immediately relieved by a few pellets of Nux Moschata 200, which enables her to lie down and sleep during the remainder of the night.

Peculiarities in the case: The sensation of extreme dryness of the mouth and fauces, coincident with some increase of saliva. The position upon the right side, opposite to the obstructed nostril with the head elevated and wrapped up. Relief from sitting up, and leaving the bed. The sudden access of the intensely distressing symptoms awakening the patient from sleep. Their complete disappearance after the Nux Moschata.

Occasional threatened attacks which occurred during cold weather were always arrested by this remedy.

Possibly an augmented rate of vibration developed in the ascending scale of evolution of the Hahnemannian process, adapts the dose to the various grades of vibration and concordant sensibility of the human organism, both in the normal state of different individuals, and when intensified by disease.

The cure of diseases might then appear to result from the intervibration of similar forces. As two similar simultaneously uttered musical notes interact and blend, forming a melodious chord; so may the vibrations induced by the administered similar remedy neutralize the morbid vital disturbance and resolve it into the perfect chord of health.

CASES.

Mrs. H., a brunette, 43 years of age, had for a month from time to time, dull pressive pain on the crown of the head, temporal and parietal regions; with flushes of heat rising to the head. Then occurred a peculiar and uncommon symptom. While standing, swaying motion of the lower limbs from side to side, with great weakness, and fear of falling. Immediately succeeding this, great pain in the hypogastrium, with sudden and very profuse flow from the vagina of thick, black clotty blood.

This group of symptoms is found only under Cyclamen

Europœum. After one dose dry of the 200th, there was no return of these phenomena, and the patient recovered health.

ANEURISM BY ANASTOMOSIS.

November, 1910. A congenital tumor of the scalp, longitudinal with the biparietal suture, over the posterior portion of the right parietal, and a portion of the occipital bone; oval in form, four inches in long diameter by three inches in width, and about two and a half inches deep. Its walls of uniform thickness, elastic to the feel and slightly compressible, without circumvallation; of color like that of the general surface of the scalp, diagnosed as aneurismal anastomosis.

A month ago, the child being then two months old, it had gradually flattened down to the common contour, and arterioles and venules had first become visible on its surface.

The case is mentioned on account of the rapid subsidence of the tumor, and its speedy disappearance without caustic, aucupuncture, or other operation. Beside the vis medicatrix naturæ, I do not know of any possible agency in its reduction, unless the following medication. On the 10th of September, 1910, for intertrigo of the perineum, painfully aggravated by bathing, green stools with tenesmus, preceded by cries, occurring about 3 A. M., occasional hacking cough as if some eructated liquid had irritated the throat. Magnesia-carbonic, one dose. October 7th vomiting sour smelling milk, forcibly discharged, offensive, corrosive passages. Sulphur 1m. October 21st, crusty scales on the vertex, cracked lips, again a dose of sulphur. Since last date no indication for any medicine. It seems not unlikely that nævus maturnus may be a development or result of hereditary dyscrasia.

CATARRHAL MIGRAINE.

T. G. K. had for many months suffered from catarrhal migraine, commencing at 10 o'clock in the morning and continuing until 3 in the afternoon. There was severe pressive aching pain in the left frontal supraorbital, and temporal regions; when most severe extending to the zygoma; external

and internal soreness of the left nostril, extending from the middle portion to its root, and involving the correspondent frontal sinus. Some sensation of heat in the nostril, and copious discharge constant during pain of bland light colored watery mucus. Pain somewhat better from warmth. Discharge greater in the open air. Not in the house.

Although the non mention of Natrum Muriaticum under the heading. Pain above the left eye in Kent's Repertory induced me to examine other remedies. I was led by previous experience to compare the proving of it in the materia medica with the features of the case, and found it the simillimum.

June 6th. ℞ Natrum mur., one millionth, two powders to be given on alternate nights, on the 9th attack was omitted. June 13th. ℞ Nat. m. three powders, one every other night. The patient after a long interval reported well. Sept. 26th. Inquiry assured me that he continued well.

FALLING SICKNESS OR HYSTERO-EPILEPSY.

June 15th, 1911. May D., 14 years, a month ago at the beginning of the menses, had a falling attack. While sitting felt awfully sick and weak. On the 31st of May, she had two attacks, also one yesterday, one two days ago, four last month during the menses.

At the beginning of an attack she feels weak. The head heavy, she becomes unconscious and falls forward. Coming out of it she is cold and shakes, cries and is fearful that something will happen to her.

While lying in bed on turning from the left upon the right side, something seems to fall over from the left like a ball or lump. She has occasional severe headaches over the eyes. At times sharp pains from temple to temple. Menses five or six days late. Very constipated. Two or three days without stool.

ANALYTIC COMPARISON OF REMEDIES.

Unconsciousness during vertigo, falling forward have Agar ½, Arnica ½, Chel. ½, Ferr ½, Iod. ½, Laches ½, Lycopod ½, Mag. C ½, Nat. M. ½, Nux V. ½, Sil. ½.

To all of these is ascribed in Kent's Repertory, unconsciousness in the lowest degree; falling forward, to Ferrum, Laches, Nux. V. and Silicea, in the second, and to Nat. Mur. in the third higher degree. Faintness with vertigo, Nat. M. in the highest degree. Headache above the eyes, stitches in the temples. Natrum M. the second. Periodical anxiety, anxiety during the menses, anxiety about the future, Nat. M. in the second. Inclination to weep, the third degree for this remedy.

June 15th, B. Nat. Mur., a dose of one millionth, Fincke.

August 5th, her mother reported that the remedy had made her daughter "all right," she had had no more attacks.

September 30th. I am informed today that there has been no return of these attacks.

DIABETES MELLITUS.

J. H. ALLEN, M. D., CHICAGO, ILL.

(Glycosuria.)

Glycosuria is known to come on insidiously, usually some other very prominent symptom of some other disease is first noticed. Occasionally a continuous thirst for large quantities of cold water, will call your attention to this most dreaded disease. Polyuria with great thirst is a strong symptom of the presence of the disease. Pruritus in women, balanitis in men, and a chronic eczema of the lower extremities, and of other parts of the body, especially where the patient has never had eczema, are symptoms not to be overlooked. The urine test shows a high specific gravity from 125 to 150. One hundred thirty is more frequently met with. The urine is pale in color, slightly acid, and of a sweet odor. Great thirst, excessive hunger and craving for food, with a continuous loss of strength and frequent urination, is a good grouping for a diagnosis, which is of course made positive by an examination of the urine.

In a grouping of many cases, dextrosazone and pentosazone

were found. The albumens are to a great extent destroyed, calcium salts increased, and next to sugar, two other substances are found in the secretion of urine, they are acetone, diactic acid and oxybutric acid. The presence of albuminuria greatly complicates the trouble, increasing the seriousness of the case. The replacement of the sugar by the albumen is an almost fatal sign.

Severe, prolonged chronic cases have pain at the base of the brain and upper spine with great nervousness, hysteria and often some mental aberration. Constipation is usually present; the skin is generally dry and harsh with no perspiration, or it is normal. The saliva is increased and contains sugar and lactic acid. The secretion of sugar is not always constant; that is, it is usually present, but it varies in amount.

The majority of these patients excrete more nitrogen than healthy persons. Pettenkofer says they absorb less oxygen and throw off less carbonic acid. Of course they are not capable of utilizing the carbohydrates as healthy patients do, indeed we have a non-combustion of them. The diagnosis is of course established by the glycosuria. A close study of the symptoms will tell you whether it is of nervous character or not.

Etiology.—The majority of cases appear after the 50th year, but it may, of course, come much earlier, especially in women. It seldom comes before the thirtieth year, yet of late years it is occasionally met with in children. It is said to occur frequently among the Jews, and is said to be very prevalent in Sweden and the Island of Malta. Men are more subject to it than women.

Heredity.—In collecting the statistics of two thousand cases, almost one-half of that number had a family history of heredity. The heredity is not always direct however, as is the case in other diseases.

Since I began the study of "Hahnemann's Miasmatics" that are so wonderfully presented in his "Organon of Medicine" and his work on "Chronic Diseases," I have for many years given the etiology of diabetes careful thought and study. All cases that have come under my care and treatment, I have

found were suffering from some form of tertiary sycosis. Of this we will speak more fully as we take up some of the cases that received treatment. I will also state that before I became acquainted with Hahnemann's miasmatic theory of disease, I made no cures of this dreadful disease, now I do not fear to take hold of these cases, when there is no deep organic lesion or complication of internal organs. One of the common occurrences in this disease in patients over sixty years of age, is the possibility of apoplexy, as many of them have arterio sclerosis.

The Pathologists noticed, as far back as 1896, that diabetic patients were tainted with the uric acid diathesis, and that rheumatism, obesity and gout are met with in extraordinary frequency. Is not this all due to the sycotic element? If there is anything that is intolerant to either a sycotic or diabetic element, it is the use of wine or a starchy diet. This subject has been fully treated in volume one of the "Chronic Miasms." Diabetes is seldom met with in laborers; no, we find it in business men; in those who lead a sedentary life. The lower classes are freer from the sycotic taint. Mental work, I think predisposes to a diabetic development when the soil is favorable. "The average in the wealthy is very high, while in the poorer classes it is said to be as low as nine to one hundred thousand." Editorial on "Modern Medicine," April, 1897.

On account of diabetes being frequently met with in both husband and wife, the modern pathologist has been led to believe that the disease was, in many cases, contagious, but not knowing anything about the sycotic theory of the disease, they would naturally be led to that conclusion. We are told that injuries of the head and nervous diseases are largely to blame for many cases, yet we know of a certainty, that sycosis thrown with all its force and power upon the nervous system, creates the most profound forms of hysteria, insanity and mental diseases that fill our detention hospitals and asylums for the insane. If we were able to eliminate the effect of the sycotic element today from humanity, nine-tenths of our insane asylums might be torn down; we would have no use for

them. Sycosis is a spawn of Hell; it is fire of the infernal, burning in the very vitals of the race and dragging them down to decay and degeneracy. No wonder some authors would classify diabetes as a neurosis, and so we might go on through the category of diseases.

The same thing might be said of the lesion of the fourth ventricle, or of Mullers fluid found in the posterior column of the spinal cord, and its relation to epilepsy and to disease of the pancreas.

The dominant school of medicine freely admits that their conception of the true cause of the disease is hypothetical. Indeed, the homœopathic physician by means of the chronic miasms of Hahnemann, throws a thousand fold more light upon the etiology of disease. In old chronic cases of diabetes, pathological lesions are found in many places in the organism.

In 1896, two cases were reported where hardening of the spinal cord was discovered while making an autopsy, with degeneration in the posterior columns. The pancreas is frequently found altered in diabetic subjects; some of the lesions are sclerotic. Again, we may have atrophy or fatty degeneration, where the pancreas has been removed in animals for experimental purposes. If the animal lives long enough after the operation, diabetes never fails to appear. Pancreatic diabetes is therefore always grave. In mild forms of diabetes, the cells of the liver are affected; they seem to have lost their glycogenic power.

Jaundice, ascites with marked oedema and wasting of the tissues, is sometimes met with at the closing stages of the disease. Other types show the nervous element,—the peripheral neuroses for instance, especially those with abolition of the knee jerk. The majority of cases show a complete loss or notable depression of the tendon reflex. Neuralgia is often present, or we may have diabetic paraplegia or even paralysis. Apoplexy suddenly brought to an end the life of one patient, a lady of 45 years, who had long been a sufferer. Cramps of the lower extremities and other motor disturbances are frequently met with. Retinitis is also not infrequently seen; even hemorrhage into the vitreous is common.

Diabetes of a neurotic type is usually accompanied with great melancholy similar to that of insanity. Sugar we know is often found in the urine of the insane. In the majority of cases the kidneys are found to be healthy, but in some cases some hyperemia is present. The skin is dry and unhealthy in other cases, and diabetic eczema is often present in chronic cases. Pruritis is another annoying symptom, especially about the genitals. Diabetic coma generally ends the sufferings of these patients,—indeed it is not uncommon to see them suddenly become sleepy and drowsy, and finally comatose,—death following within two or three days.

Prognosis and Treatment.—The prognosis has always been considered grave by all schools of medicine. Indeed the mortality in the past twenty years has risen. In France it has risen from the ratio of 8 to 13, and in England and Wales it has increased 79 per cent. In old school literature, but few recoveries are reported and so far in our own school, I have noted very few cases reported.

The Journal of the American Medical Association of May, 1897, lays down the following rules in the treatment of this disease, which I think are worthy of careful study.

1. "Sugar is always present in the blood.
2. The absence of carbohydrates from the diet, does not cause a disappearance of the blood sugar.
3. The systemic and ingested albumen is capable of furnishing sugar by its decomposition.
4. An increased decomposition of albumen due to the enforcement of a purely nitrogenous diet, means an increased metabolism and consequently loss of weight.
5. The administration of carbohydrates retard metabolism.
6. The diabetic has not lost the power of oxidizing sugar.
7. The abnormal metabolism of albumen results in the production of toxic bodies.
8. The depressed nervous condition of the diabetic, favors the action of these bodies."

The diabetic patient should live upon a diet which keeps the body metabolism at its lowest, and for this, carbohydrates are necessary. If the disease is pancreatic, to diet will not benefit

the patient much. It has been my custom to allow some sugar to my patients,—that is, sugar in the raw state or mixed with food. A starch diet is much worse than a sugar producing food. The diabetic is a sick patient and requires careful dieting, but not the exclusion of any one thing. Fats and oils seem very essential, such as olive oil, butter and cream. Eggs should be given sparingly. Diabetics should be fed four or five times a day,—given reasonable quantities of course.

These patients suffer from physical weakness or weak spells which eating relieves at once. Gentle exercise, such as walking in the open air is of great benefit. They need much oxygen and a great amount of sleep. If nervous symptoms appear, mental work should be prohibited and all that disturbs or annoys the mind removed. The two prominent and persistent symptoms in most every patient are thirst and hunger. They demand food frequently and large drinks of cold water. It is a systemic hunger and thirst. It is deeper than the ordinary thirst and hunger, for it is the craving and calling of the inner life, as it were, that is constantly being lowered and drawn upon by the disease. If you don't give some sugar producing food, the life force will suffer and the system will change its own organism into sugar.

Treating patients from Hahnemann's miasmatic standpoint as laid down in his "Organon of Medicine," and Vol. I of "Chronic Diseases," frees you from all misunderstanding of disease, eliminates pathology from the mind in a large sense, and then we see only the disturbed life force, and we learn the character of that which disturbs it. I think I hear my reader say, "The totality of the symptoms is all that is necessary,"—we answer, "yes, if you understand the totality, and the nature of its inroads and workings in the organism, or, in other words, the character of its distunment. Each miasm has a mechanism of its own, if I may use the term. Each has the power within itself to create, as it were, new disease processes and formulate special disease groupings in symptomatology. A knowledge of their respective power to disturb after their own nature, is of infinite aid in the selection of the deepest acting or curative remedial agent.

Case 1. Mrs. R. B. M., age 40, fair haired, light complexioned, blue eyed and short of stature, fair skin, medium fleshy, was married early in life and has one child, a girl who is perfectly healthy. She came to me for medical aid six years ago, and was then suffering with catarrh of the nose and throat. It proved very stubborn, although Calcarea carb. gave her much relief. She complained of leucorrhœa which was quite an annoying symptom to her, and upon examination I found quite a badly lacerated cervix, and the catarrhal discharge seemed to come from the raw surface of the laceration. I recommended an operation to repair the cervix, which was done, and she made a good recovery, but soon after the operation, pendulous warts appeared grouped around the anus. A few months after the operation nervous prostration came on suddenly. It was accompanied with a severe form of melancholia.

I now recall only a part of her symptoms which were as follows. Time passed too slowly, could not fix the mind upon anything, or take any responsibility in her household affairs. Great weakness of mind, saw weird faces when she closed the eyes. Feared death and was sure she was going to die. Wept and thought she was lost beyond hope, great melancholia, feared she would get beyond her self control and do some one harm. Was constantly talking and thinking about herself and her sufferings. Impossible to deflect the mind but for a moment to something else. Great weariness, depression and full of gloom. Feared to be alone, great insomnia,—did not fall asleep until near morning. At times very irritable, peevish and nervous. All her symptoms, both physical and mental, returned as soon as she awoke. Had much tenderness in the upper spine and base of brain. Complained of pressure in forehead and drawing feeling in muscles of arm and lower extremities. Much sneezing, due to spinal irritation. No movement from bowels for many years without an enema. Had horrible dreams similar to Lach. and Lac. canium, saw dead people and dark pools of dirty water. Hands and feet cold, numbness of the tips of the fingers. Better in the open or cool air. The repertory showed the

remedy to be Argentum nitrate. This helped her for two years by giving her a dose from time to time of the higher potencies, the lm, c. m, and d. m. m. At the end of two years, her nervous trouble came on again, altho not so severe as the former attack. On my second visit, I noticed the sweet odor from her breath. It seemed to fill the room it was so strong. On examination of the urine, sugar was found in great quantities. After treatment of the case for a month with no results, I carefully retook her symptoms which were as follows:—perspiration, breath and urine had a sweet odor, shivering while urinating, mouth dry, saliva tenacious, appetite greatly increased, gnawing at the pit of the stomach before the meal hour, urination profuse, pale and frequent. The test showed about one-sixth sugar. Uranium nitrate cured in three months. No return, altho it is five years since the disease passed away. Potencies used,—the 3rd, 30th, lm and cm.

Charles B. Age 50, medium height, weight 150, dark complexioned, a wide awake traveling man. History.—Contracted gonorrhœa ten years ago which was suppressed. He came to me two years ago last May. Was sent to me by a Homœopathic physician from Philadelphia. He presented blood and urine tests which were very complete, from a specialist of New York City, also from a prominent Philadelphia physician. Mental symptoms had already begun to develop. Had pain at the base of the brain, loss of memory and no confidence in himself. Unable to follow his vocation. Has been idle almost a year and is growing weaker in mind and body constantly. Sugar test over one-sixth. He is very despondent and fears he will lose his mind, is hopeless and despairs of cure. The skin is dry and covered with large patches of psoriasis. It is dingy and dirty looking. Often a half pint of scales can be gathered up from the sheet on which he has lain during the night. He dreads both cold, and work of any kind. He says he loves to lie down, wants a warm place and is sexually impotent, even to aversion. No treatment has benefitted him.

Treatment.—Psorinum c.m. continued for 60 days with much improvement. Repeated then with no further benefit. General health improved rapidly for 60 days, then began to decline. He came on to see me from his home in Penn., and on taking his case the following symptoms presented themselves.

Gnawing and sinking sensation at the pit of the stomach, with hunger and faintness, tongue coated with white fur, mouth very dry with intense thirst for very large drinks of cold water, saliva tenacious, bowels constipated, sugar has not decreased any, urination profuse and of a pale color, temperature subnormal, specific gravity of urine 1030. Thinks he is losing flesh rapidly.

Diet.—Vegetables, cereals, such as whole wheat, cracked wheat, gluten flour, some cane sugar, but eaten only in cooked foods. Drinks milk, buttermilk, Horlick's Malted Milk and grape juice. Eats oranges and grape fruit. Takes a cool sponge bath every day. Walks out much in the open air of the mountains. Still completely impotent, much weakness of the bladder. Gave Phos. acid for one week with no benefit, then decided upon Uranium nitrate. It was given three times a day for one week, when urine was tested with result of no sugar from Fehling's solution. Other tests showed small quantities of sugar. A few doses of the 30th was given and the potency gradually carried up to the c.m. Sugar soon disappeared and strength slowly returned, and in six months he was apparently well.

J. L. A. Age 55, an Italian saloonkeeper. I was called to treat this case ten years ago. He was then suffering from a fistula of the rectum. Abscesses formed a number of times, but they always cleared up in a brief space of time under treatment, remaining away often for two years at a time. His last abscess was three years ago. His symptoms were then as follows: Discharge from the abscesses dark, bloody and offensive, obstinate constipation, dry hard stool, urine very turbid, deposit resembling red sand. He admitted having had gonorrhœa when a young man, which was treated by injection. He had been a moderate drinker for ten years, altho for the

past three years had taken very little. Has had warts about the genitals, and more or less rheumatism present on arms and lower extremities. Is generally better by warmth, yet is worse in a warm room and in wet weather. The abscesses always appear in the spring of the year. There is a sensation as if the rectum would press out. He has sycotic eruptions of small red spots all over the body. Sarsaparilla lm soon dispensed with the abscess and it did not return for three years. Previous to this he had had one three or four times a year. Two years ago he began drinking heavily, changing from beer to whiskey. I was called to prescribe for some derangement of the stomach. He had great thirst for cold drinks which were taken in large quantities; the colder the better. His tongue was dry, coated with white saliva, cottony; had frontal headache, together with great thirst, which induced me to give him Bryonia which greatly relieved his symptoms. After the treatment of the case for two weeks I discovered a diabetic trouble. The Bryonia relieved the thirst and improved the stomach symptoms, but on re-taking the case, I decided that he must have another antisycotic remedy.

The symptoms were then as follows:—Mouth clammy, dry, tongue coated with a white fur, thirst for cold water, saliva tenacious. He urinated frequently, passing large quantities; faintness at pit of stomach even after a hearty meal. Specific gravity of urine 1039. Sugar in large quantities shown in test. Loses weight and grows thinner every day, complete sexual impotence, some swelling of the ankles, great weariness in the lower extremities; sweats quite profusely when he falls asleep. Cured in three months with Uranium nitrate, 3rd followed by 1 m.

D. B. W. Age 61. Large of body and of great strength. For thirty years a business man in Chicago. Family history good, both parents living to a very old age. He contracted gonorrhœa when a boy, which was suppressed. After treating this patient from time to time for three years, he began to develop periosteal pains, which suggested to me that he had syphilis also. Two years ago he had a severe left hemiplegia.

The whole of the left side was involved, face drawn to the left and speech interferred with for some time. The left arm and hand still show quite a marked sign of the paralysis.

While he had shown no special mental aberration, the mind had grown weak and he was so forgetful that he was compelled to resign his position as President of a large industrial business. He has gone south to Florida every winter since the attack of hemiplegia. Last winter he had three attacks of epilepsy and came near dying each time. Sugar began to appear in the urine before the symptoms of the tertiary syphilis began to show itself. Early in March of this year, syphilitic exostosis appeared at the anterior cartilaginous junction of all the ribs on the left side. The pains were quite severe; worse at night and better by warmth. He was very restless at night, with much twitching of the muscles all over the body. Breathing was occasionally difficult when he went to sleep. Had severe pain in the feet and lower extremities during the night; worse on change of weather or before a storm. Had gnawing pains in the hips at times, and for this symptom Kali iodide 10 m was given, causing the removal of these symptoms within ten days. No change, however, took place in the amount of sugar.

About six weeks ago he was taken with a severe attack of oedema of the throat and came near choking in the night. The throat was dark red and greatly swollen with stinging pain when swallowing. Apis c. m. one dose, cured in 24 hours. Gave no medicine for one week when I again took his case. Symptoms as follows:—Complained of loss of memory. Dreads the night coming on as he cannot sleep well. Sleeps well until ten o'clock, then is very wakeful. He has a loose cough with expectoration of much colorless mucus, which is inclined to be ropy at times. Tongue coated heavily. He feels better when in a cool room or when in the open air. The teeth are decaying and he is greatly annoyed with toothache at night. The bones of the head are sore to touch. He has had no epileptic attacks since we gave him Kali iod. Is sometimes annoyed with soreness of the larynx and aphonia. Has aching in the limbs at night; says they are like the pains

he had when a child, that his mother called growing pains. Children of a tubercular taint often have such pains.

For these symptoms syphilinum c.m. was given and we await the results. We do not expect to cure this case, as a miasmatic combination like this, consisting of all the chronic miasms and taking into consideration his age, the prospects of a cure are not encouraging, yet when we look back over his case, and see what the remedies have done for him, we cannot help but give Homœopathy praise. Quite often his wife has called me a wizard, as she has seen the prompt and decisive action of the remedies. Usually within an hour he would find relief.

In conclusion, I will say that I believe this to be a dreaded disease. Diabetes Mellitus can be cured in the majority of cases, and especially if we are able to follow the case to its miasmatic basis, and carefully select a remedy based upon the symptoms of the active miasm. Read preface of Vol. 2 of the "Chronic Miasms (Sycosis)."

EFFICIENCY OF THE SINGLE DOSE.

AMELIA L. HESS, M. D., PHILADELPHIA.

Miss E. M. O. Aged 37 years.

Came to me eleven years ago for painful menstruation—a very severe case.

Medium height, plump, dark hair and eyes, sallow skin.

Puls. Sulfur and Silica, were the remedies that cured her entirely. Has never had a return of the difficulty.

There was a period of over three years when I did not see her at all, then she needed a little care for a cold. Again a period of three years, during which time she needed no medical attention.

She now needed some attention on account of severe nervous strain. Was a teacher and also had the care of a dear, aged aunt.

Considering the nervous strain, her physical condition was very good.

After the death of the aunt, she took six weeks rest, coming back to take up the school work, looking and feeling well.

During the first week, much to her disgust, she developed an ugly boil about the size of a hen's egg in the right axilla. I gave her one dose of Silica 6m. It was very painful, but she persevered in staying in the schoolroom all the time. It discharged freely and healed without a scar. At first, she thought a second one was coming, but that did not develop.

Stick to your pure homœopathy and you need no poultice and usually no scalpel.

Miss G. M. Aged 24. Personal appearance:—very tall and thin, with a shallow complexion and deep circles under the eyes—thin chest, with inclination to stoop shoulders.

Called me to see her about a crop of boils in the right axilla. She was in bed as a result of these boils and was a very sick woman.

November, 1911, boils began. Attending physician gave only local application in the form of an ointment, which seemed to absorb them instead of bringing them to a head. From the time they began until I saw her, she had had about fifteen boils, all in this one spot. When I was called, there were on the under surface of the arm and directly in the axilla, six.

I had all the ointment removed and the axilla thoroughly cleansed, and after carefully taking the symptoms, I gave one dose of Sulfur 55m. In about three days time they began to discharge profusely. She began to feel decidedly better; appetite returned; bowels became normal (having been constipated). In three weeks time she was back at her work, better in health than for years. Notice that she had only one dose of medicine.

Miss A. H. K., aged about 24 years, came to my office, two years ago, to consult me about a crop of warts on her hands. She was in training as a nurse in one of our large hospitals, and while passing through the surgical department was obliged to have her hands in antiseptics a great deal of the time.

This crop of warts was the result. She had tried various local applications, Silver Nitrate, etc., but everything failed.

Her general health was good. There was very little on which to prescribe. She was tall, slender, very dark hair and eyes, a beautiful clear skin and very hot blooded. I have mislaid my record and cannot tell what led me to give Hepar, but I did give her Hepar cc. three doses to be taken, one each night with Sac. lac.

I did not see her for some time after this, and forgot all about the prescription. It must have been more than half a year later when I asked her what had become of her warts. She said, "Oh, they have been gone a long time; your medicine took them all away." She has had no sign of return of them since.

Miss H. L., 15 years of age. Tall, large, light hair and light brown eyes, fair skin with a tendency to moles. Also had a large crop of warts, flat, on the hands only.

Health had always been good, had none of the children's diseases; but during adolescence she had a tendency to epistaxis and some real bad colds in the head and throat.

Menstruated first when about thirteen years old.

These are the remedies used: Merc. viv 30; Puls. c.m.; Hepar c.c.; Sulfur 55m; Silica 6m.

These were used at long intervals between—general health very good, warts have all vanished. Within the last year she had developed a very disagreeable foot sweat, which, no doubt, will yield to treatment. The excrescence is what made me call attention to this case.

CLINICAL CASES.

MARGARET C. LEWIS, M. D., PHILADELPHIA.

Enuresis Nocturna; three cases.

May 11, 1903. A girl of 19 years has wet the bed nearly every night for the past seven years; it happens about midnight; urine of strong odor.

The patient is of a chilly nature; prefers summer weather, although the real hot weather depresses. Takes cold easily;

frequently wakens with frontal headache and suggestion of sore throat. Free perspiration, especially about head. Fond of acids and much water. Not fond of milk; not fond of eggs, unless hard boiled.

Calcarea carbonica 13m one dose.

May 26. Has wet the bed only twice.
June 29. No return.
July 13. Return of symptoms last night; *Calc. carb.* 13m one dose.
Sept. 8. Only once since July 13th.
May, 1912. There has never been any return of the trouble.

March 16, 1912. A fair girl of 14 years reports wetting the bed every night unless roused to urinate; comes at any hour. Subject to spells of hives; small, itchy blotches. Scarlet fever when eight years old. Before that she had much trouble with swollen tonsils; grew hard of hearing; had "growths" removed from throat, and heard better for a time, but deafness has returned. Weak fainty spells if standing too long. Menses regular. A bland leucorrhœa. Fond of fruits and sour foods. Better in open air.

Pulsatilla 51m one dose.

April 20. Has not wet the bed for two weeks.
May 15. Once or twice since last menstrual period.

Pulsatilla 51m one dose.

May 29. No return.

August 30, 1912. A girl of seven years wets the bed almost every night, after midnight; a little trouble retaining urine during day. Irritation about genitals; child says, "Something hurts there." Soft seedy wart, size of dime, on right knee; has been knocked off several times, but returns quickly; small warts on hands.

Sepia 50m one dose.

Oct. 30. Bed wetting improved for a time, but worse again. Wart on knee torn off while at play, but shows no tendency to return.

Sepia 50m one dose.

Jan. 27, 1912. Bed wetting varies. All the warts have disappeared.

April 8. Trouble about as bad as ever. Craving candy. Dislikes bath which is unusual. Very fretful in the morning. Eyelids appear irritated.

Sul. c.m. one dose.

May 29. Wetting bed only occasionally. General improvement.

TWO CURES WITH RHUS TOXICODENDRON.

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

1. Nov. 11th, 1908, Miss L. H. wrote: "About five weeks ago I fell with my right leg doubled under me, and it has not been well since; the strain was under the knee. Cannot stretch leg out in bed without pain. It is painful when descending stairs, but can walk on level ground or uphill very well. The leg feels weak, and soon gets tired. It often feels worse when I begin to walk, for the first few minutes."

Rhus Toxicodendron 101m (F. C.) one dose; sent Nov. 13.

Nov. 17th she wrote: The leg feels decidedly better; can come down stairs better, and there is less pain.

Nov. 23rd, wrote that she was perfectly well.

Jan. 12th, 1909, wrote that she had again sprained the knee by stumbling over a dog. The symptoms were similar, but slighter. The leg felt decidedly weak, especially under the knee.

Rhus Toxicodendron 101m (F. C.) one dose; sent Jan. 13th.

This dose acted more slowly than the first, but the cure is permanent to this day.

2. Jan. 2nd, 1911. Mrs. I. slept in a damp bed seven weeks ago, and has not felt well since. Has sharp throbbing pain beginning in right deltoid muscle; sometimes shooting from deltoid to fingers. Soreness at the insertion of deltoid muscle; and the skin over deltoid is red. It is also sore to the touch of clothes. The pain is worse when lying down, especially when lying on the right side; better by warmth.

Rhus Toxicodendron 101m (F. C.); taken the same evening.

Jan. 4th. Was much better the next night; and last night was able to lie for an hour on her right side, which she had not been able to do for weeks. Soon cured, and has had no return of the symptoms.

In these cases, the remedy was selected from Kent's Repertory; the best ever published.

SOME OF THE WAYS OF SOME OF THE ENEMIES OF GOOD HEALTH.

S. L. GUILD-LEGGETT, M. D., H. M., SYRACUSE, N. Y.

Invited by your chairman to present a paper for the Clinical Bureau of the I. H. A., I have sought for some subject worthy and find it difficult among the many.

In our ceaseless efforts at the adjustment of forces in the human animal kingdom we have many things to consider, and in wondering over our failures are sometimes astonished by the sudden uncovering of a cause for such disturbance of the vital force.

In the spring of 1911 I was thrown into close connection with the daughters and widow of one of the old, and leading, homœopathic physicians of central New York:—the mother melancholic and the daughters devotedly attentive.

The eldest daughter, whose experience I am about to relate,

had called upon me for prescription several times during the spring and summer.

First, an eczematous expression, combined with backache in night, < lying upon, chilliness, etc.; when studied in detail, these resulted in a prescription of Merc. 3m (J). The eczema promptly disappeared, all other conditions improved. Sometime later, another dose of the same continued the good work.

The latter part of August, after a fatiguing summer devoted to nursing the mother, the back grew worse, the strength and flesh failed, the right shoulder and arm gave trouble and she was in general bad form.

September 5th, she reported a painful tooth, right side, which had kept her awake and caused tears. The only > had been from cold water in the mouth, and then she had not slept until 4 A. M. Right knee ached and was difficult to bend, or straighten, etc.

There were so few indications for relief that I gave both Puls. and Coff. telling her if one remedy did not relieve the other should.

September 8, she reported that Coff. >, but the external angle of the right jaw, and right sub-maxillary, were so swollen that I feared the bone was affected. The throat was sore and stiff and she could hardly swallow. The face was swollen, but the patient, thinking the worst was over, returned to Canandaigua.

Within a day or two the report was bad; the pain severe, there had been no relief from the swelling; the mouth was closed so tightly that she could only show the *tip of the tongue between the teeth,* and her diet was confined to liquid and soft foods. The home dentist having filled her mouth with dope of various kinds, I wired her to "stop all effort to relieve by dental means, go to her father's medicine case, take a powder of *merc.* c.m., make a solution of 3 tsp. and take one-half hour apart."

September 14, she reported that the telegram was received at 2.30 P. M., the doses taken as directed, and that she slept between doses; *a thing* she had been unable to do for *days and*

nights; and that the abscess had broken at 4.00 P. M., soon after the last dose.

After much sleep for the next few hours, she was free from pain, weak, shaky, but calm, but could still only *open the mouth enough to show the tip of the tongue* and was still obliged to use soft or liquid food. Neither dentists, nor herself, have ever located that abscess. Having arranged to accompany her mother to Dr. Patch, after a few days, she, with her sister, was able to take this journey. She returned in about ten days with the jaw still closed to about a half inch.

During her absence she had taken Calc. fl. twice, with *no effect* upon the opening of the jaw, but the swelling at the angle was somewhat relieved. October 2, occasional shooting pains, extended toward the ear; backache in bed; sleep rather better; chilly in bed, even though covered heavily; chilly in back, even when lying on.

Study of the symptoms not very satisfactory, but the conditions "pains," *"swelling," "modalities"* and *"difficulty* in *opening the mouth,"* was so plainly described that Merc. cor. c.m. (H. S.) was given, with great hope, on my part.

October 10. She reported an increase in sensitivity in teeth for a day or two, followed by >; not much change in conditions; perhaps slightly more easy to eat.

A careful re-study and a prescription of Merc. s. mm. (F) with advice to ask Dr. Benham, dentist in Syracuse, to examine the mouth. Dr. Benham massaged the muscles sufficiently to insert his finger and saw an immense amalgam in the offending tooth. He taught her to massage the muscle each day, and said when it was released he should remove the filling and treat the tooth.

I continued *stupid* and thought the higher potency (how did I know it was higher) would now make things come right, as is sometimes the case. Do not think that I had never inquired for amalgam, but the reply was always NO. Their father had carefully explained its results in many cases, and their dentists had always been forbidden its use.

October 14. A further study of all symptoms and a dose of Nit. ac. 5m (F).

October 19. The efforts at massage only aggravated conditions so she had to refrain. Occasionally the mouth would open a little wider, for an hour or so, but the conditions were so little improved, that I paid a visit to Dr. Benham, who knows a great deal of the effects of Mercury in the mouth, and I said to him that there was "so little sign of improvement" that it seemed to me that "there could be no more, until amalgam was removed." He agreed and decided to remove it at once and await events.

Dr. Benham was enabled to massage the muscles and open the mouth sufficiently to remove *not only the one filling* but discover and remove *three* more!

After this, reports of improvement were more assured. The patient could sleep better; the pain in the back, < from lying upon, was better; the rheumatism (?) of knee and shoulder, with peculiar tingling, decreased in violence and frequency; stools became more regular; mouth opened wider all the time, but slowly; sleep still broken and unrefreshing.

December 22. The mouth apparently opened, though patient says "not quite normal." She reports bad taste in mouth, offensive odor to mouth, discomfort in the stomach on walking; food leaving a bad taste; much less "rheumatism"; good, regular stool; looking well and gaining weight of which she had lost ten pounds.

The mental calmness caused a study of Silicia, and she was given one dose 30.

January 27, 1912. Sleeps well, less cold at night, fewer covers; endures more; > of backache in bed, can now lie on back; other discomforts more or less fitful but still present.

In this case the discovery and removal of the hidden cause, *with* the re-adjustment of forces, has been of great satisfaction and certainly should teach us something.

Case No. 2. Because of the adjustment of forces of a different kind, has been of much interest to me.

December 27, 1911, Miss M. aged 22, a student in college, consulted me at the instance of one of her teachers, to whom she had confided her sufferings. She was tall, medium dark, thin, angular and complained much of her suffering from

backache. She suffered so severely as to sometimes burst into tears on rising from a chair. This pain, according to the belief of the patient, was confined to the week previous to, and the *first two days* of, the *menses.* This function was regular to date, color and quantity normal, and accompanied by what she termed "cramps" in the abdomen.

She had consulted a specialist as to *catarrh* of the *left middle ear,* causing deafness, which had followed a cold. This she had suffered in previous winters; the present attack had lasted two or more weeks, causing anxiety as to the outcome. There were "noises," of all kinds, which were relieved by yawning and talking.

The stomach and bowels were reported *all right,* though she ate but little. It was Christmas vacation, during which she had gained ten pounds. She had been sent to Syracuse, to further consult a specialist with regard to hearing. She was working hard to shorten her term of study, and complained of "sleeplessness" with "restlessness and crawling" and "tingling" of the nerves. She was "sleepless but sleepy," "sleepless from thoughts of her work." She worried over what she intended to accomplish this year; was "thirstless," urinated three or four times daily, but had no further knowledge of that function.

STUDY.

"Pain, small of back before menses"; "Sleepless but sleepy"; "Sleepless from thoughts"; were covered by *Bar. c., Calc., Puls., Sul.*

"Anxiety"; "Restless; tossing in bed" by *Calc., Puls., Sul.*

"Hearing impaired"; "Catarrh of the eustachian tube"; *Calc., Puls.*

"Tearful"; by *Puls.* One dose Puls. c.m. (H. S.)

Report of January 10, 1912. Wonderful improvement; at present, menses; comparatively no "pain in back," just a pressure downward at end of spine at the beginning of the flow. Abdomen; "cramps," hypogastric region, rather severe the first day, "almost bad enough to go to bed." Mental; only one bad spell of "depression." Sleep; better some nights than

others. Night; once, "sharp pain," "region of heart," through to back, < by deep breath, not all night but more rested than before; "startled easily," nights, by sounds; some nights sleeps from 11.30 P. M. to 7.00 or 7.30 A. M.

Sweaty palms, not cold; hearing much improved; sensation, as if everything in stomach was "knotted," a week ago, lasting two days; so tense was unable to relax.

January 19, 1912. Report: Miserable two days, one night backache prevented sleep and if dozed, such *"horrid dreams";* no reason. Examination occurred the 15th, worried, but was successful; is all over and should feel better.

Previous "night startled at every sound," found self "sitting up in bed." Today, "depressed and backache"; could do without eating; drinks little, even coffee; usually takes two cups for breakfast, now takes but one; ear, < two days; occasionally "pains" with "ringing" in the one *before* troubled.

No amalgam fillings.

Study hour 7.30 P. M., but previous night was *so nervous,* before the hour was up, that she was obliged to leave the books.

Backache less intense but constant and difficult to find an easy position.

A re-study was unsatisfactory, the remedy was certainly Puls., but Puls. c.m. should have held the patient longer. Question, what was the matter? Thinking the matter over and recalling the mention of *"lessened taste* for coffee," I was reminded of its antidotal effects upon Puls, so forwarded a dose of Puls. mm. (F) and an order to "stop the coffee," as it was antidoting the medicine.

January 31, 1912. Report good; no backache; has slept better for a week; not much appetite without coffee; begs for a cup after dinner; no further mental depression; more rested and yet in midst of examination week; to do "without coffee is awful."

The appreciation that my patient had been suffering from coffee poisoning began to dawn upon me. The "acuteness" of the suffering, the "sensitiveness to noises"; the "vague depression" and "tears" without cause; so I sent a letter on

the subject calculated to arrest any further attempts to brace up on that (for her) pernicious drink.

February 18. Another letter saying she was all right now; drank more cold water; slept well; no backache; none at menses the previous week; had drunk no coffee, but "could" she drink it *now*.

Another letter from myself showing the lasting effect of *coffee poisoning* on the system, and stating that it might be *years* before she could drink coffee with impunity, and enclosing a powder of Puls. cm. H. S. in case she should suffer from a return of the catarrh of the middle ear, ended our correspondence.

This discovery, and adjustment of the inimical force, was very interesting to me, for I do not stand among those who believe that the same force is of universal application, or one from which every one will suffer. If we stop to consider, we *know* that it is not so; not every one suffers from amalgam, red rubber, etc. in the mouth; and not every one suffers from coffee, or from the same kinds of food; but we should be *awake* to the *possibilities* and armed with sufficient arguments, to persuade the victims;—for who is so difficult to persuade as him who loves his destroyer?

DISCUSSION.

President: In regard to the amalgam fillings, it seems to me that I have discovered a good many cases in which they were distinctly harmful to health. It is an interesting feature of medicine that we should continue to give our attention to.

E. A. Taylor: This excellent paper illustrates some important points taught by the Organon. It is remarkable how clear and comprehensive that old book is. It speaks of the removal of the cause, just as the doctor did here. Dr. Lippe reports a case years ago that illustrates this point also: A little child was brought to him troubled with morning diarrhœa; he started with Sulphur and the little one was better for a time, but then came a relapse and another remedy, Aloes as I remember it. Improvement followed the second prescription, then worse again. This happened three times. It was

a bottle-fed baby. Dr. Lippe went out to examine the cow. He found that the girl milker was in the habit of scouring the copper kettle that she used and that the cow ate the rag that had been used.

Remove the cause before you expect the remedies to do their work. Another point was brought out that we should never lose sight of and keep hammering at; that is the totality of the symptoms. The doctor just gave Pulsatilla on the totality of the symptoms, with no theories, no speculations about it. She did not bother her head as to whether it was a deep acting remedy or not. Has anybody ever discovered a method or a measuring rod whereby we can measure the depth of action of a remedy? Is there anything that will tell us just how deeply a medicine will act? The medicine that corresponds to the patient's symptoms is the deepest acting remedy for that patient.

CLINICAL STUDIES.

C. M. BOGER, M. D., PARKERSBERG, WEST VIRGINIA.

SULPHUR 1M AND MM.

Extreme tension in eyeballs, as if they would burst. This symptom along with the appearance of flakes of soot waving up and down before the vision enabled me to choose Sulphur as the remedy which arrested a glaucoma in a man aged 64. The diagnosis had been made by several of the best specialists in this country. The patient's father had the same disease.

This is also the only remedy that has ever relieved the same symptom in a patient who suffers with attacks of general neuritis which almost invariably finally locate themselves in the optic nerve. Her general improvement has also been most striking since taking a few doses of Sulphur in the course of several years.

SULPHUR MM.

This woman, aged 50, had had pneumonia, had also been

treated locally for ulcer on the chin and of the os, along with ropy leucorrhœa and hypertrophy of the womb. She now came for the relief of a bruised lumbar pain with a sense of something going from thence into the stomach and throat where it caused choking. There was burning along the spine at night along with rushes of blood as if the blood vessels would burst, and a feeling of dying or choking if she lay on the left side. She was forgetful, confused and had impulses to scream with headache at night. Damp weather affected her and there was a cold feeling in the chest and feet. The remedy caused a severe aggravation followed by an irritating leucorrhœal discharge and then better health than for years.

SULPHUR 1M.

1. Several years ago was attacked by pressure at stomach, followed by much gas and hot or bitter eructations.
2. The tongue burns much.
3. Gets rheumatic pains followed by ecchymotic spots.
4. One month ago had an attack of diarrhœa with involuntary, bloody, shreddy stools; this was also followed by rheumatic pain. Ordinarily the stools are bright yellow.
5. Foul smelling blood or bloody pus seems to come from trachea.
6. Palms and soles burn much at night.
7. Upward pushing in vertex.

The remedy cured a very old lady of the above symptoms.

SULPHUR 1M.

1. Boils every spring, worse on back and neck.
2. Dry tetter on face from shaving and heat. His skin suppurates very readily.
3. Slight hacking cough.
4. Loss of sleep heats him up; his mouth then feels hot.
5. Stools in the evening seem to pain the tip of the coccyx.
6. Pork or cucumbers upset him.
7. Has taken much iron and does heavy mental work.

This cure was very satisfactory.

KALI-CARB. DM.

1. Aching, burning in left kidney on exertion, with pain from left flank to heart which trembles. Palpitation after eating.

2. Mucus in throat on lying down and bad taste in the morning. Much belching.

3. Fresh meat goes against him.

4. Must wait to urinate.

5. Falls asleep late and awakes too early.

6. Can't stand either heat or cold. In general worse in the evening.

One dose made a complete cure.

KALI-CARB.

1. Fifteen years ago had pneumonia with inability to lie on the left side.

2. Sixteen months ago had typhoid, followed by dull heavy pain in groins and rectal abscess. Eleven months after this nephritic colic set in, in attacks that came once or twice a week, with cutting along left ureter and universal dry coldness. The urine soon becomes fetid and forms a cloud.

3. After eating he bloats and the stomach becomes tender. Regurgitates his food sour.

4. Throbbing about navel.

5. Attacks of spasm of the glottis with inability to exhale every night. These are rapidly reducing him.

6. Legs clammy and cold to knees.

One dose of the dm followed by one of the mm after ten weeks made a radical cure.

ONOSMODIUM.

1. Coincidence of eye symptoms with ovarian pains which may alternate sides.

2. Pain in left occipital protuberance.

3. Throat hot and dry.

4. Aggravation from injury or eye strain. Onosmodium one drop cured two cases.

SCIRRHIN.

This nosode has a specific action on the rectum and is particularly indicated for severe itching whether due to pin worms, ulcer or any other condition there. I have found it very effectual for quick relief.

SEPIA 1M.

1. After getting feet wet there was involuntary urination and the passing of blood.
2. Cough excited by tickling under sternum < singing.
3. Attacks of dreadful backache followed by discharges of pus from bladder; aching up back into neck.
4. Much flatulency.
5. Knees and feet get cold and feel damp.
6. Gets white around the mouth after a bath.
7. Inclination to lie down. One dose slowly cured this patient.

RADIUM 30.

Neuritis with burning in left forearm and hand. Stretching caused numbness. Worse from touch and better from hot bathing and continued motion. The recovery was rapid and complete in a few days.

ALUMINA 200.

1. Six months ago a pain came in left hip, now it has gone to right, and there is also an inter scapular pain going forward to lower border of liver or may wander over her. There is an itching burning over the seat of the pain and she is seized with fear every time the pains come on. Nervous temperament.
2. She is worse at night, from coffee, corn bread, potatoes, cakes, pies, milk; from pressure and lying on it and is better from heat and eructations.
3. Bowels are sore with sticking pains in them. Flatulency.

4. Constipated with stools of small hard balls. Takes purgatives. One dose nightly for three days, then every other night for three more doses, cured this patient.

BOVISTA 45M.

1. Confusion in head; awakes at night and don't know where she is.
2. Menses too short and too pale, accompanied by diarrhœa. Leucorrhœa, yellow, thick, chafing.
3. On lying down the nose stops up and she gets a choking in throat.
4. Small right sided goitre. One dose cured completely.

STRAMONIUM 50M.

1. Right sided chorea preceded by a sense of a lump in throat.
2. Very talkative and must have a light at night because she imagines strangers coming in. Has been sick one month. One dose cured.

BRYONIA.

1. Difficult breathing < stooping, reaching up or overheating.
2. Legs feel too short and are oedematous; this is followed by heaviness in stomach.
3. Soles burn at night > rubbing.
4. Hot flashes < in room.
5. Crushing pain in occiput on awaking at 5 A. M. < every other day and when lying on it.
6. Vertigo in occiput as if something were turning around in it. Has had six doses of Bryonia in various potencies in fifteen months and has been better than for years altho not well.

LACHESIS.

1. Grippe two and also one year ago, followed by purpura six months ago. Now the spots are nearly black and larger than two hands. Allopaths have decided nothing can be done.

2. General swelling, < face; collar must be loose.
3. Chilly when drinking.
4. Itching burning in a spot, then a subcutaneous hemorrhage appears.
5. Smothering awakes him on falling to sleep.
6. Foamy white or bloody expectoration.
7. Many rheumatic pains.
8. Passes blood with his stools. Lachesis 4m daily for four days then every other day until three more doses were taken made a complete cure.

PHOSPHORUS 1M.

1. Took cold in November; since then takes cold easily from every change with coryza and much sneezing. The nose drips water continually along with mental confusion. After the failure of several prescriptions an examination showed a polypus high up in the left nostril and large tough scabs lower down.
2. Puffed under eyes.
3. Kidneys over active if she takes cold or is on feet too much; burning urination.
4. Palpitation on ascending. Lying on left side smothers her some.
5. Itching of palate.

One dose of Phosphorus removed the whole trouble, polypus and all.

PHOSPHORUS 1M.

1. Thick creamy leucorrhœa after menses, causing itching and swelling.
2. Menses prolonged, a little early; ceases then starts again, becoming greenish black from taking cold. Preceded by constant pressure to urinate.
3. Dull pain in left ovary seemingly prevents raising limb.
4. Burning bitter waterbrash. Bad bitter taste.
5. Wind gives her cold.
6. Craves candy and cold things.
7. Nervous attacks from anger or unexpected noises.

One dose was sufficient to remove the leucorrhœa.

PHOSPHORUS 200 THEN 1M.

1. Injury to right kidney, years ago.
2. Subject to waterbrash.
3. Constipation from inertia, with slender stools.
4. *Beady thread of slime along sides of tongue.*
5. Lies more comfortably on the right side.
6. Nightly urination.
7. Tall, slender subject.

This prescription is shown more to point out the tongue symptoms than anything else as the remedy is obvious and the result was all that could be desired.

CALC.-PHOS. CM.

1. Easy fainting from nervous excitement.
2. Walking causes a feeling of everything falling out.
3. Flesh sore all over, keeps her turning in bed.
4. Very foul dark menses which cause pain at start.
5. Empty hollow feeling in throat.
6. Faint feeling at navel; *it gets sore at times.*
7. Can't stand hot rooms. One dose cured.

CAUSTICUM.

1. Became badly chilled in August, 1911. This was followed by aching in calves before rains and on first rising, > moving about.
2. Feet sweat on soles and get sore.
3. Frontal headache and emaciation.
4. Adhesive urinary sediment.
5. Whistling sound in left ear.

It required five doses of Causticum from the 1m to the mm given over six months to get rid of the whistling in the left ear finally.

ARSENICUM MM.

1. Eruption of fine, white, clean profuse scales on hairy parts with profuse dandruff. When the eruption is worse it is accompanied by the hawking down of a sticky postnasal

discharge; at other times there is dryness of the posterior nares. Inherited eczema. Tubercular ancestry.

2. Sensitive to cold and easily takes cold which results in catarrhs.

3. Restless when not well.

4. Likes salty food. Fresh beef don't agree very well.

The remedy caused an intense aggravation with weakness on the fourth day, then improvement set in and at the end of five months he remains well.

SEPIA 1M THEN MM.

1. For some years has utterly failed to get relief for the following symptoms. First there appears a black spec, silvery zigzags or a glimmering before the left eye; then before the right also. This continues for some hours or days when roaring in the ear with palpitation, pressure over the heart, heart failure even to fainting and extreme weakness set in; the pulse becomes slower, omits beats or beats irregularly and in a hesitating way; she goes into collapse. The attacks are often superinduced by some gross error in diet or eating much solid food.

2. Puffiness over inner part of upper eyelid.

3. Clear tough foamy mucus comes up from stomach.

4. Stools are hard and dry or alternate with a diarrhœa of a deep yellow color.

5. Smothers when lying on left side.

The patient is 77 years old and has never obtained the least relief from any doctor, altho she had travelled extensively in search of health. After a careful study I decided upon *Sepia* which soon controlled the attack. By taking a dose or two as soon as she notices the black spots before her vision, she had aborted them many times, so that there is but little trouble now. Only once was it necessary to follow it with a dose or two of Phosphorus 1m for the remaining heart weakness, but this was in the early part of the treatment.

MERCURIUS IODATUS FLAVUS CM.

1. Swelling of the right lobe of the thyroid gland with swelling below the right eye.

2. Stiffness from behind left ear down to shoulder, worse at night.

3. Irregular appetite.

4. Water runs out of her mouth at night.

5. Bad taste in the morning. Boiled cabbage disagrees.

6. Gets sore throat easily.

7. Feet cold.

8. The goitre is impeding her speech altho it is very small as yet. Two doses given six weeks apart cure this case.

SANGUINARIA 1M.

1. Pain over right eye which starts at 8 A. M. and increases until 2 P. M. then slowly subsides. When at its height the right eyeball gets sore and feels as if it would burst, but as the pain subsides he passes much urine.

2. Had intermittent fever 34 years ago. Formerly troubled with bilious vomiting.

3. Profuse foot sweat.

He received one dose every night for three days then Sac. Lac. and reports that the pains left on the third day.

LILIUM TIGRINUM 300.

1. Soreness about heart with gurglings in different parts; deep breathing causes pain thro to back.

2. Thick yellow leucorrhœa, with a clot of blood.

3. Nervous excitement causes clutching at heart.

4. Nervous chills which make her jerk, < from mental overwork.

5. Weakness thro left chest.

6. Bladder irritated with frequent urination.

7. Lower abdomen sensitive.

8. Frothy, painless, large, gushing stools.

KALI-BICHROMICUM 1M.

1. Bursting, throbbing headaches behind forehead, < sitting up, > vomiting.
2. Profuse, sticky, bloodstreaked, acrid leucorrhœa.

This remedy made a fine cure.

NATRUM-MUR. 16.

Took iron for anæmia one year ago, but failed to obtain relief, now has:

1. Receding gums and premature grayness.
2. The stools are dark and hard and the menses too short, preceded by frontal headache.
3. Irritable and impatient when not well.
4. Quivering throughout system.
5. Formerly subject to headaches with spots before the vision. The remedy restored her color and caused the menses to last five days.

NATRUM-MUR. DM.

1. Suddenly appearing paralysis of right leg, seems more in knee; wears off a little by walking. Has been slow in learning to walk and has stumbled much.
2. Tardy urination.
3. Cries out in sleep; sleeps from 10 A. M. to 5. P. M. daily.
4. Formerly had dysentery.
5. Photophobia.
6. Mapped tongue.
7. Can't eat corn, spinach, beets, eggplant or celery; craves lemon, bacon, apples, honey and dates.

This patient, aged 2½ years, had been diagnosed as suffering from acute infantile paralysis by a very competent man, but one dose of the indicated remedy made a complete cure.

NATRUM-MUR. DM ONE DOSE.

1. Several years ago one dose of Arsenicum mm cured this patient of a generalized eczema, but had no effect on the following symptoms, which had lasted for fifteen years.

2. Queer feeling in head, followed by double vision and blurring of the letters looked at, then *the fingers get numb,* the sensation of numbness spreading up the arm when speech and reasoning power become affected. Then there follows a severe pain in the forehead with general headache, pain in the eyeballs and nausea, > vomiting.

3. She is restless during the attack, but motion aggravates. At the end of six months she had her first relapse, and that so slight that she got nothing for it, but I sent another powder of Natrum-mur. dm, to be taken if another return occurs.

NATRUM-MUR. 1M.

Headache with pains coming up over head from occiput and accompanied by *complete numbness of one side of body and tongue,* loss of vision for the lower half of all objects and an aphasia in which she reversed her words and letters, or was unable to connect them properly with her thoughts.

Enlargement of the left lobe of thyroid.

Anæmia.

All worse at start of menses.

This remarkable case was completely cured by one dose.

LYCOPODIUM 500, THEN 1M.

1. Metorrhagia followed by sticking over liver, < pressure or lying on it and a dull ache or throbbing in right ovary extending as a soreness into thigh, > lying on it. During these pains she gets very blue and irritable.

2. Dark, yellow leucorrhœa which causes itching.

3. Hawks down thick phlegm every morning.

4. Feet and lower abdomen swell, < after meals.

5. Sensitive to cold.

6. Prolapsus recti and constipation; the stools are large and dark.

7. Much flatulency.

The remedy brought on a flooding attack which lasted ten days, during which time she passed very offensive blood, but kept on improving nevertheless. At the end of four months

every symptom except the post nasal discharge had disappeared.

IODIUM 200.

1. As of something heavy in larynx choking her.
2. Cough excited by rattling of mucus in throat, which feels as if it would burst, < cold and > hot drinks.
3. Shortness of breath, < about bedtime.
4. Either voracious hunger or lack of appetite; hot water-brash.
5. Outward shooting in right ear.
6. General wandering pains.
7. Yellow, watery, scanty stool.

This case of tuberculosis yielded to fresh air and the remedy repeated in 6,125 and 26 days; the last followed by a single dose of Tuberculin 50m in nine days.

NUX-VOMICA 180M.

1. Annual hay fever with stuffed nose, but a bland discharge runs from it; palate gets sore.
2. Violent paroxysmal cough, < at night. Coughing gives no relief and may cause sweating.
3. Dull pain under upper sternum, < deep breathing.
4. Subject to tonsilitis in winter and to chronic nasal catarrh with obstruction of the pendant side.
5. Hypochondriacal disposition.

The prescription broke up the attack so that the asthmatic phase did not appear this time, altho he is a great and persistent sufferer. Against a recurrence he later got one dose of Psorinum cm.

ZINCUM.

1. For twenty-four years, ever since puberty, has been subject to sick headaches coming over either eye, before the menses or if constipated, > quiet and pressure; these are accompanied by stiffness of the tongue.
2. She was formerly cured of a severe asthma, which was < from cold or odors, by Asarum.

3. Now she comes for an increasing stiffness of the left maxillary joint accompanied by pain in the temples when chewing or biting.

4. There is weakness across the small of the back on reaching up or standing.

5. Car riding or rising from stooping cause dizziness.

6. Cold weather and changes of temperature quickly give her a cold.

7. Soles burn sometimes at night.

8. Bad taste in the morning.

One dose of Zincum cm, followed by another in a month, slowly cured the stiff joint and the headaches have gradually ceased during the year.

ZINCUM.

1. Occipital headache, a dull pain accompanied by whirling dizziness that compels him to walk with feet far apart.

2. Feet cramp when he gets cold in bed, but when he warms them by the fire they become restless.

3. The external scalp is sore.

4. Twitching of right index finger at times.

5. The small of the back gets weak.

6. Urine dark with a pink sandy deposit.

This patient, aged sixty, recovered slowly under the action of Zincum 6x first, then the 30, then the 1m.

GLONOIN.

1. Subject to migraine preceded by blindness in right eye, but pain over the left.

2. Two weeks ago a cutting pain started in region of frontal sinus and went backward and upward over head then down spine with retraction of the head; simultaneously there was also a similar pain going upward from the sacrum. The attacks of pain were worse from stepping, lying on back, light or in the sun. The pain prevented sleep so that she changed position often, and was so severe that it made her sweat; mostly on the chest.

She received a dose of Glonoin 1m, every four days for three doses, which was sufficient to remove the trouble for ten months, when a slight return necessitated one more dose since which time she has been well.

LACHESIS—A REMINISCENCE.

Several days ago a patient casually remarked that I had cured his uncle of epilepsy and he had lived afterward without the slightest evidence of a return, altho he was until then almost totally incapacitated thereby.

The recollection of the event had almost faded from my memory, until reminded of it by the young man; but it happened in this wise. The family had called me during a period of status epilepticus and in order to save time I administered a single dose of Lachesis 30 hypodermically, after which it seems he never had another attack, but succombed to tuberculosis fourteen years afterward.

DISCUSSION.

B. G. Clark: I would like to add the name of Tilia as a remedy that has a specific action upon the troubles of the nasal sinuses, also Lilium tigrinum as a remedy that has helped two cases of uncomplicated aneurism of the aorta. These two cases had a good deal of dyspnœa as a consequence. One of them has been under my care for ten years. The other for seven or eight.

ADJOURNED.

SEVENTH SESSION.

JUNE 26TH.

BUSINESS PROCEEDINGS.

Meeting called to order by the President at 10.00 A. M.

E. Rushmore: I would like to call the attention of this Association to the work of Dr. Cigliano of Naples. Dr. William

Wesselhoeft met him while abroad and thought well of his practice as well as of some medical service that he rendered to him. I have also met him and had correspondence with him. He is a pure Hahnemannian in practice and a strong worker for Homœopathy. He is an opponent of compulsory vaccination, having found the 6x of Variolinum to be a sufficient prophylactic.

W. H. Freeman: I move that Dr. Rushmore be made a committee of one to correspond with Dr. Cigliano with the idea of his becoming an active member of this Association. Seconded, carried.

Frank W. Patch: I would like to ask whether any systematic effort has been made to bring Associate members into the Active list at the expiration of the three years of Associate membership. This class was created with the full expectation that the list would be a feeder.

W. R. Powel: At the dues of $2.00 a year the Association loses money, because the volume of Transactions that we give them costs more than that.

C. M. Boger: I move that the dues of Associate members shall be three dollars instead of two.

J. B. S. King: That is a change in the By-Laws and would require a written notice and a year's time before it could be brought about.

Frank W. Patch: Perhaps the matter has been neglected and Associate members have simply been allowed to lapse without any solicitation to enter the active list.

S. L. Guild-Leggett: Are we not losing sight of the purpose for which the Associate membership was created? When Dr. H. C. Allen was alive, nearly all the recent graduates of Hering College were induced to join this Association as Associate members, and they formed good material for Active members later.

Mary F. Taft: Personally I would like to see the Junior or Associate membership wiped off the records. When I joined this Association the Censors, presided over by Dr. Jos. Biegler, who was called the watch dog of the Association, were very strict in their requirements. I was allowed to be present

at a meeting as a guest for one year, but with the strongest desire to be a member, but I found the gate closed until I had made good with all the requirements. I had to write a paper which would pass that rigid board of censors. I think that difficulties create a desire for membership, which is far stronger than when the admission is too easy. The very fact that they have to work for admission with a paper of merit makes it a longed for aim.

S. L. Guild-Leggett: The thesis was never to have been presented to any other association or society.

Report of the Committee on forming branch associations in the East and West.

Your committee has considered the proposition of forming branch associations in different parts of the country to hold meetings simultaneously with this. We deem it unwise at the present to do so, but recommend that other societies be invited to come in as auxiliaries with the further recommendation that this Association meet West next year, as it has met in the East for two consecutive years.

C. M. BOGER,
F. W. PATCH,
E. A. TAYLOR.

Report received and accepted.

Report of the Committee on the Presidential Address, June, 1912.

For the scholarly address of our President there can be only words of commendation. It outlined the unique position filled by this society, and what should be the effect of its irradiating influence, both of which our members should bear in mind; in distinguishing the true from the "false approach to the sick man"; as well as in depicting the process in the rediscovery (so-called) of homœopathy by modern scientific methods, our President has rendered a service which is timely, important, and complete.

We recommend and urge a careful reading of the address—

as soon as published—by the members, and especially by those newest in Hahnemannian Homœopathy.

M. W. TURNER,
T. F. WINANS,
G. B. STEARNS,
Committee.

Report accepted.

A GROUP OF TUBERCULINUM CASES.

BY JULIA M. GREEN, B. S., M. D., WASHINGTON, D. C.

These cases are reported, not to follow any one of them chronologically; not to demonstrate how the remedy was used; not to prove anything about Tuberculinum as a nosode nor as a cure for Tuberculosis, but to try to reveal the deep, functional, nervous disorders in which this wonderful remedy can do excellent work, and the *general* symptoms upon which its selection appears to rest. Hence, the cases reported are not all cured patients, but those in which the remedy is now working with good results, and with promise of cure.

I.

At the age of forty-six years, Miss E. T. N. first reported. She was born after her father had suffered an accident with crushing of the skull, occasioning deep, nervous headaches. He died of paralysis following the injury.

Mother had "Paralyzed lung," with severe cough, for many years.

Phthisis occurred in two members of mother's family; two sisters died of spinal meningitis.

At the age of thirteen, she developed physically, very rapidly, and fainted frequently.

Cough developed at age of thirteen or fourteen years; has been frequent and long-continued, since that; resembles croup in sound; respiration difficult.

Pneumonia twice

Sunstroke, once.

Mentally very active; cheerful generally, sometimes depressed.

Meningitis at eighteen years of age; very ill.

Headaches, deep brain-pain, in paroxysms, since meningitis. Pain worst in occiput, drawing head backward, with tension down the spine and out in the shoulders. Crushing pain on vertex < turning head far to right. Soreness of scalp.

Spine sensitive; tension entire length; intense soreness of coccyx, so cannot sit straight; sore pain under right scapula. (Spine and head injured by three different falls; in bed for a year, after the worst one).

Stiffness of limbs, face, and jaw.

Pallor intense, with tendency to purplish discoloration of lips, hands, and feet.

Vertigo, as if turning in a circle; as if falling.

Shoulders, sensation of heavy weight.

Creepy chilliness; cold spots; coldness from waist, down.

Smothered sensation; craves open air.

Swelling of hands, wrists, feet and abdomen.

Eructations, with any acute pain.

Constipation obstinate ever since meningitis; has had fecal impaction and contemplated operation for it. Rectum packed with rather soft mass; powerless to expel it. Chronic diarrhœa, eight months.

Perspiration easy on upper part of body; at night.

Neuralgia, accompanied by throbbing pain.

Numbness and palpitation.

Feet-soreness in soles, when stepping, in morning.

Sleep poor; late beginning; awake for hours in middle of night.

< when wakens, and in early morning.

Intolerance of clothing, especially bed-clothes.

Under Tuberculinum, this patient was relieved of one of the intense paroxysms of fecal impaction. During the next six months, she had great relief from head and spinal symptoms; vertigo; chilliness; numbness; palpitation; stiffness from tension, and constipation, while cough disappeared, and her general health was renewed.

A profuse eruption then appeared, and obstinate rheumatism, which latter continues while patient is yet under treatment with other remedies. Influence of Tuberculinum appeared to have ceased.

II.

Mrs. L. C., at age of fifty-three, was a stout woman with flabby flesh.

< from drafts.

< from wet weather.

< before a storm.

< after sleep.

< from light and noise.

Intolerance of clothing. < left side.

Trembling internally.

Heart palpitation frequent; waves of nervousness or quivers, rising to heart region.

Pulsations through body, when tired; quiverings in flesh.

Burning sensation, as if burning up.

Desire for cold drinks; for salt and salt food.

Naturally cheerful but worries over trifles.

Wakens at times with sense of horror at something that is to happen.

Vertigo frequent with blindness from quick motion or stooping.

Headache intense and frequent; begins with black patches and rings falling rapidly before the eyes; then everything is dark and misty; then vision of only right half of objects. When these pass, pain begins in eyes, forehead, vertex and occiput. < riding. > quiet and darkness.

Scalp sensitive; flesh sensitive; aversion to being touched, in spots; sensitive to wrinkles in sheet. Scalp pain in cold air. Head wrapped at night, to protect from drafts.

Disposition to "take cold"; sore throat frequently; cough, one entire winter.

Perspires easily; profusely; especially on head and neck.

Mouth and throat dry sensation. Offensive odor. Lips

and tongue often purplish. Taste bitter. Aphthæ in mouth, frequently.

Nausea frequent; from odor of cooking food.

Throat—lump sensation.

Fullness sensation after eating few mouthfuls; suffocation sensation.

Emptiness sensation; all-gone sensation.

Constipation obstinate, for long periods, followed by diarrhœa, offensive.

Urine excoriating. Sediment sticky.

Menses scanty.

Leucorrhœa yellow, thick, offensive, excoriating.

Prolapsus uteri long-continued.

Joints cracking: occiput; nape of neck; all joints, for years.

Back pulsating entire length of spine. Soreness and burning sensation. *Tension in nape of neck.* > bending head backward.

Chilliness and heat flushes.

Thorax—heaviness sensation. Air appears cut off.

Perspiration at night.

Stiffness of muscles in various places; rheumatism.

Cramps in muscles.

Palms and soles—burning sensation. Perspiration; clammy. Swelling; also about eyes.

Tendons—sensation of stretching: heels to neck.

Faintness in morning.

Sleep poor; broken; late beginning; dreams of the dead.

The symptoms are the persistent ones of the past ten years. Lachesis held her for awhile; later Sulph., Calc., then Phos., Nux. v., and Silica, in turn. Nothing helped her enough or permanently, and she had a nervous break-down, three years ago. From this, she struggled up, slowly, with no intense pain. Last summer she received Tuberculinum, and has since gained steadily and in the proper order.

III.

Mrs. S. E. F., forty-two years old, is stout, with clear skin and eyes, and face pale or flushed.

Three sisters and a brother died of phthisis, each less than thirty years old.

Rheumatism, fifteen years ago; inflammatory, continued for a year. Began in r. ankle, then appeared in r. knee, other joints, and later settled in r. knee, which has been so stiff that it can be flexed only enough to admit sitting.

Two children. First one, nine years ago, died at birth; second, born thirteen months later, had hydrocephalus, and lived only two days.

Dysmenorrhœa intense, since childbirth. Menses late, profuse, with large clots. Pain through entire pelvis, in back and thighs. Depression, during M.; weeps at trifles. Weakness following M.; intense debility for nearly two weeks. Vertigo frequent.

Mental depression, intense, in paroxysms, though naturally cheerful.

Faintness with any intense suffering.

Wakens in night, or early morning, or after a nap, with some disorder.

Tired and faint after even a partial bath.

Cough long-continued from every cold.

Respiration difficult from slight exertion.

Chilliness; always cold.

Desires fresh air; > in fresh air.

Sensitiveness to pain.

Trembling internally.

Heart—fluttering around it.

Numbness of hands and arms and anterior of l. thigh.

Restlessness but < by motion. Legs fidgety, in evenings.

Desires acids; at times desires sweets.

Formication.

Headache intense, frequent, long-continued. Beginning in both eyes, settles in forehead; < light and motion. Nausea during pain. Soreness of scalp and falling of hair, following.

Mouth dry, parched sensation.

Acute indigestion in paroxysms, with faintness; sensation of hard lump in epigastrium, wants to push ensiform cartilage outward.

< from external pressure.

Diarrhœa begins suddenly, continues several hours. Stools watery, with intense cramping pain in abdomen. Alternation of diar. and constipation. Hemorrhoids during constipation; painful, for a week or more; with hemorrhage.

Uterus three times natural size; prolapsed, spongy.

Leucorrhœa brownish, excoriating, offensive, gushing.

Back: spot of pain over left sacral region, size of silver dollar. Deep soreness sensation, for years. L. dorsal region—nagging ache.

Sleep easily disturbed by pains or worries.

Dreams always, vivid, dreadful; often of the dead.

Mind too active, at night.

This patient progressed under Sepia, Nat.-m., Phos., and Lyc., each taking hold for awhile, but the symptoms returned in almost the same form, although she was gaining in endurance and appearance.

The first dose of Tuberculinum was given in May, 1910. After two weeks, improvement was marked, and continued in the proper direction. After each new dose, there is much pain for hours or for a few days, after which the improvement is long-continued. When a new dose is needed, some one group of symptoms appears, accompanied by intense debility, or some form of intense nervousness appears, as the indication.

Dysmenorrhœa was permanently improved, after beginning with Tuberc. For five or six months at a time she has progressed without any medicine.

IV.

Miss J. M. C., forty-two years of age, was born late in the lives of her parents. One sister is imbecile; one has terrible neuralgic-headaches, rheumatism, and serious eye-disorder.

Never has been strong; endurance low; many severe "colds"; hay fever.

Nervousness, uneasy restlessness; twitching.

Worse in spring and in warm weather; cannot endure warm days.

< drafts; dampness.

< waking.

< sweets; fried food; fruit.

< before and after menses; > during menses.

Chilliness creeping, in back.

Palpitation.

Craves fresh air. Suffocative sensation.

Mental depression intense at times: when sleepless, and before menses.

Vertigo frequent and intense, at times.

Headache preceded by vertigo, and by colored spots and loss of vision. < waking early in morning. Worst pain is tension in occiput and nape, extending down spine.

Face—puffiness around eyes, in morning.

Dryness of mouth and throat, in morning, intense. Taste offensive, in morning.

Rectum—constipation and hemorrhoidal tendency. Hemorrhoids external; moist; sore pain. Hemorrhage at times considerable.

Menses scanty.

Uterine prolapse, with dragging sensation through pelvis; drawing from sacral region.

Lumbago, many times; spring and autumn. Pain extends down r. sciatic. Stiffness of lumbar region, in mornings; from cold bathing.

Sleep poor; late beginning. Dreams many; active, exciting. Wakens 3 A. M. Twitching in sleep; starts from sleep, crying out.

She has had treatment most of the time, since 1903, having Lyc., Puls., Phos., Sulph., Sep., Nat. m., and Kali c. Since the autumn of 1911 she has had Tuberculinum *and has improved in a fundamental manner* as she had not previously. This spring she is able to meet the first warm weather without wilting. A siege of lumbago was promptly aborted.

V.

Mrs. E. W. M., thirty-four years of age, belongs to a large family. None of her brothers or sisters are strong, there

being some family weakness which is undefined and of nervous character. Mother died of Bright's disease, one brother was threatened with phthisis; one sister approached chorea, at seventeen years of age.

Childhood spent in country fresh air, with plenty of romping.

Complexion naturally of high color; fresh, clear skin and eyes. Teeth good.

Gained flesh rapidly in past three years, though has not been in good health, since a trip to Florida, in 1907.

Shock of mother's sudden death followed by sleeplessness. For many weeks, sleeps for only two nights a week, on the average.

Sinking spells, always with M. and frequently at other times.

Constipation; no normal evacuations; uses cathartics.

Quinine, for three years, took 2 grs. per day, during the rainy season: several hundred grains, in all.

Two children; first twelve years ago; second eighteen months ago.

Bright and cheery, naturally; fond of talking and of company. Depression intense, before menses. Sensitive to touch and easily startled; very sensitive to suffering of others, and to the mental changes of others. Offended easily; broods much. Enjoyment keen. Changeable moods.

Craving for fresh air. Suffocated sensation in closed room; at times if anyone stands in front of her.

Faints easily; faintness when rising; when riding on street cars.

Palpitation when ascending, with difficult respiration. Wakened at night with it.

Vertigo and tendency to nausea, when rising.

Anæmia, since she left Florida; so intense since weaning baby, obliged to be in bed. Too weak to comb her hair or bathe her face.

Nervous tension, through body.

Chilliness; cold feet, clammy.

Disposition to take cold. Tonsilitis frequent; tonsils enlarged, in childhood; long-continued cough, with it.

Temperature sub-normal. Never has fever.

Headache frequent and continued, for many years. Heat of head with pain. Dull, pressive, heavy, in vertex.

Perspiration profuse, always on head.

Mouth and throat dryness.

Globus hystericus.

Craves highly-seasoned food; acid fruits; sometimes sweets; cracked ice.

Nausea frequent; car-riding.

Stomach sensation of soreness, in one spot, most of the time for years; sensitive to pressure. Burning sensation at times.

Rectum—sore pains extending upward. Frequent, profuse hemorrhage, from Jan. 18 to March 1 increased her anæmia.

Dysmenorrhœa, from puberty; fainting frequent. Flow scanty; during lactation.

Backache throughout her life, even in childhood. Extending down posterior part of thighs and legs. First place of fatigue.

Legs heaviness; weakness.

Sleep poor, many years. Nights restless. Faint when wakens.

Depression at night; anxious thoughts and dreams.

Paroxysms of nervousness with nervous chills; twitching muscles; mental restlessness; cold hands and feet.

Kali c., Nat. m., Phos., and Puls. were given at various times, in the past two years, but did not prove curative.

Tuberculinum, given this spring, during the extremely anæmic condition following rectal hemorrhages, controlled the hemorrhage promptly, and has helped her to her feet feeling better than for many years. The backache persists, but has improved. All other symptoms have decreased.

VI.

This patient's daughter had bronchitis, during dentition, and pneumonia three times; frequent "colds" with long-continued cough, many times since that.

Tuberculinum has given her more color and greater en-

durance. Whether the disposition to "colds" will be controlled, in the winter, remains to be seen.

The baby began dentition accompanied by bronchitis. Under the influence of Tuberculinum each siege is lighter, and recently diarrhœa has appeared instead of bronchitis. This does not prove debilitating.

VII.

Mrs. A. W. F., forty-five years old when she came, four years ago, suffering obstinate menstrual headaches.

Much depression and gloomy imaginings.

Apprehension; fear of accident.

Changeable: one day feels fine, another day, wretched.

Tired; restless; cannot settle down to her duties.

< damp weather.

Neuralgia in short paroxysms, in various places.

Rheumatism—short, sharp paroxysms, in long muscles.

Head: dull and confused much of the time. Frequently sensation of band around the forehead. Slight ache every morning, leaving, later in day. Intense during and after menses. Begins late afternoon or wakens her between 2 and 4 A. M. Temple, r. or l., extending over entire head, and into teeth or jaw. Steady, intense pain, throbbing when worst. < lying; motion; light; noise. Accompanied by intense restlessness; nausea, sometimes > by vomiting. Chilliness, with perspiration. Soreness in occiput and nape, after headache; < motion. Scalp sensitive, < after headache.

Heavy sleep, at times, instead of headache or preceding it

Exhaustion intense, at times, before headache.

Faintness before first relief, at times, during most intense head-pain.

Respiration difficult, appears cut off low, in front part of chest, with most intense pain in head.

Neck—sore sensation in sides; tension in tendons.

Desires fresh air.

Heavy sleep in day-time; difficult to arouse.

Sepia, Nat.-m., Phos., Nux.-v., Sulph., and Psor. were given, with apparent relief which proved only temporary.

Since beginning with Tuberculinum, a year ago, general health has been greatly improved and headaches decidedly lighter.

VIII.

This patient has a son of twelve years who has catarrhal deafness, which interferes seriously with his school duties. He suffers one cold after another, and each cold increases the deafness, for a time.

Tuberculinum is clearing the hearing, and has prevented colds, as he has had only one intense cold all winter.

IX.

Miss L. S., forty-three years of age, is a small woman, very sallow, thin, with a papular eruption around the mouth. She has never been strong. Dentition was difficult in each one of the family.

Milk-crust, in infancy; only olive oil used on it.

Ear-ache, many times in childhood. Sickly appearance, for awhile after each paroxysm.

Respiration difficult, in sleep, in childhood. Vertigo from exposure to sun, in childhood, frequent in past years; > now.

Rectal fistula and hemorrhoids: operation when twenty-seven years old.

Paralysis entire right side, at age of twenty-three. Gradually > but speech is thick, < when tired.

Malaria, at eighteen; dosed with quinine. Beginning 10 A. M., with intense headache and fever; no chill; no perspiration. Paroxysms ceased soon after noon. Quotidian, then tertian.

Headaches date from this malaria.

Cheerful, hopeful, good-natured, naturally. Irritable, when in much pain; not depressed.

Memory and concentration power gradually becoming poor.

Headache, the chief complain for twenty years. Usually wakens with it, in mornings, but pain appears at any time, from overwork. Pain in one side of head, but often leaves one side and appears on the other, in same paroxysm. Continued two or three days. Intense, steady aching, at times <

in occiput and neck. < exertion; talking of others; noise. > sitting quiet, or reclining. > wrapping head warmly.

Irritable, with pain, wants to be undisturbed.

Nausea with beginning of pain, increasing until retches, with difficulty.

Vomiting of "bile" < headache, but sometimes > after.

Chilliness general; cold hands and feet.

Weakness, for days after headache.

< damp weather; becoming wet; heat, as if feverish.

> fresh air; wards off headache by having head outside the window.

< after a bath: slow reaction; sick, after a shampoo.

Tires easily; < conversation.

Disposition to take cold, head and throat symptoms. Used to have tonsilitis, every winter.

< cold weather; sensation of being congealed; shaking chilliness.

Perspiration scanty, except on hands and feet; clammy hands.

Coryza for two days before menses.

< drafts: numbness in face.

< morning, when first wakens: general sick sensation; nausea; headache;

Sleep good; wakens early, often at 4 A. M. Nightmares fearful, in childhood: large balls of fire coming toward her.

Legs twitching, when wakens.

Eye-lids crusted frequently. Many styes.

Desires sweets; they occasion headache.

< fried food and pastry; milk;

Constipation throughout most of her life.

Stomach—empty sensation.

Family history filled with phthisis; pneumonia; heart disorder; apoplexy.

This patient came for treatment in Jan., 1911. Treated with Tuberculinum, from the start, she has had no other remedy, except Nux. v., once, for a cold. Now she appears ten years younger; does most of her housework; has no very

intense headache, and often, for an entire week, has no pain in head. Bowels have daily evacuation, without difficulty.

X.

Her sister came, this spring, with essentially the same symptoms, less intense. She, also, is steadily gaining, on Tuberculinum.

XI.

Mrs. I. H. S., forty years old, has a dark, sallow complexion. She used to be thin; her arms and hands are thin, now. There is, in the family, a strong tendency to "biliousness" and tuberculosis.

Tension, through all the body; cannot relax. When she begins to sleep and when she wakens, sensation of being tied up.

Tired, for many months; exhaustion < in morning, when it appears almost impossible to start activity. All day. If goes out, once a day, needs to lie and rest, afterward.

Disposition to take cold: throat symptoms: rawness. Tonsilitis frequently when constipated.

Muscles, in entire body, ache.

Chilliness; needs many clothes.

< slight draft.

< damp weather.

Craves fresh air: must have it.

Enlarged cervical glands, with other effects of cold. Enlarged auxiliary glands, inflammation of mammæ.

Skin too dry, perspiration scanty.

Respiration difficult, from exertion.

Mental depression when not well.

Fever high, early in any ailment.

Headache when overtired; wakens with it; continues one or two days. Root of nose, forehead and vertex. Throbbing hard < motion. Accompanied by nausea, gagging.

Neuralgic tendency. L. neck and occiput, with drawing or tension, in muscles. Had sciatica on both sides, seven years or more. Paroxysms began 4 P. M., oftener, at 4 A. M.

Steady pain, with sharp exacerbations. Recently, pain in l. eye-ball, formerly, in right.

Insomia at times.

Urination involuntary when coughing; sneezing; ascending stairs quickly. Always had this tendency.

Tuberculinum had controlled this patient, from the start, two years ago. She has received medicine only once in a few months, the past year, and now can work hard, nearly all the time. She can go out for pleasure, enjoying it thoroughly; takes cold, seldom; has hard headache, rarely, and neuralgia less. The urinary trouble is the most obstinate, but that, also, improves slowly.

XII.

Mrs. R. R., fifty-two years old, is a stout woman, with good fresh color, and appears young, for her age. There has been much tuberculosis in the family: a sister has phthisis and one son and one nephew died from it. Cancer, Bright's disease and insanity are included in the family history.

Never has been strong and well.

Deep nervous ailments all her life; long illness with nervous prostration, once when nearly became insane.

Inflammation followed scarlet fever, in her childhood.

Menses began at nine years, with flooding, which kept her in bed. Always too profuse. Flooding, now, at very late menopause.

Sudden exhaustion of body and mind comes frequently.

Mental condition: Marked depression; melancholy for long periods. Fears relatives may think she does not care for them. Fears that something will happen to near friends. < when startled: throbbing in head and stomach. Cannot bear to have people behind her: must sit at back of a hall; must wait on the street for someone to pass her. < from music. Everybody appears to be in a rush; the sensation of it crushes her. Insane desire to cut off her hair. Fancies she has a piece of paper in her hand, and will cut her tongue with the sharp edge. Desire to give away all her possessions immediately: they are too much responsibility. Rooms are too large.

Everything appears too large. Indecision; full of doubts; is in an agony trying to decide about most trivial things. Cannot keep herself at anything; apt to wander about. Mind tired. Confusion and weariness. Everything is too much effort.

Vertigo frequent and sudden: has fallen, on street without warning.

Head—severe pain wakens her in early morning. First in eyes, then in forehead. Sharp, neuralgic pains. Shooting pains sometimes in parietes and behind ear. > cold applications. Leaves eyes with sensation of pulling and smarting. Confusion and weight, on vertex.

Face yellow under eyes and around mouth. Puffiness of face and eye-lids, when rising, in morning. Smell and taste lost, with "colds." Coryza and long-continued cough, frequently, reduce her strength, Twitching in eye-lids and at times in other muscles. In knees, > rubbing the spine.

Right knee—pain, for several years, extending up the thigh, in anterior and posterior muscles. Dull aching; bruised sensation. Soreness sensation in entire limb < reclining; in spots < when upon her feet.

Hunger never before 11 A. M.

Restlessness in legs, in evening.

Generally < in morning; in evening.

Perspiration very free, especially on head and neck.

Sensitive to noise.

Sensitive to least draft.

< wind; makes her extremely nervous to hear it blow.

Heat-flushes intense and annoying; < at 3 A. M., wakening her. Hot when others are cool. Carries a fan.

Craves out-door air; out-door life.

Restlessness in bed; sensation of tension through body; right foot in motion to relieve this.

Spine—chilliness upward.

Grief strikes at pit of stomach and causes diarrhœa.

This patient was helped for long periods by Sepia, Nat.-m., Phos., and Sulph., but since she began with Tuberculinum in Nov., 1910, improvement has been steady and really marvelous.

Now, the mental symptoms are much in the back-ground, and she can attend to many affairs with comfort. All the menacing troubles of the menopause quieted down, and she can depend on her head in mental work. She is able to go without medicine, now, for two or three months at a time.

XIII.

Miss M. E. M., forty-three years old, is tall and thin, of swarthy complexion and low endurance, has never been well. Has had many intense colds.

< in damp weather.

< from least draft. Sleeps with head wrapped.

< in morning.

Exhaustion, faintness, drowsiness.

Mental depression when ill. Memory and concentration becoming poor.

Restlessness; must keep in motion.

< from eating sweets.

Sensitive to touch; to air; to noise; to talking; to odors.

Flesh sore. Skin hot and dry.

Palms and soles too warm or too cold.

Chilliness, shivers all winter.

> in open air.

Headache before menses: frontal, vertex, nape of neck. Heavy pain, with tension and pulling. Stiffness of nape of neck.

Eyes ache, lids heavy. Balls cold sensation.

Coryza frequently: discharge profuse, watery, excoriating. Sneezing. Soreness of nose and bones of face and of ears; < in region of antrums, whence quantities of thick, yellow mucus are later discharged. Accompanied by rawness of throat, then of chest.

Cough—hard, dry, racking; straining until tears come. Expectoration scanty.

Dryness—nose, mouth and throat.

Tonsilitis frequent.

Tongue bluish, when ill.

Abdomen—sensation of something alive; a clawing. Weakness sensation in stomach; desire to lean forward. Fluttering sensation in stomach, from exertion or excitement. Distention abdomen and stomach. > expelling flatus.

Stomach—food appears a heavy weight in stomach. Full sensation, with chills in limbs. Throbbing, after heavy meal.

Throat—clutching sensation when swallowing.

Constipation obstinate.

Hemorrhoids, at times.

Dysmenorrhœa since girlhood. M. scanty, early, dark, excoriating. Pain during week before. > when flow established. Intolerance of clothing over hypogastrium during pain. Accompanied by bluish face and nails; chilliness; nausea; faintness, late in periods.

Sacral pain extending into hips; stiffness; weakness. Heat in lumbar and sacral region.

Sleep heavy. Sudden, overpowering sleepiness at times. Difficult to waken, in morning.

< after sleep, when ill.

Varicose veins purpulish.

This patient was greatly benefited by Lach. The menstrual condition and stomach symptoms were almost cured. The debility was not cured, and she began to have "colds" worse than ever. Lyc., then Sulph. acted very well for each cold, but they continued to recur. When this had continued all fall and winter, Tuberculinum was given, and, from the first week after, she has been a different woman. It remains to be seen whether another winter she will be freer from trouble.

XIV.

Mrs. N. B. E., forty years old, is rather florid. Her father died of phthisis, and her brother has a tendency to it. Mother was never well, her troubles are mostly nervous. She, herself, had responsibilities, too young, and was ill-treated by her husband, for four years.

Healthy, though never had much endurance, until nine years old, when she had measles. Following that she had

inflammation of one eye, a cough all winter, and catarrh for a year.

Disposition even, cheerful, but exceedingly sensitive.

Headache began thirteen years ago, after husband's ill treatment; continuous, three or four years. Pain continued, intense, surging; sometimes as if bolts of lightning or nails driven in head. Begins in one eye, with sensation of icy coldness, then in vertico-frontal region, which is then very hot. < light; noise; motion; jar. Before or after menses and when over-tired, past few years. Scalp—sore sensation, with pains and afterwards.

Desire for fresh air.

Chilliness between shoulders; needs many clothes.

Face yellow, with deep flush over the yellow. Always yellow around the mouth.

Heat flushes to face, during and after menses: face scarlet and very hot, body cold.

Senses all very acute.

Aversion to sweets; thirst much, always.

Constipation intense, for many years.

Skin dry.

Sleep poor, since childhood; awake at 3 or 4 A. M.

< after breakfast; wants to lie down.

> after eating, when exhausted.

< exertion, first noticed in head.

Menses always too profuse and long-continued, with much weakness during and after.

Began to have severe menorrhagia, a year ago, then more exhaustion. Last fall two surgeons pronounced tiny tumors on uterine cervix "cancerous" and advised immediate hysterectomy.

Tuberculinum stopped the flooding, promptly, and is greatly improving headaches and general strength.

XV.

Miss A. C., about thirty years old, is slight in build, with very fine, dark hair; white face, easily flushing deep red; very clear skin and eyes. A patient who appears the typical one

for phthisis, of which there has been much in the family. One brother is now dying of it, under allopathic treatment. Two years ago, she was advised by a physician to go away immediately, to escape the development of phthisis. Works all day in an office where ventilation is very poor.

Cough, two or three years, with soreness in upper chest: two spots—one on each side, < right axillary line and under right scapula.

Acute siege, after fresh cold: Throat—burning sensation, extending to ears. Sharp pain in eyelids. Loss of smell and taste. No appetite, slight thirst, dry mouth. Chest full of pain: soreness all through. Sharp stitching < in r. scapular region, extending to front. Burning in r. scapula. Pressure sensation. Cough frequent, hollow, loose. Expectoration thick, green mucus. Nausea almost constant. Vomiting "bile," two days. After taking nourishment: water stays down, slightly longer than food. Tongue clean, bright red. Aching in legs intense. Hands and feet cold and clammy. Hoarseness. Sensitive to noise. Horrible dreams.

Stomach—startled sensation. Exhaustion, faintness. < becoming wet; cold; damp air.

This would appear to be a good Phos. case, and Phos. did benefit the acute sieges, rather promptly, but did not build up her strength, and she could not return to work. On Tuberculinum, she began to gain, in general. Many sieges of the same sort of stomach and bowel condition, during the next fall and winter, interfered with treatment, because she insisted on taking a cathartic several times. Chest conditions slowly improved, all winter, with fewer "colds" and less cough. Power of endurance also improved, in spite of the conditions of her work.

The past winter she has had but one "cold" and no chronic cough; no soreness in chest, excepting with the "cold."

CLINICAL VERIFICATIONS OF TUBERCULINUM.

From these cases, it would appear that the *Tuberculinum patient* is a very sensitive person, mentally and physically; extremely sensitive to pain; sensitive to noise; to touch; in-

tolerant of clothing; subject to deep brain-headaches and intense neuralgias.

Mental depression is deep, and mental symptoms are marked, sometimes bordering on insanity.

There is marked craving for fresh air, with < from dampness; < from becoming wet; from any draft; often from wind.

The patient is < in the early morning and after sleep.

< from bathing is found in some cases.

Tension all through the body appears to be characteristic, most marked in nape of neck and down the spine.

General exhaustion is a strong feature: nervous weakness and weariness.

Quiverings; tremblings; pulsations; faintness.

Sensation of suffocation, with plenty of fresh air.

Chilliness between shoulders, or up the back.

Many stomach and bowel disturbances, including rectal hemorrhage. Easy nausea.

Menstrual disturbances prominent.

Sleep poor; waking early or overpowering sleepiness in daytime.

Dreams vivid and distressing.

The case often resembles Phos., Sulph., Nat.-m., or Sep.

The patient may present a fairly good appearance, yet have these menacing nervous disturbances.

DISCUSSION.

R. E. S. Hayes: What preparation of Tuberculinum was used in these cases?

Julia M. Green: It was a potency that I obtained from Dr. Kent. I do not remember the marking.

W. H. Freeman: Probably it was a trituration of the tubercle bacilli. It has many resemblances to Pulsatilla and Rhus. In using Tuberculinum we should be as positive as possible about the origin of the preparation. There are differences in origin and that results in differences of symptoms and applicability to cases.

R. E. S. Hayes: One feature about the cases reported was

the masked character of the symptoms. When you get cases of that kind it is well to give Tuberculinum some consideration as it may be the very remedy needed.

P. E. Krichbaum: I like the paper very much and compliment Dr. Green upon it; we must be careful about the preperations of all nosodes; the manufacturers of them are inclined to play horse with us.

Richard Blackmore: The Tuberculinum that some of us are using is obtained from the center of tubercular glands.

B. G. Clark: I have a preparation made from Koch's lymph; it is really the same thing as our Tuberculinum. That which I generally use is a preparation of Swan's, made from sputum.

C. M. Boger: It may be pointed out that diseased products are most efficacious when used for similar diseases, than when used for identical diseases. Koch claims that tuberculosis in the cow is not precisely the same as that of the human species and the activity of the bovine product may be due to similarity, but not to identity.

E. A. Taylor: The paper is certainly a good one and the doctor is to be commended for the thoroughness with which she has taken the symptoms of the cases reported. They are not at all to be classed with those reports where the writer gives only such general symptoms as fever, sweats, diarrhœa and prostration. There are a number of clinical symptoms here reported that we may be able to verify in the future and then finally, after verification, they may be placed in the materia medica.

G. B. Stearns: One of the cases reported was aggravated in hot weather; is Tuberculinum a hot weather remedy?

S. L. Guild-Leggett: Yes.

B. C. Woodbury: I think that Dr. R. E. S. Hayes article in the *Medical Advance* upon the Tuberculinum aviare was a most valuable summary of the subject. It appeared some months ago.

TUMORS.

FRANKLIN POWEL, M. D., CHESTER, PA.

Mrs. J. F., aet. 41, housewife, came to my office March 2, 1911, suffering from what she termed indigestion. I prescribed for her and told her I believed her to be pregnant, although she had her menstrual period at the usual period. She visited me several times and was improved under Puls. 30, followed by Sulphur 30. April 16th, she visited me again, was much perturbed, said she had just been to a doctor's office the day before, that the physician had diagnosed a tumor, that she must send her husband that same evening to see her to arrange for taking Mrs. F. to a hospital for immediate operation, that she was not pregnant, and if she was could never carry her child to term and that she would lose her life if she attempted it. Mr. F. told his wife he would never consent to an operation unless I said so, and that her visit just mentioned was at her husband's request. I made an examination and found a floating kidney, left side, and a hard mass on the right external wall of the uterus. My advice was to wait, which she did; she went her full time and gave birth to a dead male child November 15, 1911. She had an attack of La Grippe two weeks before her accouchement and never "felt life" thereafter. The child was apparently perfect. A short cord once around the neck. He had been dead about two weeks; there was some decomposition. After the child was born I found that same hard mass, about the size of two fists, in external wall of uterus. She made a normal recovery. I prescribed a kidney pad and Trillium pend. 30. At this date, June 6, 1912, she does not know she had a kidney, has thrown aside the pad and is enjoying perfect health and looks it. The tumor has decreased in size, two-thirds and is soft. With the exception of an occasional dose of Trillium she gets no medicine. The conditions calling my attention to Trillium pend. were an annoying pain in the sacro-iliac region with a desire to have it bound up tightly and a thin, bloody, offensive leucorrhœa.

Miss H., aet. 25, a school teacher, consulted me several years ago for too profuse and frequent menstruation. During my absence one summer she consulted a member of the dominant school and he recommended and performed currettement. She had no trouble for about a year thereafter. Then her menorrhagia returned. About two years ago she consulted me again. I made an examination and diagnosed a fibroid. She was weak from loss of blood when I saw her and much discouraged, wanted an operation. I treated her with several remedies, chiefly Argent nit. 500 for about two months with much benefit. She was in fear the hemorrhage would return and at my suggestion she consulted a prominent gynecologist of our school in Philadelphia. He confirmed my diagnosis and recommended an operation, either immediate or about the Christmas holidays when she could best spare the time. She decided to wait until Christmas and she is still waiting for she never has any more hemorrhages, nor pains, menstruates regularly and normally. The symptoms which led me to select Argent nitr. were cutting pains in right ovarian region and back (sacrum) sometimes radiating to thigh, the uterine hemorrhages and frequent loud eructations. She also has several intercurrent doses of Sulphur 55m and 70m as occasion required.

GOITRE.

Miss R. aet. 15, schoolgirl, had a large goitre of some years growth. She came to see me about it, about three years ago. The goitre has disappeared under the internal administration of Iodium 200 in occasional doses.

GOITRE.

Miss M. aet. 20, a school teacher, had a small goitre of some years standing. She also had a severe dysmenorrhœa. Some doses of Bromium 200 followed by Sulphur 55m, a few doses cured both. She had some small warts following, which Sulphur 55m also cleared up.

FACE TUMOR.

Mrs. E. aet. 35, housewife, consulted me about fifteen years ago for a small tumor in the region of the right molar bone, which was full of yellowish pimples, considerable throbbing pains and somewhat scurfy. She had carried it for several years, but as it had not annoyed her she paid no attention thereto. When the pains began she consulted me. I gave her a few doses of Magnes. mur. 500 and the tumor disappeared without suppuration and no scar. I saw her a few weeks ago and she laughingly jollied me about it.

I have cured many goitres with the internal remedy and some very large, fatty and other tumors also, during my career. There are *many* times when the knife is *not* necessary and *some* times when it is.

SUPPRESSED MALARIA.

MARGARET BURGESS, M. D., WEBSTER, PHILADELPHIA.

Case I. Mrs. D. M., aet. 45, helpless with rheumatism. Four months ago was drenched with rain, which was followed by general stiffness and soreness, and shooting, erratic pains—now here, now there—first both knees, then both elbows, then both shoulders. When tries to move feels as though knees were breaking. Sleep poor,—restless on account of pain and yet can't move,—must be turned from side to side,—better for a few moments, then must be turned again. Pronounced *nightly* <,—also < in damp weather. Hands swollen and painful—unable to use them in any way. Can't rise from a chair without help. Pain in right ovarian region since birth of last child over a year ago. Menses irregular,—not at all for three months. *Rhus m* was given with relief of very acute pain and improvement in appetite and sleep. Pain now seems centered in elbows which feel as though broken. After two weeks improvement, the patient being at a standstill, Rhus *cm* failing to benefit, she received Lac.-can. with some temporary

change for the better and the development of a marked < *every other day.* I now discovered that 26 years ago she had had chills for seven months, *every other day from* 10 to 11 A. M. During this entire period her mouth had been broken out with fever blisters, and she had taken quinine in large doses. She now feels depressed and discouraged. The nape of the neck is painful and the elbows feel as though broken. She is prostrated, feels like stretching and yawning, and has occasional slight "creepings" through the legs. I gave her *Natrum-mur. 1500,* and prophesied a return of the chills within a day or two and permanent improvement thereafter. Within six hours after receiving the Nat.-mur., at 10 P. M., she had a hard shaking chill, and from that time she made a prompt and uneventful recovery.

Case II. Miss A. M., aet. 26,—dysmenorrhœa. Eight months ago cervix dilated,—pain better for two months—now worse than ever. Before menses veins swell on inner aspect of thighs with bearing down pain in thighs, bloated abdomen and mental depression. During first day of menses pain starts on inner side of thigh and extends to back and pit of stomach,—so severe she must go to bed—she is chilly and flushed alternately. The periods occur every three or three and one-half weeks,—the flow is scant, dark, and clotted. After menses the abdomen is sore and there is a profuse, yellow, offensive leucorrhœa. There is general > of all symptoms in the open air. *Puls. 2m* was given with > for two months, —then pain as bad as before. I now elicited a history of malaria of several weeks duration and the usual quinine treatment,—chill every other day at 11 A. M. On Dec. 15th, 1909, she received *Nat.-mur. 1500;* on Jan. 5th she had a hard shaking chill from 10 P. M. to midnight followed by fever. Immediately after the chill the menses appeared, *without pain.* The menses continued painless, more profuse and without premonitory symptoms until fall when Sepia was given and completed the cure.

Case III. Mrs. R. A., aet. 23. Has suffered constantly with headache for ten weeks,—pain in occiput as though hit with a stick; sensation of a cap on head; sensation as though

top of head opened and shut, > by leaning head to left side.

Has had throat trouble for years, < in winter,—solid food can be swallowed better than liquids,—throat sore and smarts < cold drinks, > warm drinks. Perforated soft palate. Sensation of a lump in throat. Ravenous appetite, bloating after eating—after eating feels as though could never look at any food again. *Thirst.* Fond of salt. Leucorrhœa profuse, thick, green and offensive. Knife-like pains shoot up vagina and rectum stopping in cheeks. Burns all over body from feet up—at times burning commences at 4 P. M. and lasts until 10 P. M. History of chills some years ago and again six weeks ago—chill every day 1 P. M. > about supper time chill and fever together. Taste sour or of spoiled eggs. Sleep poor,—not at all for two or three hours on retiring. Very irritable. Sudden "weak spells." Oct. 13, 1911,—*Cannabis indica 200,* 5 doses.

She felt better after the first powder and at once developed an intense thirst for *hot water.* On the 14th had a chill at 6 P. M., at 8 P. M. and during the night,—and a very severe one at 7 A. M. on the 15th. As soon as last chill was over she felt decidedly better, and by the 17th the pain in the head had gone entirely—no pain or sensation in head except a little numbness in occiput. During the evenings of the 14th and 15th had knife-like pains up vagina and rectum worse than she had ever had them. Sleep very much better—goes to sleep as soon as head touches pillow. In two weeks all symptoms had disappeared and she felt better than she had for years.

I must admit that the prescription was based on the keynote—"opening and shutting sensation at vertex." The text also reads—"dull throbbing pain as from a blow on back of head and neck." Cannabis indica has ravenous hunger, and intense thirst for cold water, while my patient had thirst for hot water. General chilliness and excessive sleepiness seems to predominate in the remedy, while Mrs. A. was decidedly sleepless and heat and burning were pronounced.

A CASE OF TIC DOULOUREUX.

HARRY B. BAKER, M. D., RICHMOND, VA.

Mrs. B., aged 60 years, married and mother of five children all of whom died of tuberculosis on reaching maturity. She has been more or less of an invalid for a number of years, suffering terribly with asthma, which her old school physicians could do very little for. In 1907 she went under the treatment of an osteopath who, after a couple of months treatment, gave her some relief and in a year's time apparently cured the asthma. Then the Tic Douloureux appeared and neither the osteopath nor her old school physician could relieve it.

At first the pain came at intervals, but from the middle of September, 1909, until November 14, 1909, it was practically continuous, except when she was under the influence of an opiate. Her old school physician having told her that nothing but an operation would do any good, she determined to try homœopathy.

I saw her on November 14, 1909. The right side of her face was covered with a plaster of anti-phlogistine, and she was taking some drops of a preparation evidently containing opium, which she said was the only thing that had given her any relief at all. The pain was so intense that she could hardly talk or eat. It was in the right side of the face, extending from the eye to the upper lip, sharp, stabbing, worse from touch, motion, and cold air.

I substituted a powder of Spigelia 200th given in five doses in water, one-half hour apart for the plaster and opiate. This relieved the pain and I did not see her again until the 16th, when the pain began to come back. Gave Spigelia cm, five doses in water one-half hour apart, which again relieved her. Repeated the same in three doses on the 23rd. On December 4th she complained of a pain under her right shoulder blade and I gave five doses of Chelidonium 200th, which I think was a mistake, as this was an old symptom returning and should have been left alone. Her asthma now came back and began to be very troublesome, so I gave Arsenicum 1000th five doses in water, on the 10th, and Kali Carbonicum 1000th

three doses an hour apart, dry, on the 18th. Her asthma was worse at 3 A. M., and the other symptoms agreeing pointed to Kali Carbonicum. This acted very nicely and she received no more medicine until February 8th, when the pain under the shoulder blade becoming very troublesome, I gave Chelidonium 50,000th five doses in water. Repeated Kali Carbonicum 1000th on February 20th.

No more medicine until April 16th, Tuberculinum (Kent) one dose dry, which carried her on for a month. She has had very little medicine since then, mostly occasional doses of Kali Carb. and Tuberculinum, and has improved steadily with the exception of one severe spell of asthma which was brought on by catching cold.

She is not entirely well because overexertion will bring on attacks of hard breathing, and I doubt if hers is an absolutely curable case, but she is in better health than she has been in for many years, has been able to take up her household duties, and since the twenty-first of January, 1912, has with the assistance of her sister, nursed her husband, who was paralysed on that date. As he is a very large man and was helpless at first, this would have been hard work for a well woman, but she has stood up under the strain very well.

I will state that for the first ten days of the time that I was treating her she was not absolutely free from pain in the face, but it was so much better that she could stand it very well, and nothing was used but the potentized remedy. For two months she would have slight twinges at times, but not enough to amount to anything.

SIMPLE CASES.

BY W. A. YINGLING, M. D., EMPORIA, KANSAS.

One morning I received a telephone message from a lady living in a neighboring town, stating that several days before her husband had stepped on a rusty nail in a damp cellar and was suffering intense pain in spite of the local doctor's local

treatment. The whole foot was excruciatingly painful, pains involving the whole leg and making him sick all over. His jaws, she said, seemed to be getting stiff and he was fearful of direful results, as he evidently had reason to believe. I sent him *Ledum* 1m (F. C.) to be taken in water every two hours till better. To ease the mind of the family I ordered a piece of fat bacon to be tied on the sore place, after the foot had been thoroughly cleansed of the local dope applied by the local doctor. The next day the telephone message was that the gentleman was *very* much better in every way, not much pain remained, and he felt different and better.

What a bill the surgeons would have made, and very likely the undertaker, but the Hahnemannian only made several dollars. But the joy of superior knowledge and the vindication of the law of cure compensated and brought peace and comfort. Money makes the mare go, but the approbation of a clear conscience for honest work well done makes a man walk erect and look his neighbor in the eye as a true physician should.

I was called to a neighboring town to see a man who had likewise stepped on a rusty nail in a damp cellar several days before. I found him sitting in a chair, leaning forward and nursing a very painful foot. He said the pain was extreme in the foot and extended all the way up the leg to the body. He could not move the foot without severe pain. He looked sick all over and was sick. His muscles were tense and drawn. The local doctor could give him no relief and no encouragement. Anyway, the man was put on *Ledum* 15m (F) in water every two hours till better. After a very few doses he relaxed and felt that he was actually growing rapidly better. The next day he was able to hobble about with a cane and in a few days to put his shoes on. Very little money in this case, about a third as much as the local doctor received for doing the wrong thing, but homœopathy was rewarded and the good cause greatly advanced, as the case was known all about the town and lockjaw was predicted by the known ones.

A man out in the river fishing actually caught a fish and called on a friend standing on the bank of the stream to

throw him his stringer. In catching it, the stringer, not the fish, the sharp point of the brass rod, used to get the string through the gills, penetrated the center of the palm of the right hand. The place of penetration soon became painful. On returning home he called in the local doctor who inserted Carbolic acid to kill the infection and prevent trouble, as he said. But trouble was not headed off and the hand became worse and worse. The next day the local doctor looked wise and said he was greatly *surprised,* that there must have been a greater infection than he anticipated, although his previous work was to *prevent* infection, and he at once proceeded to gouge around in the wound, squeezed out a drop or two of pus and again applied Carbolic acid, pure, within the wound with the assurance that that would surely end the matter, but still he was to be surprised, for the pesky thing kept getting worse and worse, extremely painful and the pains involving the whole arm and side of neck next to the jaw, which was awkward to move, as the patient said. I happened to be present when he was telling a friend of his troubles, and he asked what I thought of it. I told him that when the doctor began to talk of cutting off the hand he should come around and I would cure him easily. He lost no time in coming and was put on *Ledum* 1m in water every two hours, which soon made a happy impression on the trouble and in less than thirty-six hours he was using the typewriter with the sore hand, and in less than a week he had almost forgotten his troubles. Again, very little money, but, as the man said to a number of friends, "I never knew there was so much power in those little sugar pills." Homœopathy was acknowledged the victor. The contrast was so great that even a blind man could not help seeing the difference.

A big farmer was taking several cars of cattle to the market and rode in the caboose so as to look after his stock. In a sudden crash of the cars together, in shifting them, he was thrown forward against the door and his hand went through the window, cutting an ugly place in the palm. He pulled out some pieces of glass and afterward had the doctor probe into the wound to make sure all were out. Of course, the

local doctor only knew enough to put into the wound Carbolic acid. The hand grew rapidly worse and very painful, extending up the arm. The patient and friends began to fear most dire results. He came to town, intending to have an "X-ray examination," and to consult several doctors. He happened to see the fisherman whose case is related above, who eloquently elaborated his experience with a sore hand. So, instead of the X-ray, he received *Ledum,* several doses two hours apart, dry on the tongue and a few drops of Ledum tincture on cotton applied to the wound in the palm of the hand. In a few hours the pain had largely subsided and he was well in less than a week. He said he expected the hand would cost him anywhere from twenty-five to fifty dollars and perhaps the loss of the hand, but he only had to pay for one little old prescription, and the hand is as good as it ever was. There is no money in it for the Hahnemannian, but a conscious sense of having done a fellowman good service and a good turn. Such work and a clear conscience are worth something, even to a poor old doctor.

A clerk in the store of our above fisherman also stepped on a rusty nail in the cellar. After a very little time he was limping about in considerable pain in the foot, which also *ran upward.* He at once came to me and received *Ledum* in potency. The next day he was about well, never lost a day from work and the wound was no worse than a simple cut. O yes; it proved to be a very simple hurt! The free flow of blood washed out the little bugs! It was nothing like the other cases. O, no, of course not. The other cases were bungled and actually made worse by the ignorant doctors. This case was just as severe in every way at the beginning, but got no worse from and because of one simple reason alone, the homœopathic curative remedy was applied internally at once and the little bugs were scared away or were not permitted to propagate at all. That is, I think *there was no need of them,* hence they were not present in any great numbers, if at all. The bugs only go and thrive where they are actually and really needed.

It seems passing strange that all improperly treated cases,

of any sickness, always "turn out" to be unusually severe and alarmingly dangerous, whereas the homœopathic remedy properly selected so easily and quickly cures, without bad after-results, that "the case proved to be a very simple one." Yes; O, well, if the people have no more sense than to believe that, we can and will content ourselves by seeking the intelligent class of people, though not so large, who appreciate a good thing when they see it.

We could relate other cases like the last which "proved to be such simple ones," because of the indicated remedy. Other cases with mashed fingers, where the nerves were involved, were soon well and "proved to be very simple cases" simply because Hypericum in potency was at once given. Such cases, when the injury is severe, usually "turn out" to be very bad cases and very often die. But the identically same cases with the properly selected remedy "proved to be" very simple as a rule and seldom die. I have never had any bad results or difficulty in such cases when called in at once after the injury. I have found the homœopathic remedy always reliable and efficient when given in potency internally. Sometimes I use the same remedy in water, applied externally, but I never could see any great advantage except to the mind of the patient and family. Nor could I see any disadvantage.

A FEW CLINICAL CASES.

S. H. SPARHAWK, M. D., ST. JOHNSBURY, VERMONT.

As your clinical bureau chairman has asked me for a little "spiel," perhaps I cannot do better than to report a few cases that have terminated favorably. (We are apt to talk loudest about our cases that, "unexpectedly" recover soonest).

On March 19th, 1906, Mrs. G. W. came under my care from the hands of a physician who "doctored *both-ways,*" and who had treated her constantly for the previous eighteen months; and, as he proposed to change his location permanently; turned the case over to me with a diagnosis of "cancer of

stomach," and a prognosis of death inside of eighteen months, fully confirmed by a Hahnemannian Homœopathic consultant.

The treatment had been largely of the Allopathic persuasion; and possibly a continuation of it might have proved the diagnosis and prognosis to have been absolutely correct.

On taking the case, the following conditions and symptoms were revealed.

Age 64, five feet six inches, 105 pounds, (usual weight 165 pounds), farmer's wife, light complexion, light brown hair, blue eyes—six children, all living—pleasant environment, as well as social and family relations.

Family history negative.

Past history.—Fifteen years ago, had a long and very severe gastritis; under allopathic treatment until given up to die; when I was called to her, and after a long siege, she slowly rallied, but was left with a very sensitive stomach, so that for years afterwards, was obliged to be extremely careful of her diet.

Before the attack of gastritis, she had an attack of eczema of face lasting only ten days or so, and promptly suppressed by some sort of ointment, contents unknown, and which has never reappeared. A subsequent attack of acute appendicitis was promptly cured with Bell. 200th.

Present condition.—General appearance: Medium sized frame—erect—emanciation, skin hanging in folds—countenance of ashen hue—endurance poor, though formerly has been good, and has been a strong, hard-working woman all her life—is weak and can do but little without being all tired out—does a little light housework only.

Susceptibility.—Is a "roasting" patient;—likes winter best, and must have plenty of fresh, cool air—is < from dampness and extreme cold; dampness will bring on asthma.

Discharges.—Chronic nasal catarrh affecting throat and upper bronchia, with hacking cough and frequent hemming; < by damp weather.

A physical examination disclosed quite a little tenderness of region of appendix, and hypertrophy of ilio-cæcal valve, easily detected through thin abdominal walls—considerable

tenderness of right hypochondrium and great sensitiveness of epigastrium, with enlargement of pylorus to about the size of a large-sized navel orange, *very hard* and quite sensitive. Considerable distension of stomach and abdomen; < after meals—sensation of fullness of epigastrium; can eat but little she feels so full after eating a few mouthfuls, and food is very slow of digestion, the stomach taking a long time emptying itself—not much pain in stomach or eructation of gas; more flatus passes bowels—very little nausea or pain except she overloads stomach. Good appetite and relishes food, tongue clean—*craves sweets.* Craves oysters, which always disagree —bowels regular, with some mucus with stools frequently—during digestion immediately after a meal, the abdominal wall being so thin, the active pylorus can readily be seen surging back and fourth across the epigastrium, reminding one of the movement of the shuttle of an old fashioned carpet weaving loom—sleeps well the fore part of night—none after 4 A. M.

℞ Lycopodium 200. 3p-Nt.-F'd By-Sl-P-N-6D.

May 21, 1906. Reports that, is feeling some better—had a little indigestion after eating halibut for dinner with cold boiled rice for dessert, giving her a little colic for short time only—has gained two pounds in weight since March 19th, '06.

℞ Sl., P-N. As before.

June 18, '06. Reports that, has been feeling > past two weeks—did the largest day's work yesterday she has done for two years, and feels none the < for it. Bowels regular, strength good and increasing.

℞ Sl., N-as before.

Will say here that, the patient had been kept in constant fear regarding her case; was not allowed to work or ride at all, and kept so closely confined to the house, forbidden to walk, when she had always been so active, made her life rather monotonous, and she thought hardly worth living. I changed the program in that regard, and allowed her to walk moderately, ride short distances carefully, and do light work, what she felt able without too much fatigue; and whereas I did not give her much encouragement that she could be *cured,* I gave a more cheerful outlook than did my predecessors, and told her

I would do all in my power to cause absorption of the enlargement of pylorus, so that food would more readily digest, more easily leave the stomach, which would help to build up her strength and system generally.

℞ Sl. As before.

July 2, '06. Reports that, has been gaining in strength constantly since last report, and did her washing this forenoon the first time in three years past. Appetite good, bowels regular, everything agrees well; foll feeling in epigastrium >, so can eat more with comfort—catarrh of nose and throat >, no cough now, hemming much >, though a trifle wheezy occasionally when damp.

℞ Sl. Con'd.

August 16, '06. Reports that, has been feeling real well since last report—doing more and more work all the time as of mopping, washing, cooking, etc.,—don't tire easily; catarrh and hemming >—has had one or two little spells of indigestion, but of short duration—weighs 108 pounds. A gain of another pound since May 21st—condition of pylorus not so sensitive, but of about the same size as at last examination—says stomach feels as though had eaten something too strong for it.

℞ Lycop. 200, 2P-8T Aqua-2T-2H-FD-SL-N.

December 27, '06. Reports that, has been down to Mass. to visit her son and spend Thanksgiving and comes back all right. Stomach has very little gas and hardly any soreness in right hypochond. Good strength and can endure a lot of work and not get tired—*looks* much better *herself*.

On physical examination, find much > tenderness of pylorus and a diminution of size from one-quarter to one-third; should judge it was now two and one-half inches long and one and three-quarters inches in diameter. Effort of coughing does not affect it as before. Weighs 112 pounds, (increase of four pounds since August 16th).

℞ Lycop. 45m. 1 P. M., two weeks.

February 26, '07. Reports having had a little cold but all over it now—does work enough for *two* sick women; weighs 117 pounds, no tenderness in epigastrium, a little of the old full

sensation in right hypochond. Comes back once in a while, and has a little gas by spells for short time only—has taken a cold sponge bath on rising in morning for six months past with great seeming benefit.

℞ Sl. p. m.

August 14, '07. Reports feeling very well—works hard all the time, enough for two women. Color of countenance steadily improving—pylorus decreasing in size steadily—one-third smaller than December 26, '06. Practically no enlargement of ilio-cæcal valve, and no tenderness. Bowels regular, digestion perfect, sleeps eight hours without waking.

℞ Sl. m.

I need not take time to give more dated reports; but will say that, her improvement was steady and continuous until October 8, 1908, when physical examination showed the pylorus to be in normal condition, patient in good flesh, good color, strong, hearty and well; and it has not cost her half as much for treatment as a funeral would have done.

Will say also in this connection that a case identical with above came into my hands for treatment at about the same time except that, was three years older, and had family history of cancer, three aunts and one sister having died of cancer; but, aside from that, the two cases were as nearly identical as two such cases could be so far as physical condition, diagnosis, prognosis (to live only eighteen months).

In this case the single, carefully selected constitutional remedy was given as indicated by the symptoms present, which so modified the pain, nausea and soreness, so that she went gradually down to her death as fairly comfortable as a person could be in such a condition; until the last three weeks of the eighteen months, when the bile ducts and pancreatic duct became so seriously involved as to prevent any discharge into bowels, developing jaundice with such intense itching as to be *almost unbearable.* The last three days of life she vomited black, clotted blood a few times, and passed two or three bloody stools which so exhausted the little strength left, that she passed to her rest the last part of the eighteenth month of her sickness; without having had to resort to the use of a single

opiate, or anything of that nature during the whole eighteen months.

Post-mortem revealed scirrhus of pylorus and breaking down of its lining destroying an artery causing the hemorrhage, and a large ring of scirrhus formation around the pylorus, the bile ducts and pancreatic duct, preventing any outflow; the gall bladder being distended to the extent of one and a half pints of bile.

Another case illustrating the lightning-like rapidity with which the indicated remedy in suitable potency acts curatively.

Katherine H. Partner of my joys and sorrows—particularly the latter—ate her supper well enough, apparently, and when I went out soon after to make some calls, she seemed in her usual health.

When I returned, two hours later, I found her suffering extreme pain in the epigastrium and right hypochondrium, with constant nausea not > by frequent vomiting of bile and mucus but slightly and temporarily; with considerable eructation of acid, bitter gas and an acrid sensation in stomach.

She told me that, the latter part of the afternoon she had felt uneasy in her stomach, and hesitated about eating any supper, but, did not mention it, and ate a light supper as usual.

From the character of the pain and totality of symptoms, I diagnosed acute indigestion, and thought Ipecac to be the similimum, and prepared a solution of the 200th in water, fully expecting prompt relief. I repeated it at short intervals without > for an hour or more, the pain and vomiting seeming to grow worse, if possible. I noticed then that, when the paroxysms of pain would come back harder, she would incline to straighten out and throw her head back rather than throw it forward and curl up with hands pressing on epigastrium, as in Colocynth case. Those symptoms called to mind Dioscorea; and, as that remedy had almost invariably given prompt > when those symptoms were present, I prepared a solution of that in water in the third dilution, and repeated every 15 to 30 minutes until about 5 o'clock A. M., when the > was so meagre, I cast about for other means of relief, and suggested lavage of stomach. But, on examination, finding

my stomach tube was out of commission, I telephoned a near-by physician for the loan of one, but before leaving the room I said to her, "I believe Ipec. ought to help you and before I go after the tube I will give you a 'parting-shot' of Ipec. 1000 of B & T," and put a small powder of that on her tongue and went downstairs. Having forgotten something, I returned to the sick chamber within five minutes of my leaving it and *found her sleeping*. I was surprised and asked her what had happened? She replied, "I don't think it was a minute after you put that powder on my tongue before the pain began to subside, and in two minutes more, I felt perfectly easy and dropped to sleep." That was the end of all the trouble and I did not need to go after the tube. The next day I met the young allopath and he asked me why I didn't go after the tube? I recited my experience with the one dose of Ipec. 1m, after which he remarked: "Well, *you cannot do that every time!*"

THREE THROAT CASES.

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

The first two cases were quinsy sore throats which recovered without suppuration, and the third was a case of diphtheria.

The first case was a Swedish chambermaid, 22 years old, with slight figure and light hair who, after having a coryza for several days, wakened, on the morning of May 13, 1908, with a swollen right tonsil, and much pain on swallowing. There were several white spots on the tonsil and the left tonsil was soon swollen also.

After a remedy or two had been given without relief and a culture for diphtheria taken, which was negative, she presented, May 15, the following symptoms: Both tonsils swollen and nearly touch, saliva much increased with mucus in throat. Can only open mouth a little. Right side of throat sore to touch externally. Swallowing very painful, almost impossible, cannot talk clearly, craves cold water and wishes the room cool. Temperature 100.8 in ax. Pulse 96.

She received three doses of Apis. 200L in water, two hours apart.

The next day she could open mouth more, the tonsils were less swollen, and there was less pain on swallowing. Water when swallowed returned occasionally through the left nostril. She had slept fairly well and felt better. Temperature 99. Pulse 84. *Sac. Lac.*

The next day, the 17th, she was still better, tonsils less swollen, spots on right tonsil about gone, no return of water through nose and less pain on swallowing, cold sores in both corners of mouth and on lower lip. Temperature 99. Pulse 96. *Sac. Lac.*

On May 18, the left tonsil was much less swollen than the right, no pain on swallowing. Menstruation came on in the night. *Sac. lac.*

The next day the left tonsil was normal, but the right had not decreased for two days, and she was given one dose dry of Apis. 200L.

The next morning, May 20, she was up and dressed, the right tonsil was nearly normal and the cold sores were all dried up. That Apis. was a correct selection was shown by the swelling of the left tonsil subsiding first in the inverse order of its appearance.

The second case was a man 62 years old, weighing 190 pounds, who had been chilled during a long ride in the cars, January 5, 1912, and reached home that evening all tired out.

His throat was sore, but not much swollen, his nose stuffed, with heat of head and eyes, and backache in the lumbar region. Temperature 102. Pulse 72. The next day both tonsils were swollen with soreness on the right side on swallowing. His abdomen was distended with gas with soreness on motion and deep breathing, but this was much relieved by a large stool in the evening. As in the former case remedies given did not relieve and on the morning of January 7 he presented the following symptoms:

Head hot with tightness and frontal pain. Both tonsils swollen and nearly meet in centre. Thick yellow mucus from

throat and posterior nares, and saliva runs from mouth during sleep. Much pain on swallowing, cold drinks make his throat ache, relief from warm. Temperature 100^{8}. Pulse 72. He was given one dose of Lac. caninum 200 L and felt better in the afternoon.

The next day, January 8, his head was better, less mucus in throat, less saliva, tonsils less swollen and not as much pain on swallowing. Temperature 99^{4}. Pulse 72. *Sac. Lac.*

January 9. Tonsils less swollen, especially the right, but whole throat and soft palate still more red than normal. Only slight drooling during the night and he swallows with less pain. Temperature 98^{8}. Pulse 72. *Sac. Lac.*

January 10. Tonsils nearly normal with a normal temperature, but there had been some bloody mucus from the throat and posterior nares and there was considerable rawness on swallowing, so he was given another dose of Lac. caninum 200L, and was all right in a day or two.

In this case the right tonsil decreased in size first, and the soreness on swallowing was mostly on the right side also, and as both tonsils were equally swollen when seen, the disappearance of the symptoms in the inverse order is not as clear as in the first case.

The prompt and effective relief, however, which showed itself in a few hours after the Lac. caninum was given proved it to be the correct remedy.

The third case was one of diphtheria in a young girl of fourteen years, who, when first seen, February 3, 1910, had a swollen right tonsil with a patch upon it of greenish white membrane.

Her throat had been sore for a day or two and this morning the swallowing of food was more painful than liquids, with pain extending to the right ear. Hot drinks made the throat smart, but she liked cold drinks. Menstruation a week ago. Backache last night, not now. Thirsty. Temperature 100^{2} Pulse 120. *Lac. can.* 200 L.

At half-past five o'clock there was a patch of membrane on the left tonsil also, greyish in color. Less pain on swallow-

ing and no pain in the ear. Cold drinks still cause less pain than hot. Saliva increased. Temperature 99^{8}. Pulse 120. *Sac. lac.*

February 4. Good night, with some pain in the right ear during the night, less pain on swallowing, cold drinks still feel better to the throat. Membrane on left tonsil white and cheesy, on the right cheesy, but dark underneath as if bleeding. Craves salt things. Temperature 98^{4}. Pulse 108. Took a culture. Lac. can. 50m F.

This prescription was probably not necessary, but the right tonsil did not look just right, and at half-past five o'clock the left tonsil was clean and the membrane was nearly gone on the right, justifying the selection of the Lac. can. by disappearing in the inverse order of its appearance. Temperature 98^{6}. Pulse 96. *Sac. lac.*

February 5. Both tonsils clean with no pain on swallowing, the culture was positive. Temperature 98^{2}. Pulse 84. *Sac. lac.*

She continued to improve. Release cultures taken February 8 were negative, also the second ones taken a day later, and that was the end of it.

It is interesting to note that the first Lac. caninum case was aggravated by cold drinks, while the second was relieved by them.

DISCUSSION.

President: This paper will make a good intellectual meal: I shall enjoy reading it when printed.

G. B. Stearns: In these two cases of quinsy the doctor followed much the same method that I employ. I have observed the power in Hepar sulphur of stopping suppuration of the tonsils where the indications were not clear or classical. That is there was not that extreme sensitiveness to touch and to cold which we look for when Hepar is indicated. Sometimes I have seen a low potency abort a case where the indications were far from clear.

P. E. Krichbaum: Guaiacum will abort 60% of all cases of quinsy if given at its first appearance.

AN OLD HOMŒOPATHIC CURE VERIFIED AFTER FIFTEEN YEARS; ITS PERMANANCY PROVED SOME UNFORTUNATE EXAGGERATED CLAIMS DISPROVED.

BY J. B. S. KING, M. D.

The following case by Dr. J. R. Haynes, printed in the Hahnemannian Advocate for December 1897 has been more or less a matter of regret with many good homoeopathic physicians on account of the tremendous claims for the action of the remedy. Some have regarded it as gospel truth, some doubted it, others scouted it as a fiction. The editor of THE ADVANCE learning from Dr. R. J. Carter that the patient mentioned, was still living, as well as important witnesses of his condition at the time, undertook to ferret out the truth of the matter. Here is the case:

Mr. P————, 36 years old, brown hair, fair complexion, blue eyes, would have been a very well built man, if he had any flesh on him; now very poor; he was so weak that he would stagger if he attempted to walk alone. His nose was done up with pieces of muslin, held on with a piece of sticking plaster. Upon the removal of them, there was a large plaster of what I took to be chloride of zinc and lard. He said that he put that on fresh twice a day, and for some four hours it gave him the most agonizing pains, after which it would ease off into a dead, heavy ache, with sharp shooting stabs all through the sore and face, so that he could get but little sleep or rest in any way. Upon removing the dressings, the nose was all gone, the right side down even with the face and the left side considerably below, the bones, cartilages, muscles were all destroyed, not a vestige of either remained, the periosteum was completely gone and in their place a foul, putrid ulcer of a sickening, nauseating odor, which one would like to get rid of as soon as

possible; I wiped off the sore with the raw edge of a piece of old muslin, very carefully then took three specimens and gave them a thorough microscopical examination. In each I found distinct cancerous cells, so there was no doubt whatever as to what I had to deal with; whether it was cancerous in the beginning I do not know, but it was distinctly so now. There was a piece of dead bone up against the os frontalis; you could see the anterior surface of the posterior nares of which the floor was all destroyed. My prognosis was doubtful, we might stop the sore from going any further, but if it should heal we could not build him a new nose, as there was nothing to support it and it would fall down flat and display a horrible figure, all the rest of his life, and I would prefer to have nothing to do with it, but they would not hear to it.

His symptoms were very meagre, he said the glands of his neck used to swell and get hard and sore, also the sublingual glands would give him some trouble, but had not, since this cancer had become well developed; had never had any private disease of any kind, or eruption of the skin that he knew of, had always been very well up to this attack; it came like a pimple on the left side of the nose, was hard around it but did not give him much pain until the doctors applied plasters. They told him that it was a cancer and must be destroyed by eating it out and made the applications of the plasters; he also had a four ounce vial of black looking stuff of which he was to take a teaspoonful every two hours; I do not know what it contained, nor did he. I thought his case a sure failure, or I should have paid more attention, perhaps to what he had taken, at any rate he did not know.

Upon looking over this case, the nearest simillimum that I could think of was *Baryta jod,* which was given in the sixth potency, I gave him ten powders (small ones) one marked powder of *Baryta jod*^{6} and nine of *Sac. lac.,* to dissolve the marked powder first in a half glass of water and take one teaspoonful every two hours, the next day to take one of the other powders in the same way; to carefully wipe off the sore with the raw edge of old cotton cloth, to be very careful not to make it bleed, then to apply a piece of muslin over sore, one, two or

three thickness; and when attempting to dress it, if stuck fast, not to pull it, but to cut it off as close to the sore as he could, and let it alone until it would come off of itself, I would like to have this done twice each day and to report how he got along, and under no circumstances to use or apply water to it or anything else, but the dry muslin. I objected to take this case I could not see him often, as he lived forty miles away.

On July 29, (the first heard from him) he wrote saying that he had followed my instructions to the letter; that a few days before writing, the piece of dead bone had sloughed away and the sore did not pain him very much, that he felt better every way. Sent *Baryta jod*^{30}, to be taken in the same way as before, one marked powder and nine of *Sac. lac.* to use the same precautions as directed at the first.

August 21, a letter saying that he was feeling better and the sore was healing and the odor was gone. *Baryta jod*^{30} as before.

September 18, received a letter saying that he had cramping pains in his stomach and bowels, with a straining diarrhœa, and was troubled with piles and what should he put on them, I told him nothing. I suppose that there had been some error of diet and sent *Nux vom*^{1m}, one powder to be taken just as he had done before and to let me know how he was.

Oct. 20, received a letter, saying, that his stomach, bowels and piles were all right, but the sore was irritable with dull aching pains all through it with sharp shooting stabs. *Baryta jod*^{cc}, same as before.

Dec. 14, another letter, saying, the sore was better, was healing, but very sensitive to the cold air; *Baryta jod*^{cc}, one marked powder and nine powders of *Sac. lac.*, to take the marked powder first, and to protect the sore as much as possible from the cold air.

Jan. 13, 1897, says, the sore is getting smaller but was still very sensitive, to the cold air, which he was compelled to be out in; *Baryta jod*^{1m}, one marked powder and nine powders of *Sac. lac.*, to be taken in the same way as before.

Feb. 5, letter saying, the sore was getting smaller, did not

pain him, except when out in the cold; *Baryta jod*^{2m}, one marked powder and nine powders of *Sac. lac.*, as before.

March 12. Doing well; *Baryta jod*$^{ne m}$, one marked powder and nine powders of *Sac. lac.*, as before.

April 12. Has taken a severe cold, cough loose at times, at others very tight, can raise nothing, sometimes spasmodic; *Dulcam*^{m}, two powders and nine powders of *Sac. lac.*, as before.

May 15, cough was cured, was feeling well, but whether the sore would ever completely heal up he could not tell, there was an open place yet, but it did not pain him; was tender to the touch; *Baryta jod*^{cm}, one marked powder and nine powders of *Sac. lac.*, as before. I wrote him to come over, as I wanted to see him and see what I could do for the sore; as I had not seen him since the first examination. He came over on June 1, looking like another man altogether, he had walked up from the depot 11 squares, instead of taking the street cars, I told him to sit down and rest for a moment when I would look at him. When I removed the little rag from the sore at first, I could hardly believe my eyes, I thought that there must be some mistake; yet here was the same man that I examined on the 3rd of July; for he had a very good looking nose on his face, says that he has strictly followed my directions in every particular and done nothing but what I had directed, although he had lots of advice from others, but told them he had a Doctor directing his case. A new vomer, turbinated bones, new septum cartilages, new muscles, and new skin had been formed. It had completely healed for three-fourths of an inch from the forehead and as far from the tip and not a vestige of a scar was visible. The right side had grown past the center, and some distance down the left side; the open space was about five eighths of an inch in long and the widest place not over the one eighth of an inch in width, and tapering down to a point at the ends. Here were new bones, cartilages, muscles and skin formed where the others had completely sloughed away, not leaving the least vestige of the periosteum, new alæ as natural as ever they were. The sense of smell is returning. About two weeks ago, I received a letter saying, the sore was

healing very fast, I can see no reason why the sore should not completely heal, when he will have a much better nose than any surgeon could possibly make for him, for it will have the bones, cartilages and septum to support it, together with the sense of smell, as they ramify the whole new structure.

Can you wonder at my complete amazement? Have any of you ever heard of such a new structure taking place? If there is I should be pleased to have it pointed out to me. I would not have believed such a thing possible if it had not been before my eyes. I received a letter today saying, that the edges of the sore had united and only a little, long scab was now visible. I replied, not to remove it under any circumstances, but let it fearfully alone, until it would fall off of itself, when there will be no scar to show where the sore had been.

I never saw a more pleased young man in my life, and well he may be, for he was a most horrible looking cuss when the sore was in full bloom.

I made a mistake in not having a photograph made of it at the time, but I send the inclosed photographs taken after he was cured, and altered to represent his condition when he came to me, with sworn statements of men who knew him then.

To whom it may concern:

We, the undersigned, state that we have been well acquainted with the person above represented as Mr. P. for years, and that the above is a good representation of his condition when he was taken to Dr. J. R. Haynes on the 3rd of July, 1896.

The skin, muscles, cartilages and bones of his nose had been completely destroyed by what several doctors pronounced a cancer.

S. E. BUCHTEL,
A. S. LEAVELL,
R. R. PASSAGE.

STATE OF INDIANA, COUNTY OF HENRY, SS.

Personally appeared, S. E. Buchtel, A. S. Leavell and R. R. Passage, who is represented above as Mr. P., and signed and sworn to before me this 24th day of November, 1897.

A. L. HARRISON,
(SEAL) Notary Public.

The editor proceeded on April 28th, 1912 to Indiana and found the Notary Public Mr. A. L. Harrison at his home in Knightstown: Mr. S. E. Buchtel, Mrs. S. E. Buchtel, a cousin of the patient and several other relatives and friends who knew him at the time the disease was rampant also were visited. Some ten miles up in the county the patient Mr. R. R. Passage was found.

The various witnesses were examined separately so that there could be no suggestion or refreshing of the memory from one to another. The evidence was taken down at the time. The patient was examined thoroughly, a nose speculum and head mirror being used to get a complete view of the parts involved. The conclusions are as follows:

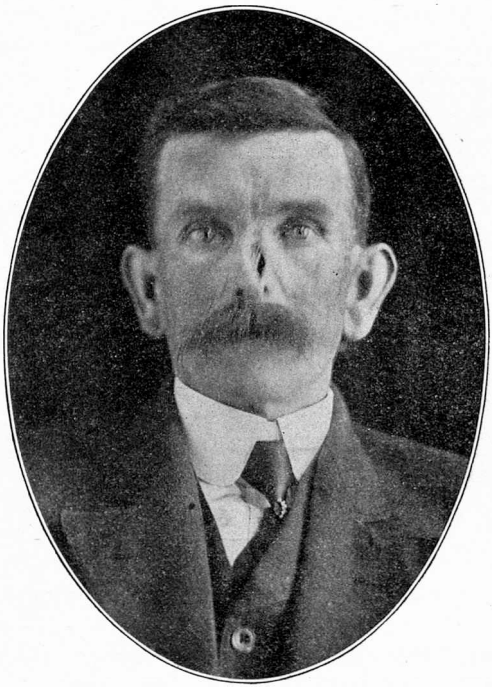
1st. It was a genuine cure of what we have no right to doubt was a malignant growth, effected by numerous doses of a single remedy.

2nd. The cure was real and permanent; the patient is now and has been in good health; X the parts of the nose formerly affected are perfectly sound and free from redness, tenderness or any evidences of inflammation.

3rd. While it was a complete cure, the parts of the nose destroyed by the inroads of the disease were *not* restored. It required much cross examination to arrive at the exact truth in the matter. Those who signed the affadavit believed it to be true and were willing to sign it again. This was due to inaccuracy of observation and to zeal for the revered memory of Dr. Haynes. But little by little, by varied questions, the fact was established that the disease had not destroyed "the vomer, the turbinated bones, the cartilaginous septum, the muscles" and therefore these parts had not been restored, as claimed. Of course the patient was the most important witness upon these points. Each tissue was pointed out and he was asked whether that was always so or whether it had been eaten away and restored.

The septum (vomer and cartilages) turbinated bodies, had never been destroyed nor had any new skin or new bones been formed.

The condition of the patient when examined by the editor was as follows: there was an abnormal opening in the nose extending from the median line toward the left to the junction of the nose with the cheek. It extended from the upper margin of the left nasal bone down to a point near the tip of the nose. The abnormal opening is 15/16ths of an inch long and 1/2 inch wide at the widest part, growing narrow at each ex-



MR. R. R. PASSAGE AS HE IS NOW.

tremity. Nearly all of the left nasal bone had been destroyed and the anterior margin of the right one. Through the opening, the septum, the turbinated bodies, and the floor of the nose could be easily seen. The skin of the right side rested upon the anterior edge of the septum but was not attached to it. It could be pushed back so as to expose the cavities of the

right side also. The photograph below shows the condition present better than a verbal description. The photographs shown in the original article do not amount to evidence although presented as such, for Dr. Haynes had no picture of the patient, as he was when the treatment began, and the profile picture is so faint that the outline of the nose can not be discerned.

As some excuse for the exaggerated claims made, it may be stated that according to the testimony, the diseased parts were much swollen or thickened, fiery-red and foul looking, especially the part that afterwards broke down and left the opening. The whole sore was surrounded by an extensive area of congestion reaching quite to the left inner canthus. Moreover all close examination by the laity was prevented by a most foul and sickening odor. The point of the nose was not very evident at the same time of the morbid activity, owing to the overhanging mass above it. The patient also stated that he thought that the tip of the nose was drawn down and to the left and that it straightened and became more prominent when the tension was relieved by the healing of the parts. The patient positively reaffirmed that he had never had any venereal disease, so that the idea that the troube was syphilitic which has been suggested in criticism, does not stand.

A PLEA FOR DEFINITE STATEMENT.

FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

In any cursory reading of current homeopathic literature of average quality nothing becomes more prominent to the thoughtful student of materia medica and chronic disease than the reckless indefiniteness of statement indulged in by so many physicians in reporting cases for the public press. In no way are we laying ourselves open to more severe criticism than by this habit, showing as it does a lack of definite scientific training on the part of the physician, as well as a certain gullibility on the part of the readers who are willing to accept such state-

ments in the name of science. For those of us who understand something of the importance of these cases, and are familiar with the wonderful achievements of our materia medica, it is possible to have some charity toward such reports, knowing as we do that they are inspired in most instances by the honest desire to be of service to others.

Two qualities are essential to all good case reporting. The first of these is accuracy in all details, the second is brevity. Given the first we are fairly sure of obtaining the second. Constant association with chronic disease in its many forms tends to a state of mind akin to agnosticism in theology. In the first place, while claiming adherence to homeopathic principles, second to none in purity and consistency, we must acknowledge that there are other factors entering into the recovery of many individuals from illness besides drug therapy, and in reporting cases it is only just that we should make our statements of fact in such a way that there can be no mistake. For example, many cases of chronic disease are much improved merely by a change of environment, the taking away of inharmonious conditions and the bringing about of a state of mental peace. If we administer a drug to a given case at the time of making such changes it is not honest to claim a cure by the drug. While it is perfectly possible that the drug in this instance may have accomplished something, it is not probable that the cure is due wholly to the drug. Consequently it would be unfair to report such a case as a recovery under the remedy exhibited. In the management of chronic cases many such factors must be taken into consideration by the physician, and he should be most careful to report as cures by drugs only such cases as can be vouched for without fear of contradiction. These contributory adjuvants of environment and other hygienic principles are of legitimate value in the hands of every physician. We should, however, be careful to discriminate in every instance between improvement that may reasonably be supposed to have originated with the drug and benefit derived from other sources.

Another criticism that may well be made on many of our case reports is the habit of interpolating irrelevant statements

by patients and friends, and especially statements containing slurring remarks in regard to other physicians. All these statements are entirely out of place in case reports and are of no possible interest to anyone except the writer. They contribute nothing to the clearness or scientific value of the case, and show either inexperience or lack of comprehension of the scientific nature of his work by the writer. Old prejudices die hard, but it is certainly time to realize that the verdict for Homeopathy in any community must rest solely on the quality of our work and nothing else. If we are to keep Homeopathy abreast of the times we must realize that old-school medicine, for example, occupies a very different position from what it did seventy-five years ago, that the wonderful improvement that has come about through the influence of laboratory scientists has brought a condition which can no longer be met by methods we employed thirty or forty years ago. The tendency of all laboratory study is the improvement of technique, accuracy and definiteness of all manipulation, the statement of fact and fact alone. It is this spirit of scientific definiteness that Homeopathy must meet today. With the clinical accumulation of many years of valuable study behind us, we have in our own minds, of course, no false understanding of the power and scope of our remedies, no doubt of what they can accomplish in comparison with other methods, but this knowledge which we are proud to acknowledge and perpetuate is never going to be adequate for the generations to come. Men who are trained in the best medical schools of today are going to test Homeopathy by something beyond the clinical methods of the past. They are going to apply the same accurate, painstaking methods that they apply in every other department of medical science and by those tests we must stand or fall. There is no doubt whatever of the outcome in the minds of those who know with what they are dealing. At the same time we should not be satisfied with anything less than a full knowledge, comprehension, and ability to use all methods of comparison. So in the mere reporting of cases from the clinical point of view only, if we are to expect educated physicians to appreciate our art we must excel in accurate and definite statement of facts.

And furthermore, we must so systematize these facts that they may be available for use by those not trained in our methods, in case of necessity. How otherwise can we hope for example, to show comparative mortality, in different diseases, how can we expect to show our percentages of cure, except we have accurate records that can be tabulated and understood at a glance by any investigating physician? To my mind no problem that we as a school are confronting today is of more importance than this. We should do our best to make these statements so strong that they will reach the ears of every physician in our ranks, and should use our influence in all places to bring the standard of our literature to a higher plane, to the end that we may invite criticism and comparison from scientific men everywhere, within or without the profession.

As a natural sequence to the foregoing it is proper for me to mention the "Medical Advance", and in so doing please understand that I am actuated by one motive only,—the welfare and position of this Association in the scientific world of medicine. For Dr. Allen, the former editor of the "Advance" every member of this body had the highest regard. No man in our generation has done more for the cause of Homeopathy. Of the present editor it is sufficient to say that he has not only the confidence but the most heartfelt affection of everyone who knows him. But, fellow-members, we are imposing on him. The I. H. A. has no financial interest in the "Medical Advance," as far as I know, but whether we will or not it is looked upon as the organ of our Society, as for many years it has been published solely in our interest. Consequently we can not escape responsibility. This being the case ought we not in some way to assume openly what is really ours, and see that the Journal is made representative of the best that is in us? The I. H. A. in the breaking up of medical science has really come to be largely the representative materia medica association of our school in this country. Our work should be placed on a most systematic, scientific basis, and a representative journal of such a society should be carefully edited by a board selected by the association, and printed in a manner at once dignified and attractive. It stands to reason that no private individual can

profitably conduct a journal of this nature, considering the limited circulation. I understand that the journal is now practically owned by the publishers; that Dr. King has done his best to have them improve the makeup, but in vain; that he has continued his unselfish position as editor largely because it came to him as an inheritance and because there seemed no one else in sight to take up the work. If this is true is it not doubly a duty for us, in loyalty to the man who has served the Association so faithfully for many years, to see that he is either adequately paid for his work or relieved from carrying the bur den longer?

For one, I am jealous of the I. H. A. I may be over sanguine of its future, yet in view of what it has done for our cause in the past are we not justified in guarding its welfare?

DISCUSSION.

J. B. S. King: In regard to the ADVANCE I would say that I run it to the best of my ability but the trouble is that I have very little control of the matter. I do what I do for nothing simply for the good of the cause. The journal is owned by the Forrest family and they have a print shop in connection so that the journal is sometimes crowded to one side for local jobs of work. Better paper, better work and better proof reading is needed.

E. Rushmore: Our criticism must not be taken as a lack of appreciation for the work of Dr. King. We all appreciate it in the highest degree.

As a result of this paper the President appointed as a committee on the Medical Advance Drs. F. W. Patch, C. M. Boger, J. B. S. King, W. R. Powel and G. B. Stearns.

CLINICAL CASES.

BY E. A. TAYLOR, M. D.

Case 1. I was called in the country to see a boy five years old, the only child of prominent and wealthy parents: his ill-

ness had begun with a chill, followed by high fever, headache, vomiting and convulsions. I saw him first on the fourth or fifth day of the attack and was informed that previous to my coming, he had a number of convulsions; that he complained of a headache which was aggravated by light and noise so that the shades were drawn to exclude the light and the street in front of the house was covered with sawdust for a block to diminish the noise of passing vehicles.

I found him in a state of stupor from which he would occasionally arouse long enough to take a drink of water, which would soon be vomited with one effort and with great force, (projectile vomiting) after which he would again relapse into a state of stupor. His mouth was open and the upper lip retracted, showing the teeth, while the tongue was protruded and moved slowly from side to side, on the upper lip as if to moisten it. A chewing motion of the mouth was also observed. His eyes were half open, he rolled his head from side to side and there was a slight frown on his face. He was very restless and the nurse said, "doctor, he handles his privates all the time" which I observed to be true for notwithstanding his stupor the nurse could not keep his gown down; he kept pulling it up and handling his genitals. His bowels were constipated, the urine was scanty and the temperature 104.6.

Examination of the lungs and heart was negative and there were no abdominal symptoms. There was some rigidity of the muscles of the neck. The father and mother were healthy, the patient had apparently been well before the attack and there were no similar cases in the vicinity.

Here was a case of meningitis, a dangerous disease and a desperately sick child. Would the type or temperament tell us the remedy? Would the knowledge of the miasm mitigate the meningitis? Surely not. This is not the teaching of Hahnemann unless we accept the distorted version of an inaccurate translation. The symptoms clearly indicated the curative remedy.

Stramonium 10m was given, one dose dry on the tongue, followed by placebo. Within an hour the lips were closed giving a more normal appearance to the mouth. Within six hours

the temperature had fallen to 102. and within a week he was well.

Case 2. November 11th, 1908 I was called to see Dr. B. aged 32 who after a severe cold lasting some days and following a night with a patient in labor, was taken with pain under both scapulae, worse on the right side, sharp, cutting, worse on taking a deep breath. Pulse hard and full 110, respiration 30, Temperature 101. He had a troublesome, persistent cough but *could not expectorate.* Pain in the chest on coughing. *A severe headache in the temples worse on coughing.* Notwithstanding the Bryonia 1m which he took as his own prescription, he grew steadily worse and when I first saw him his temperature was 103.6, Pulse 120, respiration 40. His face was flushed and he complained *of headache in the temples on coughing, nausea* with dry lips, thirst, but *cold water caused nausea,* so that he refrained from drinking as much as possible. Upon examination, no dullness could be detected on percussion but over the lower lobe of the right lung crepitant rales were clearly audible on auscultation. I told him that he had pneumonia and that I would call an ambulance and take him several miles to the hospital, near me where I could give him careful attention. He showed no alarm nor anxiety about the matter but *talked a great deal,* telling me what to do, what things we should take to the hospital and where to find them, etc., etc. In other words his mind was very active but not anxious. *Mental activity without anxiety* was the morbid mental state. He was given Ferrum phosphoricum 30 in water one dose, wrapped in blankets, put in an ambulance and moved ten miles to the hospital. He slept several hours that night and next morning his pulse and temperature were normal but he expectorated some *blood-streaked, viscid mucus.* He craved sour lemonade which was given to him on admission to the hospital. He left the hospital in a few days, having had no further signs of sickness and I felt impelled to apologize to the doctor for what, in the light of subsequent events seemed to be a work of superrogation. That this was a beginning pneumonia was evident; that it was cut short by the remedy is beyond cavil; and that Hahnemann's teaching, that the mental

symptoms are the most important, is correct, this case like thousands of others verifies.

Case Third. Last winter I was asked over the telephone by Dr. Clara Sterling of this city to prescribe for her son aged 16. He had a sore throat, some fever and from the symptoms given by the doctor I advised Lachesis. Two days later, she called up again, saying that her son was very much worse and gave me the symptoms he then presented. She afterwards sent me the record which she made at the time and I give it to you verbatim.

MIND. Speaks of being confused; feels that he is falling backward, that his arms and legs are not where they belong; thinks his head is lower than his feet.

THROAT. Dark gray membrane, covering arches and pillars of fauces, also over left tonsil; breath fetid, throat burns, wanted small drinks of water often.

SWEAT. Just as soon as he falls asleep is covered with warm perspiration—drenched from head to foot, but wants to be covered up.

TIME. All symptoms worse at night.

HEAD. Headaches worse at night.

At this time his temperature was 104 evening: morning 102. Heavy red sediment in the urine. Face was pale, delirious nearly all the night.

I advised the doctor to give Conium, leaving the potency to her judgment. The remainder of her record is as follows: "Gave Conium 30x. For two hours there was no change; but after that the improvement was rapid and steady."

DISCUSSION.

P. E. Krichbaum: I enjoyed the relation of these cases because the key in one case was the mental symptoms and in the other a physical symptom, the sweats under certain conditions. The whole case—that is both of them revolved around those two peculiar symptoms or in other words key-notes.

T. G. Sloan: I thank Dr. Taylor for the masterly way in which he presented these cases, from what you first see to the

next step. The mental state of Ferrum phos here clearly brought out is new to me and is well worth carrying in mind—mental activity without anxiety. The negative side of the case namely mental activity without any accompaniment seems to be the thing.

President: Does not Ferrum phos have anxiety in a marked degree associated with physical pain? I ask because I once made a personal proving. On a second thought, however, it appeals to me that "anxiety" is not the word, and that "hyperactivity of the mind" is better.

E. A. Taylor: This discussion brings out a point that dates back many years and shows that sometimes we are liable to be hypercritical. Dr. Hering incorporated in his Materia Medica all that he could get hold of in the way of symptoms—toxicological, clinical and from provings. He collected everything, saying "eventually we will sort it out and get what is good". Even Dr. Lippe, the greatest of all prescribers, laughed at him because he incorporated the symptom "sows eat up their young" under a remedy. But Hering was right about it. Mental activity without anxiety was the key-note of that case. There was also thirst for cold water which produced nausea. He had sharp stitching pains which were worse from motion but Bryonia did not fit the rest of his symptoms. The proving of Ferrum phos is not complete and I do not know that that symptom has ever been given in any of the books. I found it in the repertory of Dr. Shannon of Denver—a repertory of the tissue remedies. It was the mental state, face flushed, talking all the time, mental activity without anxiety that lead me to Ferrum phos.

Mary F. Taft: If I had the physical state calling for it and had Dr. Taylor for a doctor I am sure I should have no anxiety.

NATRUM MURIATICUM AS A HEART REMEDY.

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

Natrum Muriaticum is one of the remedies that belong peculiarly to our school of medicine since it is hardly regarded

as a medicine at all by the Old School and is in daily use in food throughout the world. But like many other substances which are practically inert in the natural state Natrum Muriaticum becomes a deep acting remedy when it is potentized. Hahnemann calls it one of the most powerful of the antipsorics. It was proved by Hahnemann himself and also by Drs. Rummel, Roehl, Schreter and Foissac.

Its action produces depression, physical and mental, anaemia, scorbutic tendency, unhealthy state of skin and mucous membranes, and a depression of spirits amounting to melancholia. With such a depth of action it is natural that the heart should come in for its share of symptoms and we find plenty of them recorded by the provers. Under the rubric Mind appears the following: Sad all day, apprehensive, disheartened, with palpitation; and a sense of coldness about the heart during mental exertion.

Palpitation from various causes is recorded by most of the provers. Schreter felt a violent pressure below the heart, with palpitation worse lying on the left side; better lying on the right side; also palpitation with pressure on the heart, better for pressing on it with the hand. Palpitation with anxiety is another symptom given and palpitation from the slightest movement.

A fluttering movement of the heart is also described; this is usually worse lying down. Sometimes the heart's pulsations are so violent as to shake the body, but usually the beat is more rapid than violent and at times the pulse is intermittent.

Allen speaks of the remedy as "particularly valuable in hypertrophy of the heart, the attacks worse lying down, especially lying on the left side. The patient is weak, has faint sensations, feels the need of lying down frequently, has cold hands and numb extremities." Natrum Muriaticum has a marked action on the digestive tract and almost all the cases in which I have used the remedy for heart symptoms have also shown some digestive disturbance.

The following cases will serve as illustrations:

Mrs. C. A case of aortic obstruction.

The patient has been having a severe cough and coryza

which have been partially relieved by Causticum. She now complains of a feeling that the heart is too large, that it comes up in her throat. The head feels full and congested. Natrum Muriaticum[200] relieved the heart symptoms entirely for the time.

Several times within a few years this patient has been relieved of feelings of oppression in the region of the heart or of a too forcible heart action by this same remedy. She usually tells me that after taking the medicine she has eructations of tasteless gas showing that the stomach was probably distended.

Case 2, Mrs. H. The patient has had a great deal of palpitation following Grippe some years ago. She is now convalescing from another attack of Grippe. She has much gas in the stomach and intestines, and the heart feels very shaky, and flutters whenever she moves in bed.

Natrum Muriaticum [200] relieved promptly.

Some weeks later an over exertion brought on an attack of indigestion with the sensation of the heart's being too large, and Natrum Muriaticum again relieved.

Since then the patient has had very little trouble with "heart thumps" as she calls them, but keeps some powders labelled in case of need when out of reach of a physician.

Case III. Mrs. D. C., has been under the care of an old School physician who prescribed eighty drops of Digitalis daily for the heart, which she says has been "bad" for a long time. There is a loud systolic murmur heard best at the apex, but the heart does not seem to be enlarged. The patient suffers from shortness of breath which is aggravated by talking or any exertion. She is much distressed by gas in the stomach and intestines and is very constipated. The mental symptoms and some others pointed strongly to Nux Vomica which was given in the 1M potency. This relieved partially but had to be repeated several times on account of severe attacks of colicky pain which were accompanied by very weak rapid pulse. Two weeks after the first prescription the patient was feeling generally much better but complained that her heart had a way of "flopping" and beating hard toward night. Natrum Muriaticum[200] was prescribed and a week later the patient reported

that she had no more fluttering of the heart, and on examination the murmur was only barely audible.

Several remedies were given later for the indigestion—notably Colchicum which removed an aversion to the odor of food but in spite of one severe attack with much pain the heart stayed better and when examined four months after beginning treatment the murmur was still very faint.

Case IV. Mrs. B. A case of aortic regurgitation.

Much worn by overwork.

Shortness of breath on exertion, especially from using the arms, which causes palpitation.

The arms feel heavy, numb and prickling. Patient drops things from the hands.

Burning in the stomach and nausea after eating.

Aversion to heat—craves the open air.

Natrum Muriaticum ^{200}th. two 45 M relieved the symptoms almost entirely.

Of course the writer lays no claim to a cure of organic heart lesions but in all these cases the distressing symptoms were relieved and the tone of the heart much improved.

DISCUSSION.

G. B. Stearns: That is a fine paper and bears out the general action of the remedy. I do not think that she speaks of it as a remedy when the heart muscle is degenerated. Many of the symptoms of Natrum are such as you get in anaemic cases. That third case might have been an anaemic case and that would account for the disappearance of the murmur under its action, as she mentioned that there was no enlargement. It is undoubtedly a splendid remedy. In regard to heart disease, aside from therapeutics, there is one point that I would like to speak of and that is the great relief that follows strapping the chest. When the muscles are degenerated and the heart is dilated, broad strips of adhesive plaster extending from the spine and running under the nipples to the sternum will give the greatest relief in the world. With this external aid you can get response from the remedy when you could not get it without or only for a short time. The plain adhesive is rather

irritating to the skin; the Z O or Zincoxide plaster is less so. So I recommend the latter.

Richard Blackmore: Dr. Stevens speaks of overwork or strain as having a causative relation to heart troubles and it carries my mind back to a heart condition in a lady occupying a prominent position, that was caused by indiscretion in eating. I had been a guest at her house and I knew. She was taken sick at the close of the school term in June and had three collapses. She was told she was not eating enough of the right kind of food, and in order to prove it, shown a drop of her blood under the microscope. I advised some corrections in her diet and gave her Natrum mur. with excellent results.

E. A. Taylor: I do not want to discuss the paper but merely speak a word of commendation for its merits.

FOUR CLINICAL CASES.

BY RICHARD BLACKMORE, M. D., FARMINGTON, CONN.

In response to the request of the chairman of the Bureau of Clinical Medicine, permit me to cite a case or two illustrating the application of the laws of cure as we understand them.

One recognizes the responsibility of the clinician to the profession at large, therefore these reports are not given in the sense of *teaching* anything, but just as adding further confirmatory evidence of the efficacy of the potentized remedy, and the application of the law.

In the as yet unfinished case, the personal equation interferes, and the remedy—if the condition is curable—is not thus far manifest.

Case 1. Mr. X. Age 63. Was called at night on account of severe chills. Says he has had "Grippe" and a "hard cold" for a month, but has done nothing for them. Been feeling "poorly" all winter.

Chills invade the whole body, exceedingly severe.

Begin anywhere, last indefinitely, and are relieved by external heat.

Skin hot, red and dry.

Mentally restless and anxious, thinks he is surely about to die.

Pulse 88, Temperature 101.

Aconite, 1 m.

Improvement set in at once, and next day he was better, pulse and temperature normal, no chill since the medicine.

The success of this prescription elicited some information as to his chronic condition.

It transpired that he had felt weak for a long time, his legs are weak and tremble.

Feet and legs cold to the knee even in hot weather.

Dyspnoea after slight exertion for five or six years, cannot go up or down stairs easily.

Head heavy and the scalp itches when the feet are cold.

Mentally vacillating will make an agreement and cancell it next day. Cannot apply himself dilligently to the solution of any problem.

Sleep disturbed because he is so busy thinking over his affairs.

Calcarea carb. 55 m.

Have seen him many times since this last prescription, and he is doing very well. To quote his own words, he "feels as strong as a horse."

Case 2. Miss X., a chronic invalid age about 40, has been unable for a long time to perform any of the ordinary household affairs, even supervision of the servants is difficult or impossible. Walking is managed with great difficulty, and followed by extreme prostration. Always complaining of indefinite abdominal troubles.

Applying to me for medicine, the following symptoms were elicited:

Constipation, stool hard, difficult and slow, with pain extending up the rectum and vagina.

Sensation as of weight in perineum.

Alternates with diarrhoea, more especially in the fall of the year.

Loose stools are urgent, painless, debilitating, foul odor, and are worse after drinking milk.

Menstruation, Great exhaustion during,

Menses irregular, painful,

"Sensation as of the womb falling out."

Sense of pressure in lower abdomen affects breathing.

Mentally sad and fretful about her physical condition, sadness with weeping.

Sensation of being scraped.

Sensation as of lightness and expansion, and is surprised to find herself solid.

Head, severe pain in occipital region, worse from motion, stooping, better from hard pressure at the base of the brain.

Back, feeling as of a lump of ice between the shoulders.

Legs. Numbness and tingling in,

Sensation as of standing in cold water.

Sepia 10m.

This ameliorated the condition much, and was later repeated in the 55m., and last in the C m. since which time she has been remarkably well, and gets about considerably, thus fulfilling more completely her niche in the scheme of things.

Miss Y. Age 78. Has been for many years a helpless paralytic, quite unable to walk or even feed herself. Sleeps only a short while, after which she is very restless, and this is especially unfortunate, since all motions must be made for her, she must be turned in bed for example. The skeletal muscles are affected in peculiar ways; the arms for instance are held rigidly to the sides of the chest, so that it is impossible to abduct them except by the use of much strength. The flexor muscles of the hands are so contracted that the fingers are tightly closed on the palms. The knee-jerk is slightly increased. There is no foot-clonus. As she attempts to walk assisted by her attendant, there is the peculiar forward propulsion of the body so characteristic of the disease. If there be added to the above the constant motion of the hands and feet, no hesitation will be experienced in arriving at a diagnosis. That, however, is not what troubles me. I am trying to treat

the patient, not her disease, and I have helped some, using such meager symptoms as are available.

Always constipated within the memory of her sister, no desire for stool

Cannot bear heat, her sleeping room is distressingly cold to others, notwithstanding which, she must have her head covered.

Craves sour things, but there is almost complete anorexia.

Skin bruises easily, and the resulting ecchymoses remain a long time.

Constant motion of hands and feet, except during sleep. On these symptoms Arsenic was given with the result that the appetite returned, sleep was improved, but no appreciable effect on either the skeletal or abdominal muscles.

Subsequently it was observed that if the arm was raised once to the table, she could raise it herself a second or third time, or until exhaustion set in, and after a rest, the same process might be repeated. Rhus Tox. was given in varying attenuations, but with no apparent effect.

Later on, close study revealed symptoms upon which Plumbum was prescribed, with this result:—There are now normal stools which has not been the same since time immemorial.

As the case now stands there is restful sleep for herself and attendants, the paralysis of the abdominal muscles has been overcome, Pb. has done something. Can it do more? Is the case curable?

Case. 4. Mrs. X., a patient in whom the chronic miasms are present was taken violently ill with severe hepatic and abdominal symptoms, the much mixed chronic condition seemed to render the acute also obscure. In the beginning no medicine was given, as a hope was entertained that the condition would pass off, and the danger of interfering with the chronic remedy avoided. Within 24 hours the gravity of the symptoms had so increased, that something must be done.

As before stated the case was not clear, so that Bell. Bryonia and Rhus Tox. were given without relief, although each apparently indicated, and the patient was going down hill fast.

After much labour, the following train of symptoms were gathered partly by observation, partly from the attendant.

Abdomen: Sore to touch, exquisitely tender, even the gentlest touch producing agonizing pain.

Pain is constant, sharp, involves the whole abdomen but is worse on the right side.

Aggravated by motion, jar of the bed.

Ameliorated by nothing at all apparently.

Right Hypochrondrium. Constant sharp pain, the whole liver being evidently involved, but the pain is worse in the gall-bladder region, and along the liver margin.

Aggravated by lying on the right side, by touch (percussion very painful), turning to the left side causes a drawing sensation from right to left.

Nausea. Constant, even when lying down, with desire to vomit, and a feeling that if she could do so, she would be better. Small amount of food increases.

Stool. Dark, small and very offensive.

Urine. Dark, scant, flow intermittent, deposits a red sediment like sand in the vessel.

No albumen, no sugar, reaction neutral, sp. gr. light, phosphates increased.

Back. Pain as if the back would break. Bed feels hard, changes position constantly for relief.

Aggravated by slightest touch, motion, jarring of the bed, etc. Ameliorated sometimes by pressure as from a pillow.

Tongue. Brownish with red edges.

Mentality. Unable to give symptoms. "I'm just sick all over." Despairs of recovery. Lies quiet and shuns all effort, notwithstanding which, there is a subconscious restlessness.

Generals. Dull aching pain all over body, every part feels bruised and sore.

Restless, moves about constantly for relief, though motion aggravates the pains in the several parts. Lies doubled up, legs flexed on abdomen.

In this case the differentiation lay among many remedies notably Belladonna, Arsenicum, Bryonia, Rhus Tox., Arnica, and Baptisia. All have the aggravation from motion; many expressions of the bodily symptoms are common to them all; but the mental symptoms were those which indicated Baptisia,

of which a single dose was given in the 1 m. attenuation, followed by immediate relief of all symptoms, and an assurance of ultimate recovery. This dose held for forty-eight hours, at which time a slight return of the pains, etc., called for its repetition, this time in the 10 m. A further repetition may be necessary. I think not.

DISCUSSION.

Wm. R. Powel: I once stopped hemorrhage from the lungs with Aranea diadema when there was the sensation of the hands and arms being enlarged. The sensation was so strong that the patient was surprised to look at them and see how small they were.

R. Blackmore: There was here a sense of expansion and lightness of the whole body.

P. E. Krichbaum: Coffea has a sensation of being smaller and then larger than natural.

R. E. S. Hayes: I would suggest the use of Sulphur in the paralytic case. The patient should not be informed about the single dose. While occasionally the knowledge does no harm in the greater proportion of cases it does do harm and prevents the full action of the remedy.

C. M. Boger: A sense of enlargement is the same as a sense of levitation or floating. The two remedies that have it prominently are Asarum and Lac. caninum. Conium comes in pretty near it too.

Grace Stevens: I think that Sulphur comes nearer on account of the ecchymosis.

F. W. Patch: Has any one here seen as extended a case of paralysis as this recover?

S. L. Guild-Leggett: At that age especially.

R. Blackmore: I do not make any parade of giving a single dose; I give it and also placebo. This particular case is an exception on account of the peculiar history and knowledge of the patient. She has been an ardent homoeopath all her life. She knows a great deal about homoeopathic philosophy and about the action of remedies. She has been accustomed to taking single doses only, during all her life. In reference to the sub-

ject of remedies I may say that I saw her just before I left home and she is now under Secale.

P. E. Krichbaum: That may be all right for that patient but I know that we are scaring people away from us by letting them know too much about the remedy and the dose.

THE INDICATED REMEDY IN ORGANIC LESION.

BY CAROLYN E. PUTNAM, KANSAS CITY, MO.

The possibility of complete restoration to the sick, gives to the true physician incentive, which is little short of inspiration.

But with what fear and trembling does he either indulge in hope himself, or encourage it in his patient, when such possibility is wanting!

In the case, we will say, which calls him to reckon with serious organic lesion! And more especially must this be true if the site of such lesion be one of the life centers.

Perhaps some of my colleagues may be more courageous but I always feel as full of fear as tho' about to jump from a precipice, when I am called upon to pit our precious "Indicated Remedy" against a chance which may be hopeless, as when dealing with tissues just ready to break, after too much time has been lost, and in which too much faulty treatment has been found.

I am prompted to relate Case 1 because of the unusual opportunity it afforded, of looking behind the scenes and getting a peep at what nature may do, in her effort to overcome.

Case 1. Mrs. C. Age 47 years. Married—Never pregnant. Had chills at sixteen—Nineteen years of age. Peach-leaf tea would help them. Pleuro-pneumonia nine years ago, sick five months, in bed three months. Erysipelas two years later,—left side from median line of nose to median line of nape of neck and upward to edge of hair.

For the past three years slight spells of rush of blood to head, with pressing in temples.

Fullness and weight in chest, preceded by extreme nervousness and fluttering.

Has violent attacks when gas accumulates in stomach and presses upward causing abortive eructation, followed by vomiting of bile.

Attacks are very sudden and have been growing much worse during the last year, both as to severity and frequency. Persistent constipation. Sudden attacks of pain in region of gall-bladder.

Chill eighteen hours previous to last attack.

Menses irregular with slight flow last month.

Appearance of patient—Emaciated, sallow, very feeble, with marked cachexia and great despondency.

Hopeless, fears operation which all doctors consulted advise.

Is appalled at the strong drugs she has taken, which always made her worse.

Of late has refused all treatment except cathartics which she has used for many months.

Weeps as she relates her woes, and wants to know if I think she has gall-stones.

Says she knows the trouble is in the stomach as she can eat almost nothing which does not distress her.

Palpation revealed great sensitiveness in region of pyloric end of stomach, with marked, long-lasting soreness after each paroxysm.

Sept. 21—Nux vom. 3rd cent. 1d seemed to improve her whole condition by eliminating the ill effects of catharsis.

But in a few days she returned weeping and very sad, because she could no longer, (i. e. for the past year) take part in lodge affairs in which she had formerly been very active.

Feels sure she will never be able to work any more. Weeps much by spells. Sept. 24th, Puls. 30-6d a powder to be taken every time she has a weeping spell.

Oct. 2nd.—Called to see her in one of her paroxysms of colic.

Has been so much better until now a paroxysm is on, the characteristic of which is—"Very severe clutching pains coming and going suddenly."

Bell. 6X at short intervals relieved the pain promptly, and was followed by Sulph. C. M. 1d for lack of re-action with marked air hunger, and later by Calc. carb. 2c.

Recovered from attack, which was a severe one, more promptly and in better condition than ever before, but an extreme soreness of the pyloric region remained so long and cleared up so slowly, with so great and continued sensitiveness to touch as to suggest gastric ulcer.

Washing faeces for gall-stones discovered a very small prismatic stone, one fourth the size of a beechnut.

Oct. 10th—Reports has been going betterward ever since attack. ℞ Sac. lac.

Oct. 19th.—A prescription upon the following symptoms was made from Boeninghausen.

Wants to be alone. Weeps easily. Constipated. Pain r. hypochondrium. Soreness abdomen. Vomits bile. Belches gas. Ankles swell. Motion aggravates. Cabbage and onions aggravate. Thirst but water disagrees,—pointing to Lyc. which was given in the 2c potency and repeated as follows.

Oct. 24th, 31st. Dec. 12th, 19th.

Dec. 24th.—Slight attack of colic with symptoms calling for Sul. c m. followed by Calc. 2c 1 dose each.

Feb. 12—Reports. From weakness and prostration so great as to make of her an invalid, has in past five months been transformed into a person of apparent health and strength.

Has taken on flesh, with good healthy color. No inconvenience from eating anything she wants.

She had resumed her social duties and gone about as she pleased, declaring she was no longer sick.

But now, despite having been admonished to take the best of care of herself, and to report promptly when not feeling well, she reports gradual return of old symptoms for past three or four weeks until she is vomiting again.

Thought she was strong enough to throw off the attack without more medicine, but her stomach has commenced to burn like fire and nothing will stay down, not even water.

The nurse tells me she vomited a moss looking like flesh, the size of the end of your thumb, followed by pinkish vomit.

Very restless.

℞ Aes. 40M, so much improved that she could soon retain a liquid diet, but on a severe relapse we hurried her to the hospital Feb. 22nd and operation revealed—Pyloric end of stomach thickened to one and one-half inches over nearly the entire area of its outer coats.

Inner or mucus coat detached from outer coats over area size of the palm of your hand and perforated by an opening as round and as large as a penny, thro' which the fluids of the stomach were escaping and accumulating in the pouch formed by the separation of the mucus from the muscular coats.

The proximity of this perforation to the pyloric orifice called for a gastro-enterectomy.

The gall-bladder was removed also, which showed greatly hypertrophied walls, three-fourths of an inch in thickness, and which contained a few meagre stones.

So well did this patient stand the operation as to promise recovery for a time, and I almost believe she might have survived but for the too frequent use of the hypodermic.

She died in collapse, after symptoms of over stimulation, thirty-six hours after operation.

Doubtless this case had already progressed beyond the pale of possibility for permanent relief ere homoeopathic medication was used.

The interest attaching to its outcome is:

First—the opportunity to view the workings of nature in her effort to reinforce a structure which was being weakened by a corroding lesion.

Second—The extent of paliation to be derived in a case in which there is organic lesion, when treated by remedies which are homoeopathic.

The knowledge that nature assisted by the similar remedy could rally her forces and carry on her work so well, with such a clumsy patch over weakened tissue, has been not only a revelation, but a source of inspiration to me, and ought, I think, to be an incentive to prompt effort to relieve with "Similia" any serious condition whatsoever, with hope of prolonging life and comfort.

I had expected to do very little for this case, but the patient became so nearly normal as to make it seem for a time, that a wrong estimation of her condition had been made.

The end however came suddenly and was probably hastened by her attempting too heavy work, as ironing, shaking the furnace, etc., altho' cautioned repeatedly, not to do any thing which was at all strenuous.

Case 2. Mrs. B. Aged 62 yrs. Mother of five children, and the youngest appearing woman for her age I have ever seen, was sent to me from southern Texas by her husband, a homoeopathic physician of no mean ability, with the following advice:

"The sudden appearance of a bloody discharge led me to make a vaginal examination, and to my horror I find what bears every resemblance to epithelioma.

Please take her to the best surgeons of our school in H. C. for diagnosis and spare no expense in having pathological findings made. If my diagnosis is confirmed shall insist on immediate enucleation.

Let me know of the decision as soon as possible and if unfavorable I will come at once."

The lady had lost much flesh, and seemed to me, not to be at all well, altho' she assured me that she was perfectly well. That there was not a thing in the world the matter with her except that discharge, which by the way she had been noticing, of a colorless watery character, for several years.

I decided to try and improve her general health while investigation was taking place, as she seemed not in fit condition for the operation to which she was seemingly doomed.

Few symptoms were manifest the patient always insisting that she was without discomforts of any kind save the discharge, over which she worried night and day.

After much questioning the following symptoms were given.

Averse to coition. Dwindling of mammæ. Uterine discharge albuminous. Uterine discharge bloody. Palpitation which reduced to the "Boeninghausen Slip Repertory" gave the following:

Cervix 611
Sexual desire too weak 619
Leucorrhœa albuminous.....657
Leucorrhoea bloody 659
Palpitation 794
Mammary glands.....799

Running out as follows:

Med. ..... 6—16
Phos. .....5—15
Psor. ..... 4—14
Sep. ..... 5—15
Tuberc. ..... 6—20

July 12, '09—Tuberc. C M F. 1d. brought almost immediate improvement in the discharge, which continued improving, but in a few days marked symptoms of La Grippe developed which were peculiarly similar to an attack from which she had suffered the previous winter.

These symptoms were allowed to run with increasing severity for several days until I could feel sure of the remedy.

July 19th. Phyt. 30 cent. 1d. was followed by prompt amelioration of all symptoms, the discharge steadily going betterward.

In the meantime a vaginal examination had disclosed an erosion the size of a quarter of a dollar, which bled profusely upon slightest contact, with surrounding tissues purplish and hypertrophied.

It was decided that we should wait on the improvement already well established, and the case was completed according to indications as follows:

Aug. 14—Tuberc. CM F. 1d.
Aug. 25—Phyt. DMM 1d.
Sept. 8—Tub. CM F. 1d.
Oct. 11—Phyt. 30th cent. 1d.
Dec. 9—Tub. CM F. 1d.

1910

Feb. 15—Phyt. 30th cent. 1d.
Apr. 1—Tub. CM F. 1d.
Aug. 9—Tub. CM F. 1d.
Aug. 15—Phyt. 30th cent. 1d.
Oct. 30—Tub. CM F. 1d.

1911.

Jan. 1—Tub. CM F. 1d.

Previous to the last prescription the patient wrote "Bloody discharge has returned and is so *bad,* fear I am much worse; it made a good sized spot on the napkin and soaked thro'.

Was assured that she would probably soon be much better.

Medicine was administered to this patient from July 12, '09 to June 1st, 1911, covering a space of nearly two years, being the necessary time alloted by Hahnemann for the cure of a chronic sickness.

It may require a much longer time to cure many cases, but in my experience such a cure is seldom accomplished sooner.

I received a letter from this lady last January (1912) stating that she had remained well.

Measures resorted to aside from the medicine in the above case were correction of the diet and change of residence from the enervating climate of southern Texas, to a more northerly, cooler, and dryer clime, from June to Sept. of each year.

As the case unfolded it was revealed that there had been for some years, much of what the patient called indigestion, which had been kept in abeyance by a very plain and all too sparce diet.

It is by no means unusual to find patients, similar to the above mentioned, who are eating an orange for breakfast, little for lunch and almost nothing for dinner, which I found to be true in this case.

A liberal diet was not only digested but much appreciated by the lady under consideration and we soon heard naught of the old-time distress in the stomach.

At the end of two years she was the picture of health, rosy, plump, youthful looking. You never could have guessed her age.

Reasons for not carrying *out* measures for pathological finding were—

1st. Improvement was too great and too constant to permit interruption by excising a piece of tissue.

2nd. The increased hemorrhage attendant upon such procedure, would too greatly have shocked the patient who was hypersensitive to examination and much shocked by appearance of the increased hemorrhage.

3rd. We could not afford to sacrifice the patient for a mere diagnosis.

DISCUSSION.

W. H. Freeman: During the last seven years I have treated six cases of positively diagnosed epithelioma of the womb: five of them came to me in such an advanced stage that operation was out of the question. The diagnoses were made by competent surgeons. One was considered operable and the cervix was amputated. She is still living although she has left the city. I do not know whether she now has cancer or not, though she is still an invalid. Three cases died. Two of them made perfect recoveries. One of these cases came to me in November 1911; I studied her case and picked out Sepia as the remedy. In January she had Nux vom 30th a few doses, otherwise no medicine other than Sepia. I defy any man to find anything wrong with her at the present time other than cervial laceration.

P. S. E. Krichbaum: I compliment the doctor on her paper and on the case, also on the diagnosis. I think that the patient was rather the better for the surgical interference.

T. G. Sloan: It was not properly made; it was undoubtedly a case of carcinoma but we have no proof of the fact. Until we can have an examination and record of the pathologist before we make these cures we can not convince the old school no matter how sure we are of it ourselves.

Carolyn E. Putnam: Such an examination was made but the findings were negative.

E. A. Taylor: Dr. Freeman's cases meet the requirements of the last speaker: have those cases been reported yet?

W. H. Freeman: Not yet.

C. M. Boger: Why did you not have a slide of diabetic gangrenous tissue made?

W. H. Freeman: I disagree with Dr. Boger; anyone can make a diagnosis of gangrene by simply looking at it. But it is hard to diagnose cancer so as to know positively that the patient has cancer and not something that looks like cancer.

P. E. Krichbaum: That makes me nervous.

President: I submit that we are not in the business of proving things to the old school: we are devoted to the demonstration of the homoeopathic law.

W. H. Freeman: We ought to know what we cure and not only think that we know. If I say I cured cancer how do you know that I know what cancer is?

President: Dr. Putnam's paper convinces me that she did what she says she did.

M. F. Taft: I am reminded of a case of chills and fever that I had to do with some years ago. The patient came to my office in a very severe chill. There was no doubt what she had and I said "I do not have to tell you the diagnosis". She wanted to take quinine. I suggested a bright surgeon and saw the patient with him, he felt her pulse, looked at the pupils of her eyes and calmly announced that she did not have chills and fever. He gave her morphine and next day recommended that I have consultation. I said what for? I know what she has. He took a specimen of her blood and came back with the announcement that it was malaria. The case was plain as day but he thought that it was more scientific to have pathological evidence.

S. L. Guild-Leggett: Let us not forget that we do not cure cancer but only the woman who has it.

President: I will call upon Dr. Putnam to close the discussion, if no one else cares to speak.

Carolyn E. Putnam: When I first saw this case I did not expect to prescribe for her. She seemed, however, in such poor condition for an operation, that I thought I would endeavor to improve her health while awaiting a decision as to what should be done.

The response to the remedy was so surprisingly great, that I advised her husband of the fact and he agreed that we had better allow homoeopathy to have full sway for awhile, and if the operation had to come later, she could but be the better for having had the indicated remedy.

ADJOURNED.

BUSINESS PROCEEDINGS.

EIGHTH SESSION, 2 P. M. JUNE 26TH.

Meeting called to order by the President at 2.30 P. M.

REPORT OF THE NECROLOGIST

EDWARD RUSHMORE, M. D.

F. W. Patch: As a number of members have died so recently that details could not be obtained by the necrologist in time I move that the present necrologist Dr. Rushmore be requested to incorporate the fuller details in his written report for printing in the Transactions. Seconded, carried.

EDWARD PECK GREGORY, M. D.

Although I began to inquire for the needed information for this notice as soon as I heard of Dr. Gregory's death, I have been able to gather only scanty details. He was born in Fairfield, Conn., on the 16th of April, 1849, the son of Mr. and Mrs. John Gregory. He attended school in his native town and later went to Derby. After spending two years in a drug store he began the study of medicine under Dr. A. W. Phillips. He was a student in the University of the City of New York in

1869 and 1870 and later attended the Hahnemann Medical College of Philadelphia where he graduated on the 10th of March, 1873. He began practice at once and was soon established as the pioneer homoeopathic physician of Milford, Ct., he remained there six years and achieved success. He moved to Waterbury in May 1879, where he remained thirteen years and built up a large business. In the same year he married Mary C. Brinsmade. They had one son, Robert Newell. On account of the failure of his wife's health he gave up practice in November, 1892, and went to Texas with her. Her rapid decline compelled an early return and she died in the following January.

Then he went to live in Bridgeport and continued there till July 1910 when, his own health failing, he went to live with his sister, Mrs. W. A. Sproule, Bakersfield, Calif. He was found dead in his bed in Los Angeles April 16th, 1912. He wrote shortly before to a patient in Conn., that he had been very ill since reaching Los Angeles. To another friend in Conn., his sister wrote that he was in usual health when he went to Los Angeles and that she was expecting him back when she heard of his sudden death; that an autopsy was held and the cause of death found to be gall-stones, and that the body was cremated at Los Angeles.

A colleague says of him, "He was an uncompromising homoeopathist, a keen prescriber and always ready to defend his views. He was a great reader, a fisherman that would delight Isaac Walton, a lover of fine paintings and all arts."

He became a member of this association in 1891.

A patient of his writes me as follows, "At the auction of his effects I met several of his old friends and former patients who said of him, "Doctor was *so kind!*"

ALEXANDER MCNEIL, M. D.

Dr. McNeil was born in Alleghany, Pa., of Scotch parents in the year 1840. When he was very young his parents returned to Scotland remaining there about two years, then crossing the Atlantic a second time they settled in Canada, where Dr. McNeil attended school. When the civil war was taking the

attention of every one he went over to Michigan and enlisted there.

He had then begun the study of medicine and took his text books with him to the front, and he has often related how he employed his time with his latin and other studies.

After the close of the war he returned to Michigan and was graduated in Medicine at Detroit. He practiced in two or more cities in Michigan but in the seventies he removed to New Albany, Ind., where he established an office and became a member of the board of health. In 1882 he married and the next year was induced by Dr. G. M. Pease and others to come to San Francisco and become connected with the Hahnemann College of that place. He held the chair of Mat. Med. for some time but his ideals were so high, and he found so little sympathy with the true principles of Hahnemannism that he withdrew. The same may be said of his connection with the Cal. State Med. society. Being the soul of honor and integrity and believing firmly in true homoeopathy he was very intolerant of any deviations from its principles. While genial and sociable in a quiet way his greatest delight was in study. He had a wonderful memory and great perseverance and thoroughness. For over twenty years he was engaged on a work dealing with Materia Medica. After he possessed Hering's Guiding Symptoms he worked by making annotations on the wide margins of the book and by underscoring in red and blue. His whole heart was in this work, it was so absorbing that he had little or no time for social life or organization work. This work was type written and almost ready for the press when the San Francisco earthquake and devastating fire of 1906 destroyed it. After his life returned to its usual routine and order was restored, Dr. McNeil received a gift of another set of Guiding symptoms, and notwithstanding his age and the discouraging result of his years of work he began again writing the Materia Medica. He became very anxious to complete it, worked indefatigably, became impatient of interruptions, took little or no rest or recreation, and to this is owing his untimely death. He practically finished the work; it is ready for typing now, but who can complete it? In the August number

of The Advance, 1908, there is a statement of the plan of the work with Asarum Europeum as it would appear in the published edition.

If some one could be found to complete the work it would be the one monument to the memory of Dr. McNeil that he would most appreciate and would surely be a help to all students of his beloved profession. Dr. McNeil referred many times in the last few years to the great kindness of brother physicians of the I. H. A. after the San Francisco earthquake. One in particular (whose name cannot be recalled) sent so complete a set of grafts of the high potencies, showing a very great amount of painstaking work and care, that Doctor McNeil spoke of it many, many times with grateful appreciation.

His health failed slowly, first showing in his inability to study or do his writing—but the end came quickly he being confined to his bed only ten days. He died Nov. 19, 1911. having been a member of this Association since 1883.

With the passing away of Dr. A. McNeil a great void is left in the ranks of true Homoeopathy on the Pacific Coast. There were so few congenial practitioners within his circle that he lived and worked very much within himself, leaving a wife and one son to love and revere his memory, and many friends and patients that feel his lose to be almost or quite irreparable. He was of an affectionate and jovial disposition, a great reader of the best literature and a constant and indefatigable student of medicine.

DR. EDWARD T. ADAMS.

Dr. Edward T. Adams of Toronto, Ontario, Canada, born in 1847, died September 13, 1911, in Port Hope, Ontario, quite suddenly. It is not certain whether death was due to Apoplexy or to accidental cause. Dr. Adams studied medicine in Toronto but as there was no Homoeopathic school there he graduated from Cleveland, Ohio, where he first began practice. In a short time he moved to Defiance, Ohio, where he practiced about five years. He then moved to Haniston, Ontario, where he remained four years. Lastly to Toronto where he had a most successful practice up to the time of his death. Dr.

Adams had not attended the meetings of the I. H. A. in recent years but is remembered by the older members as a companion of that interesting group of men, Drs. Biegler, Hawley, Wesselhoeft, Kent and others who constituted such a great force in the society in the early nineties. His quiet wit and meaning smile was just the needed foil for Dr. Wesselhoeft's big blustering, hearty, humorous personality, and many an interesting tilt they had on hotel piazzas between sessions.

DR. WM. L. REED.

Dr. Wm. L. Reed was born in Amity, Washington Co., Penn, April 5, 1837. Died in St. Louis, Mo., Dec. 4, 1911, after twelve years of gradual breaking down of the nervous system, caused by a strenuous life in practice. His age was 74 years and nine months. In early life he made the choice of medicine as his profession. Moving to Illinois when the country was comparatively new. He graduated at the Detroit Medical College, later taking a post graduate course at Rush Medical College, Chicago. After a number of years of very successful practice as an old school physician he removed to Kansas City. Remaining there for a short time he was induced to take the practice of a retiring physician in Mexico, Mo. While there under the teaching of Dr. Kent (then of St. Louis) he became an enthusiastic convert to Homoeopathy and in 1888 moved to St. Louis to take the practice of Dr. Kent who was leaving that city for Philadelphia. For many years Dr. Reed was Professor of Materia Medica in the Homoeopathic Medical College of St. Louis, but ill health compelled him to resign. He was a man of fine ability and memory, devoted to his profession and was considered one of the best prescribers in the west. He leaves many friends who regret his loss.

DR. EDMUND CARLETON.

Scion of an illustrious family, which traces an unbroken and unblemished ancestry extending back to William the Conqueror and the Battle of Hastings, Edmund Carleton, M. D., was born at Littleton, N. H., Dec. 11th, 1839. He was the son of Judge Edmund Carleton, a colleague and intimate friend of

Rufus Choate and a prominent citizen. Dr. Carleton's boyhood days were in close association with the Anti-slavery movement. His father maintained one of the stations on the "Underground Railway" for slaves bound Northward to Canada and freedom. Never was one slave lost or strayed between there and the next station. Letters and visits from such famous Abolitionists as William Lloyd Garrison, Wendell Phillips and others were constantly received. Judge Carleton's library, one of the finest in the State, contained the only complete files of Garrison's paper the "Liberator" to be found in the United States. It was therefore purchased by Congress and placed in the Congressional Library at Washington. For all this anti-slavery activity the family was bitterly persecuted. No wonder then that at the outbreak of the Civil War the young man's blood was stirred. An opportunity presenting for him to go to the front as correspondent his family persuaded him that he could best serve his country as bearer of dispatches. In this capacity, besides active participation in thirteen engagements and battles, he had to make his way from headquarters at the front to Washington and return bearing dispatches. A spy's fate awaited him if captured. He was uniformly successful, however, in getting through the enemy's lines. In '64 he was seized with typhoid fever and sent home to die. The well known historian Charles Carleton Coffin offered to care for him provided he should have Homoeopathic treatment. Although his earlier education had been with a view to following his father's profession—Law, his remarkable recovery awakened in him interest in Homoeopathy and he consequently took up medicine as his life work.

Studying first at Philadelphia and the following year at New York, he graduated with highest honors as Valedictorian of his class from the N. Y. Hom. Medical College in 1871. He enjoyed the great advantage not only of study under but also of the friendship and daily association with such men as Hering, both the Lippes, Dunham, Wells, Joslin, Bayard and the other great men who were pioneers of the cause in this country. His extensive practice of over forty-one years was al-

ways Metropolitan. But although occupying many positions of honor, such as Treasurer and Professor, (latterly Emeritus) of Surgery at the N. Y. Medical College and Hospital for Women for twenty-five years; Professor Emeritus of Homoeopathic Philosophy at the N. Y. Hom. Medical College and Flower Hospital; member and Honorary member of many societies medical and scientific; Consultant to Flower, Hahnemann, Ward's Island, Metropolitan, Laura Franklin and other hospitals—he was withal of extreme modesty. Intricate and novel operations he performed were not heralded but kept to the knowledge of a small circle of intimate friends and colleagues. For example, a simple little monograph is the only public report of an unparalleled operation in which an ovarian tumor weighing over 152 pounds was removed from a patient who after the operation weighed only 97 pounds. The patient made a perfect recovery and lived many years after. The intimate few witnessed and can attest to all this but the newspapers and the public never knew.

Dr. Carleton was active and instrumental in gaining official recognition of Homoeopathy and the founding of Homoeopathic hospitals in New York, serving them with unremitting devotion all his remaining years. In those days, it must not be forgotten, it was a matter for slander or persecution to profess Homoeopathy. All the more praise for those brave pioneers!

Never of robust health, his latter years were those of semi-invalidism from rheumatism acquired through the rigors of Civil War campaigns. But although much of the time in pain, he was always ready to alleviate the sufferings of others and literally died as he desired "in harness," in the service of Humanity and the support of the truth of Homoeopathy.

He died on the 15th of June, 1912.

An instance of his devotion to Homoeopathic practice may be seen in his prescribing the morning of his death, when in order to receive his instructions it was necessary to go over the alphabet letter by letter until he closed his eyes to indicate the right one. Thus the words of direction and the remedy were

spelled out and thus his forthcoming posthumous book completed.

REPORT OF COMMITTEE ON THE MEDICAL ADVANCE.

The committee on "Medical Advance" beg leave to say that they have agreed to communicate with the Forest Press of Batavia, Ill., looking toward some just and satisfactory agreement by which the Journal can be conducted on such a basis as the Int. Hah. Assoc. may desire. That they have further agreed to withdraw supply of copy if necessary until a suitable business plan can be evolved.

FRANK W. PATCH,
WM. R. POWEL,
C. M. BOGER,
J. B. S. KING,
GUY BECKLEY STEARNS.

It was moved seconded and carried that the report of the committee be accepted and the committee be continued with full power to act.

C. M. Boger: I hereby give written notice as the By-Laws require that I will ask the Association to abolish the class of Associate Members as the term of limitation of each expires.

President: The Bureau of Homoeopathy in Obstetrics will now take the floor.

Bureau of Homoeopathy in Obstetrics

FRANCES M. MORRIS, M. D., CHAIRMAN.

HOMOEOPATHIC TREATMENT OF THE PREGNANT WOMAN.

BY FRANCES M. MORRIS, M. D., BOSTON, MASS.

Mr. President: Members of the International Hahnemannian Association:—

When answers to requests for papers began to arrive your Chairman came to the conclusion that she had undertaken to conduct a very unpopular bureau and when three very cordial responses in the affirmative were received, her joy was in proportion to the previous discouragement. We doubtless have among us Obstetricians who believe in and who use the Homoeopathic remedies as an aid in parturition and I trust that there will be a free discussion of these papers, bringing out that fact. As my own work is entirely with the pregnant woman and the child after birth, I have had almost no experience in treating the patient during Parturition.

Reproduction is one of the most important functions of organic life, and if humanity will ever arrive at the state where it will give as careful attention to the improvement of the human species as has been given by stock breeders during the last twenty years, toward the improvement of their cattle, there will be little left for either the general practitioner or the obstetrician to do. That happy time has not yet arrived, however, and the disorders incident to pregnancy are many. There are many causes for these disorders, but from whatever cause they arise they require most careful attention from the Homoeopathic physician. The Hygiene of pregnancy is of the greatest importance and Dr. Mulliner will give us a most interesting essay on that subject.

In looking over my records I found a case which seemed to me to be interesting from a Homeopathic standpoint:

Nov. 21, 1896. Mrs. J. C.—26 years old, Blonde, married three years. Has never been pregnant. Soon after her marriage fell while going down hill and struck abdomen against handle of her bicycle. There was soreness in left groin after the blow but she paid no attention to it until she noticed a swelling and began to have acute throbbing pain. She consulted a surgeon who removed the left ovary—has never been well since and has failed very rapidly during last year.

She has been under the care of a physician in Boston and he has consulted many specialists, but as she says, they all seem to make her worse, until now her physician thinks her a good subject for tuberculosis.

She is very anxious to have a child, but all the physicians whom she has consulted tell her that she could not carry a child to term even if she should become pregnant, and her surgeon tells her that she will never be well until she has had the other ovary and the uterus removed. In utter discouragement she has come to me, hoping that I may save her from the operation which she knows she would not live through.

Her family history is bad: Mother has recently died, after a long and painful illness which was given no name, though she suffered much from the vain attempts of various specialists to diagnose it.

Father was forty-two years old when he married, and has been a nervous dyspeptic for twenty-five years. The eldest daughter is an epileptic. Two sons never well. Two young sisters always under the doctor's care. Mrs. C. has taken drugs daily during the last three years, besides taking cathartics. For one year past has taken cascara sagrada every day. She had hay fever, began when she was about five years old, and continued until about five years ago. Symptoms never changed, always began in May and usually continued all summer. Waked about 5 A. M. feeling stuffed and got up because she felt better up. Sneezed in paroxyms till 10 A. M. when it would disappear, and she would have no further trouble dur-

ing the remainder of the day. Discharge was profuse, watery, and non-excoriating. Present symptoms are:

Very sensitive, feelings easily hurt, apprehensive, cries easily, peevish, impatient, irritable, discouraged, can not remember anything. These symptoms have all come on since the operation. Coughs very frequently, hard, dry, from tickling sensation in larynx, hears rattling of mucous, but raises very little, aggravated in late afternoon and evening. Chest feels constricted. Menstruation began when she was between 14 and 15 years of age. Had no pain the first year, suffering gradually increased until she now suffers agony every menstrual period. Pain in right groin extending across abdomen and down inner side of thighs. Lessens as flow becomes free. Abdomen tense, distended. Weeps, sometimes screams with pain.

Yawns almost constantly. Stomach very sore, cannot bear anything tight over it, sense of lump in stomach, pains in stomach extend to back. Has sharp neuralgic pains in right side of head, and in cheek bones. Has much canker in mouth, especially on tip of tongue.

The patient was thoroughly examined. No organic lesions were found. The right ovary was somewhat enlarged, and was sensitive to touch. Abdominal muscles were very flabby. There was marked enteroptosis, due apparently to the lax abdominal walls. Some enlarged follicles in pharynx, and the mucous membrane of the throat was dusky red.

The patient was given very careful work in relaxing and muscle building. Thorough study of the case by means of repertory and the Materia Medica revealed so perfect a picture of Lycopodium that the remedy was given, 1000. The case began to improve at once. No other remedy was given until Jan. 18, 1897 when an acute catarrhal condition called for Gelsemium. The Gelsemium cleared up all of its own symptoms, but there was a return of many old symptoms. No other remedy was given and these gradually passed, but in March she had one of the most severe attacks of menstrual colic that she had ever had. The flow had started and stopped. Pains came in spasms but instead of drawing the knees up,

she stretched herself out straight, with every pain. A dose of Pulmbum, 200 relieved in less than twenty minutes, and the flow started freely. In April menstrual colic called for Lycopodium, which relieved almost immediately.

May 1, Hay fever, which she had not had for several years has returned, much more severe than she ever had it. Eyes and nose in constant state of irritation, sneezing excessive aggravated in the morning. Must get up as she is worse lying down. Itching in nose unbearable. Everything irritates, and anything that tickles face, like wind blowing on it, brings on paroxysms of sneezing. Constipated, Hemorrhoids sore. Nux Vom. 1000 relieved.

May 25. Menstruated without pain.

June 25. Reported feeling very well, had been no return of hay fever. Menstruation which was due June 22 had not appeared.

July 7. Constant nausea, belching of tasteless gas, generally aggravated directly after eating. No movement of bowels for three days. Before that had constipated stools for several weeks. Nausea aggravated lying down, from cold food. Relieved walking and after stool. Warm food seems to agree better than cold. Sharp pain and great rumbling of gas in intestines. Pains like neuralgic pains in vagina. Conjunctiva—yellow. Skin of face yellow, brown in patches, especially on temples. Mammae very sore. Severe aching pains from right groin, over illium, across back. Yawns frequently. Very despondent. Lycopodium C. M.

Sept. 18. Has been very well until yesterday. Has not menstruated. Had some pain in lower abdomen, more toward left side. Pressure over the bladder, with frequent desire to urinate. Smarting of the urethra during and after micturition.

This morning while at stool—thin fluid from vagina, followed by some red blood. I found her weeping, sure that she was going to lose her child. After assuring her that she would not, if she would do exactly as I told her, she was more quiet, but the tears seemed to flow unbidden. She had a great desire for air although she felt chilly. She was given Pulsatilla

200. Kept very quiet in bed for three days, and then resumed her work with Dr. Mulliner.

In December there were marked symptoms calling for Sulphur, which was given. One dose of the C. M. After that there was no further medication till after her delivery.

About Feb. 20, 1898, at 9 A. M. she sent for me saying she had some pain. I mistrusted that labor had set in and wanted to call the obstetrician, but she begged me not to until I was sure. On examination I found the cervix obliterated and the os well dilated. When asked if she had not had pain, she said: "Oh, yes, but nothing to what I used to suffer at my monthly periods." Mrs. C. did not like the obstetrician, and his coming and my leaving her, I am sure delayed the birth of her child, but she was delivered of a seven and a half pound boy about 12 o'clock that noon.

The child was premature and looked badly. Catarrhal symptoms appeared soon after birth, and for several years he had frequent attacks of gastric fever, but is at present as healthy and vigorous a boy as you would find in many days travel.

Three years later Mrs. C. gave birth to a daughter. During her second pregnancy Mrs. C. had no trouble and passed through labor with little suffering. The daughter was much more healthy than the son and has required little care from her physician, owing in my opinion to the fact that her mother had been treated Homeopathically for several years before her birth.

One very interesting fact in this case to me is that from the beginning Lycopodium has run through it like a scarlet thread. In the sixteen years that Mrs. C. has been under my care, she has given a number of times a very perfect picture for Lycopodium, and has never failed to respond to its action.

I would add that this patient was under Dr. Mulliner's treatment from March 1896 till labor began in February 1897. You will understand the nature of the treatment when you have heard her paper.

THE HOMŒOPATHIC OBSTETRICIAN.

BY FRANK C. WALKER, M. D., NANTUCKET, MASS.

The silence of the "Organon" regarding the puerperal woman is no proof that she is not included in Hahnemann's pathological and therapeutic scheme. On the contrary so beset is she frequently from conception to parturition by conditions that are amenable to therapeutic resources that she must have been an object of special concern to Hahnemann. One of the anomalies of science is that so great a man as Dr. Oliver Wendall Holmes should have in one breath declared that if you would perfect the physical organism of a child, you must begin with the grandfather, and in the next breath ridicule the only system of medicine that is capable of producing that result. For where would Dr. Holmes have begun to improve the grandfather with an armamentarium which some of its expositors declare is a joke today; to say nothing of what it must have been in his day? But the homeopathic physician with a knowledge of "Psora" and its consequent effects on succeeding generations, and with the consciousness that the coming child may be the prospective grandfather; realizes the responsibility that rests on him as an obstetrician, and does his part toward perfecting the coming generations from a physical stand-point. As a foil on which to set off the mischief of "Meddlesome midwifery" which was so common in the past as to engage attention in the text books, and elicit the gravest warnings from professional obstetricians, and which has by no means abated now, the writer would say, that for ten years of his life he was the city physician of a Massachusetts city of thirty-five thousand inhabitants; during which time he enjoyed the privilege of seeing what nature, when not interferred with, would do for the puerperal woman even under the most distressing physical and sanitary conditions. We will not dwell on our own results, but will refer to an intimate knowledge of the work of two midwives, one an English, the other a French woman, who presided over the births of their respective nationalities, making returns frequently of fifty to seventy births each year. They rarely had complications, and without any knowledge of

anaesthetics, and with very imperfect adherence to aseptic and antiseptic precautions; they had results that compared more than favorably with those of the other physicians of the city, almost all of whom were particularly well educated men.

We refer to this matter not in justification of the employment of midwives of no theoretical education, but to encourage the young men, when perplexed not to be hasty in interferring too much with nature, whose beneficent efforts for the puerperal woman are almost limitless when unassisted by the homeopathic remedies. But when in addition to nature he utilizes the resources of the homeopathic materia medica, who shall say that he is not equipped for his specialty? We shall just refer not exhaustively, but we hope suggestively, to a few of the conditions to which out attention is often called in the puerperal state. First: the nausea of pregnancy. How few physicians appreciate their responsibility in these cases when they rush to premature delivery as its cure? How seldom does the physician consider the economical and sociological side of the matter? For when one's life is prematurely cut off; it changes the whole relations of the social organism, just as does the removal of one element change all the relations of the physical organism. This fact may not seem so apparent in first thought as after careful consideration. Well, what has the old school got on which it can rely implicitly except surgical interferences with the process of gestation? He may it is true, possess palliatives. But a sane remark of the philosopher, Herbert Spencer, bears on this subject. He said regarding vaccination that to suppose that you can inject into the healthy human organism, a disease product and thereby secure immunity from a certain disease, and not do anything else is absolutely absurd. Accepting this dictum, we may without hesitancy assert that it is equally absurd to suppose that you can palliate a certain symptom and not do any other harm. For who will say that the repression at some point that the palliative sets in action may not be the initiation of other symptoms which may be more remote. Those who accept the "Psora" theory of Hahnemann will have no difficulty in believing that it does do in an infinite number of instances. In con-

trast to this we will refer to a recent experience of our own. Something over a year ago, a lady resident of a city adjoining Boston suffered so severely from the nausea of pregnancy that two physicians on account of its obstinacy suggested the induction of premature delivery. Some one else however suggested a change of air. She came to the island of which the writer is a resident. For two or three days she seemed to be relieved, but it then returned with such force that we were called in to see her. Phosphorous 200th cured her rapidly and permanently, the woman having been delivered in her own city at full term.

Regarding the hemorrhoids that frequently attend the puerperal state, what has the old school physician got on which he can rely with any degree of assurance in this distressing condition? Without declaring that any remedy is a specific for it, we would feel that we were somewhat remiss in the discharge of our duty did we not appropriate the therepeutic virtues of Collinsonia, to the merits of which even when the symptomatology is meagre, we are sure that a large number of those present will subscribe. But when the symptomatology is not meagre; in the wealth of our materia medica, we will rarely fail to find the curative remedy. The homeopathic physician, like any other one, should adopt those procedures in puerperal convulsions that a manifold experience has proved necessary. For Hahnemann has impressed on us the necessity of studying the etiology of disease, and removing causes whenever discoverable. But having done this we can attest to the superiority of homeopathic remedies over all others in establishing those reactions of the organism by which a speedy recovery is assured, conspicuously Belladonna, Nux Vomica, and Cimicifuga, etc.

Regarding the possibility of rectifying a mal-presentation when immanent, we are aware that a difference of opinion existed in this association two or three years ago as recorded in its proceedings. But four times in our own experience when a mal-presentation seemed immanent, we have used Pulsatilla and waited for results and had our patience rewarded by a normal delivery in a short time. While it is difficult for us to

conceive how the remedy could do this, the results, if only coincidences, were trophies for non meddlesome interference. But it is perhaps in the pains of the parturient state that homeopathy has won its greatest laurels. Her history here is by no means meagre. There is probably not a member of this association who cannot produce some tribute to its worth in this state so frequently distressing. A state, too, in which the old school by its indiscriminate use of opium, anaesthetics, and instrumentation has initiated so many cases of chronic invalidism. Who has not seen the pains of the parturient state dissolved as by magic when chamamilla was used on account of the predominant irritability—which attended the pains? We speak of this because in our own cases Chamomilla has played a conspicuous part in promoting comfort. But we can endorse as heartily the merits of Nux Vomica, Gelsemium, Cimicifuga and Belladonna when their own characterists were present. It may seem to our colleagues of the opposing school that we have an unusually small number of severe cases, and in fact we have had that said to us by physicians of that school. But is it only a coincidence that we have so few when they have so many? Is it possible that there is no relation between premature interference with the parturient state and chronic invalidism? This is a very fertile subject for discussion.

Regarding the hemorrhage which so frequently attends the parturient state, and which is usually viewed by the dominant school with great alarm is then a homeopathic physician present who has not seen almost marvels effected in more than one instance by China, Ipecac, and their congeners? We have alluded only cursorily to these several accompaniments of the puerperal state. But each of them would absorb a large amount of time for their profitable discussion, and then not exhaust the subject. So with the hope that much may be brought out by the discussion, we submit it to the floor for that purpose.

HYGIENE IN PREGNANCY.

BY MARY REES MULLINER, M. D., BOSTON, MASS.

It is said, the physiological condition of the pregnant woman approximates so closely to what would be regarded as pathological at other times, that the necessity arises for the patient to carefully observe hygienic rules. (Lusk)

This may or may not be true, but my contention, in this paper, is that pregnancy is as normal a function for women as is menstruation.

As menstruation is normally painless, so pregnancy should not exhibit the pathological conditions referred to above, but be a time of increased health and joy in life.

The various means of hygiene, include an abundance of fresh, pure air, proper diet, suitable clothing and exercise.

It is with the last named phase of hygiene that I shall deal, considering the various forms of exercise, and their value, as an adjunct to the medical treatment. To my mind, there is no question of exercise being other than a physiological help, with definite limitations for its use and should not be expected to take the place of the homœopathic remedy.

The amount, kind and time of exercise should be just as definitely determined for pregnant women, as is their food, etc.

It has been my privilege to have charge of several cases of pregnancy, in association with a colleague, in which special exercises were used.

The patients were those, where for various reasons, it was unlikely that a child could be carried to full term, and in each case, the results were so gratifying, they indicate the desirability of similar preparation for the majority of pregnant women.

Civilization has much to answer for in the sacrifice of infant life, and the needless pain that women suffer. Nature has given us bodies that are adapted to a far less complex life than most of us lead today. Finding food and raiment, under modern conditions, calls for little bodily activity, as compared to what is necessary in primitive peoples and the lower animals.

A telephone call to the butcher, another to the grocer, and

an order to the maid, is frequently all that is needed to be done by the average woman to provide food for herself and her family.

If nature built us for activity—for considerable muscular work—and we don't use our muscles, something goes wrong.

For lack of tissue demand for oxygen, the respiration is shallow. The shallow breath means little downward movement of the diaphragm, and its necessary massage of the digestive organs.

Functional failure follows, with depraved blood supply for all parts of the body. Even this poor blood is allowed to stagnate in internal parts because it is not called to the surface by muscular contractions of the skeletal muscles.

Such people are scarcely fifty per cent efficient, and yet it is the condition of a large proportion of women today.

When a second organism has to be cared for, when the respiration that isn't enough for one, has to provide oxygen for two—when the elimination of toxic waste products must be for two, etc., is it any wonder the pregnant woman has nausea—trouble with the kidneys—depression of spirits—headaches—a hundred and one ailments during the period of gestation?

With this the history of many cases, it is not remarkable that neither doctor nor woman should call pregnancy a normal function—but one to be dreaded, as a period of intense discomfort, to say the least, with the probability of a long agony at the end, and attended by grave danger to mother and child.

Shall we blame the Creator for making motherhood so difficult, or shall we look for commonsense reasons for it, and a rational way of preventing it?

By taking the various complications of pregnancy, and considering many as due to preventable causes, as above, we are brought to a study of the effects of muscular exercise, both in the active and the passive forms.

The active forms include those movements in which the patient or the operator overcomes resistance, and those in which the patient alone is concerned.

The former group, or the so-called duplicated movements are of greater adaptability and efficiency than the latter.

The passive movements include such as are denominated massage, and those in which a joint is moved.

If a patient could have properly applied exercises three months before the beginning of pregnancy, so as to put her in a condition of physical fitness, there is no question of the value of such to mother and child. Usually, pregnancy has begun, before this work is utilized, and I will consider what it then will do, The objects sought, in pregnancy, may come under several heads:

First—Insure free circulation of the blood and lymph.

Second—Increase the elimination of waste products.

Third—Improve the quality of the products of digestion.

Fourth—Lessen nervous tension.

Fifth—Prevent miscarriage.

Sixth—Provide sufficient endurance and muscular power at time of parturition, with abdominal competence later.

Seventh—Help to provide a sufficient and satisfactory food supply for the child.

In either active or passive movements, the element to consider is intermittent pressure upon the tissues.

Whether a muscle contracts and by the change in shape presses upon surrounding blood vessels and nerves or the hands of the masseur make pressure, the result is to increase the rate of blood flow—venous and arterial—more blood goes to a part, more blood is carried away in a given time. The temperature of the part rises, the lymph flow is increased and the number of red corpuscles in the blood is increased. (This last is probably by putting into circulation, corpuscles that have been stagnating in quiet places, as it does not seem possible they can be created in a short time.)

Oliver in "Blood and Blood Pressure" describes experiments in which local muscular action, caused an immediate decisive and proportionate rise in corpuscles and hemoglobin. The rise lasted longer after massage than after voluntary active exercise.

During a period when frequent exercise is taken, the average

level of corpuscles and hemoglobin, is higher than that of a period of the same length, when little or no exercise is taken.

The intermittent pressure also increases cell metabolism—with greater throwing off of waste and greater demand for the products of digestion and oxygen.

The increased tissue respiration calls for greater external or lung respiration, etc.

In short, we have the establishment of a beneficient instead or a "vicious circle," and the whole organism responds with the happiest results.

The danger of eclampsia is rather remote where the products of active metabolism have an active lymph flow to carry them off. It is well known that during rest, the flow of lymph is almost nil, while various movements aspirate as it were, the lymph from the deeper tissues.

The quality of the blood should influence the development of the factus rather directly—In those cases of placental disease, due to a deficiency of oxygen in the blood, and which cause abortion, the obvious preventive is that which will increase the red corpuscles and hemoglobin—or muscular exercise.

Many cases of abortion are due to malposition of the uterus. It would be difficult for the uterus to get much displaced, if the muscles of the abdomen, and pelvis are fairly strong—and the movements of the diaphragm unhampered. Slouchy standing posture, leads to lax abdominal walls, and the influence of gravity, when wrongly applied, tends to easy congestion of the pelvis. Hence the probability of early abortion, and the possibility of preventing it by suitable muscular development.

We all know that exercise of a muscle increases its size.

However, this effect on muscle itself is secondary in importance. The nutrition of both motor and sensory nerves which it produces—the balancing of the circulation by drawing blood from the interior to the surface, and the reflex influence on the sympathetic nerves, are far more significant.

In that medical classic, Hilton on "Rest and Pain," occurs this observation. "The nerves which supply the groups of muscles moving a joint, furnish also a distribution of nerves

to the skin over the insertions of the same muscles, and the interior of the joint receives its nerves from the same source."

This statement, sometimes called "Hilton Law," furnishes the key for the selection of many of the exercises used for pregnant cases.

We try to develop the muscles of the chest, abdomen, trunk and perineum, as being directly useful during the period of gestation, and at parturition.

The innervation of the abdominal, thoracic and pelvic viscera is in close relationship to the nerves which supply the skin and muscles over them. If we develop the chest muscles, the lungs gain thereby. If we develop the abdominal muscles, the muscles in the intestines take on new power, etc.

Because, through the solar plexus, the abdominal viscera above the pelvis are connected with the lower six thoracic sympathetic ganglia and the thoracic spinal nerves. These latter supply the muscles forming the abdominal wall, the skin over it, and also the ilio-psoas muscle.

Those of us who remember the work in the dissecting room will recall the usual condition of the abdominal muscles of the female cadavers, as compared to the others. It was almost impossible to *see* three layers of muscle, much more difficult to separate them, owing to the lack of development.

Upon their development depends the ability to stand well, and support the contents of the abdomen (including the gravid uterus) with comfort. Intestinal peristalsis is promoted, and the expulsion of the child at term.

"Pot-bellied" women would seldom be seen if their abdominal muscles were developed—for the "figure" is just as good afterwards, as before the wall was so stretched.

The utmost care is necessary in training such muscles. They are easily lamed, and when this happens, a patient is apt to be alarmed.

In addition to exercises developing the wall, a useful procedure in the early month is massage of the abdomen. This makes the skin more flexible, lessens nausea, increases peristalsis, stimulates the secretion of digestive juices, and softens the faeces. After the uterus comes up into the abdominal

cavity, massage is omitted, though it is continued throughout, over the corresponding in the back.

Exercises of bending and turning the trunk sideways are valuable, aside from the muscular and nervous development, in stimulating the return flow through the inferior vena cava. The portal veins and the lower hemorrhoidal veins participate in this—so lessening the tendency to hemorrhoids that trouble so many women during pregnancy.

I do not recall having any of my patients complain of this condition. Neither was there definite swelling of the feet, except in a case to be quoted later.

Trunk arching forward and backward is an exercise that affects the lower chest, increasing the depth of respiration, and stimulating the vena cava flow. It afforded marked relief when the pressure upward of the uterus, makes breathing more difficult in the latter weeks.

Exercise of the extremities regulates the circulation of the blood—preventing congestion to other organs. Eccentric contractions of the abductors and abductors of the thighs, with the thighs flexed on the abdomen, seem to increase the strength and elasticity of the pelvis floor. Not only so—but they must affect the muscle of the cervix uteri—for whenever treatment was given the latter part of the term and the dimensions of the pelvis were in proportion to the child's head, so the latter could engage at the brim, the first stage of labor, was unnoticed by the patient.

The expulsive pains were the first of which they were conscious.

A little reference to anatomy may give the reasons. The hypogastric with the inferior or pelvic plexus, is derived from the nerves in the lumbar and sacral regions, both sympathetic and cerebro-spinal, with corresponding close relations between the pelvic organs and the muscles attached to the os coxae and thighs, as the adductors, obdurators, glutæi, etc.

The uterine plexus is mainly derived from the hypogastric plexus and the third and fourth sacral nerves. It is distributed over the neck and lower part of the body of the uterus. From the corresponding cerebro-spinal nerves, comes the great

sciatic which, with branches of the lumbar plexus, controls the muscles of the lower extremity.

If pelvic congestions cause pain in the thighs, from contiguity of nerves, why shouldn't we utilize the muscles of the thighs to control the blood supply and innervation of the pelvis?

The question of food for the baby has puzzled more than one competent physician. Nature provides the ideal food—if conditions are natural.

If the mammary glands can be regarded as only highly specialized and greatly developed sebaceous follicles, belonging to the integumentary system, they should be amenable to the same influences that affect other parts of the same system. An inactive skin is due to a failure in secretion and exertion, when the bulk of the blood is retained in the internal organs, and the surface circulation suffers to a corresponding degree. The mammary gland should also be reflexly affected, for good or ill, by the condition of the uterus.

The above gives the main reasons for the use of physical training before and during pregnancy. We simply aim at developing ordinary health, so far as it depends upon natural laws of hygiene. Exceptional cases require special adaptation of the work—but in general, a pregnant woman may be given the same kind of work, that a non-pregnant one, in a corresponding degree of efficiency would take.

The notion that it is sure to cause a miscarriage, if the woman stretches her arms up, is exploded.

The most of the chest exercises, require the arms being overhead.

The value of walking is open to question. One who walks briskly, with the whole body, swinging the arms, and taking in great breaths, gets a good deal out of the exercise, but few women care to walk in public in that fashion—and the listless stroll, that is ladylike, has little to recommend it as physical exercise.

Before reporting a case, an incident from the lower animals may be of interest.

While I was attending Mrs. A. in her country home, her husband was interested in raising prize beagles.

For some unknown reason, that spring, the dogs that were with young, were kept tied up, so they had practically no chance to run. They grew fat, and toward the end of their term, it was noticed that they had great difficulty in walking about, so that finally the hind legs were simply dragged along the ground. There appeared to be a paralysis of the nerves coming from the lower end of the spinal cord, as there was much difficulty in giving birth to the puppies. All the dogs, as well as the young ones, died within a few hours.

No change had been made in the treatment of the dogs except to keep them from running. They had previously been in fine condition, and had given birth to healthy pups at previous times. The next season, other dogs were given their freedom during pregnancy—with a normal result.

The following case will illustrate the method of treatment. The medical treatment was Hahnemannian.

Mrs. B., age 34, height, five feet five inches, weight 130 pounds, well built and with a fair muscular development, but suffering from chronic nephritis since a previous pregnancy, two years before.

In this first pregnancy, everything appeared to go well till the last two months, when albuminuria suddenly developed, and progressed rapidly.

There was marked swelling of the face, extremities and abdomen, internally and externally. The child was dead before the beginning of labor.

At the beginning of the second pregnancy, Mrs. B. was put under my care for physical training.

At that time there was considerable oedema of the feet and legs, with much hardness of tissue. Her general health much impaired. In this case, the indications for treatment were to prevent the development of further trouble with the kidneys, assist the heart in maintaining its extra work, and give the coming child as good a chance as possible, for an existence.

For nearly eight months, treatment was continued, with some interruptions, and with varying frequency, but, in the main, there was little time when the patient was not under treatment, or taking the prescribed daily exercises by herself.

Massage of the back and extremities formed part of the treatment throughout the time. The back massage was given for its effect upon the nerves supplying the different parts of the body, and as a soothing procedure, which was peculiarly needed in this case.

The massage of the extremities was given to assist the venous circulation, and promote the absorption of the oedema. Slow passive movements at the joints accompanied the massage.

After a short period, she began taking some resistive exercises, for strengthening the heart. Movements to develop the abdominal muscles, and assist in carrying the child easily, were given, but the chief ends in view were to improve the quality of the blood, relieve the venous stasis, and maintain nutrition at as high a point as possible, with activity of excretion and elimination.

The general health improved greatly—muscular development was easily acquired, and the circulation was maintained at a fairly satisfactory condition.

The oedema never wholly disappeared, but was only slight as a rule. The percentage of urea began to increase as soon as treatments were begun, and improved through the entire period, never quite reaching normal.

Labor was short—preceded by oedema of the external parts, the *pains* of dilatation being absent, and those of the expulsive period businesslike.

The breasts were well developed with plenty of milk. This proved toxic to the child—so it was dried up. The child weighed seven and a half pounds at birth, and apparently very well developed.

A pathetic wish of the patient was that she had had the gymnastic treatment during the first pregnancy, as she felt it would have saved the first child, in which opinion her physicians agreed.

DISCUSSION.

P. E. Krichbaum: I agree with the doctor that the exercises given are beneficial but I do not agree that the condition

is an abnormal one. The truth is that the most healthy women are the ones that have the most nausea. The tubercular and the scrofulous individuals have, as a rule, better health during pregnancy than before. I think that when an ordinarily healthy person becomes pregnant, takes sufficient exercise and sufficient good food there is nothing abnormal about the nausea that occurs in such a person. We should be careful that such patients do not carry around the idea that they are sick.

F. W. Patch: Dr. Mulliner covered this very point in her paper when she spoke of the change that came about owing to the disabilities produced by civilization. The women of this day do not have the exercise, the fresh air, or the vigor that our ancesters did. They are much like hot house plants brought up in an artificial environment.

M. R. Mulliner: The first sentence that I read was quoted from Lusk.

Richard True: Sixteen years ago I was called to attend a lady affected with tuberculosis; she was pregnant. She was confined and gave birth to a child that died soon after. Another child came in two and a half years. Altogether she was confined five times and each time her own health was greatly improved, but these five offsprings were weakly and all died. The sixth child was healthy and rugged, is now eight years old and the mother has recovered, the tuberculosis seems to have been eliminated from her system. I mention this in connection with the remarks of Dr. Krichbaum who said that sickly women are frequently healthier in the pregnant state than before.

J. B. S. King: Perhaps we have discovered in frequent pregnancies a cure for tuberculosis but woe to the children.

G. B. Stearns: One point mentioned by the essayist has often come to me before and that is that women frequently wait until the last minute before coming to the doctor. If the woman would come to the homœopath a year or more before pregnancy, much could be done to make the labor normal; we all know this, but I have seldom heard it so well expressed as in this paper. It will be a profitable paper to study at our

leisure. There is given in it the foundation upon which exercises should be based and the method of administration. It shows what may be done with properly regulated mechanical means, active and passive.

MY EXPERIENCE WITH THE HOMŒOPATHIC REMEDY IN OBSTETRICS.

BY HORACE B. DEAN, M. D., AUDOBON, N. J.

The great advantage of good homœopathic prescribing during the period of gestation as well as at confinement is known among our school. I find the pregnant woman is very susceptible to the action of well selected homœopathic remedies; it not only sets right the immediate symptoms but gets the house in order for the oncoming labor and so often makes what would be a hard and difficult labor an uneventful one.

In parturition the homœopathic remedy promotes a normal equilibrium of the nervous system and gives a natural activity to the whole organism and especially so to the mechanism of labor with the proper distribution of the forces in resisting and expelling of the foetus and this normal equilibrium continues on after labor.

I wish to relate two or three cases that seem to be very interesting at least to me. During my college days I was out a great deal with an obstetritian who used little or no medicine and never homœopathic medicine so I was led along these lines until I attended college in Chicago and was taught that the single indicated remedy was valuable at all times even in surgery and obstetrics.

Case 1. Mrs. A. came to me four mos. before confinement; she had a great dread of her expected labor, a fear of death, and a dread to cross the busy street. This was a chronic condition with her and yet she seemed perfectly well, on these two symptoms I gave Aconite 2c, she returned to me in a couple of weeks and declared these symptoms had entirely disappeared and no other trouble appeared until she was con-

fined. When I arrived she had little or no pain, a frightful headache, her face was red, the upper lip was greatly swollen, the whole head was congested, the pupils were dilated. I left her a dose of Bell. 2c that afternoon; the pains came on regular and with good force, and at eight forty-five the child was born. The placenta came away in a few minutes, there was no further trouble, she was a small woman the pelvis a little under size. I had some anxiety for her.

Case II. Mrs. T. came to me just before confinement, she had been perfectly well until the night of delivery, when I arrived she was having severe pains, was very much worked up and between pains would drop off to sleep; the pains were doing nothing for her although they seemed severe enough and were coming every four or five minutes, this went on for some time and in five or six hours there was no headway. I gave her a dose of Gels. and the next pain seemed of a different character and in an hour's time the child was born, an eleven pounder with no laceration. I wish to add that I have been using, especially in primipara, hot towels as hot as could be handled and placed over the vulva and I have never had a laceration.

Case III. Mrs. J. came to me about the fourth month of pregnancy. She believed me to be a homœopath, so she had come to me because she liked home remedies. Her one trouble was nausea; after taking the case very carefully I prescribed Nux. vom. on three of its prominent symptoms, this is the way she told it to me, "Oh if I could just vomit and have it over I would feel much better." She was habitually constipated. She said, "If my bowels would only move I would be all right," and as she had been used to "Home" remedies many cathartics of all descriptions has been used. It relieved for a time, I changed the potency several times to the same effect; finally after a time I gave her Med. 30. I got a prompt relief until the night of confinement; on a previous occasion I had made an examination, all signs very obscure the two previous births had been breech presentations and this one looked as if it would be one also; all functions of the body were normal, all the movements were in left side very low

down, the foetal heart sounds were heard higher than for vertex presentations, so, to my surprise, I found on examination vertex presenting in the first position; she went through the ordeal with no trouble. This was a very gratifying case to me.

Case IV. Mrs. B. The patient was in labor when I arrived, the pains were doing their work and the child was delivered, but the placenta was adherent and there was some hemorrhage, it soon became a flood, the blood was bright red and some clots, and she was trying to vomit all at once, a couple of doses of Ipecac soon set things in order, the placenta came away, the hemorrhage stopped, she was soon comfortable.

To my mind these few cases show what the homœopathic remedy can and does do.

THE INFANT AND ITS FOOD, WITH THE HOMŒOPATHIC REMEDY AS A FACTOR.

BY P. E. KRICHBAUM, M. D., MONTCLAIR, N. J.

In presenting a few ideas on this all important topic, I have no thought of discussing relative merits of the various methods of artificial feeding in vogue at the present day. I desire rather to register a plea for a more definite standardization of what constitutes a normal infant, and then, when even the smallest deviation from this standard occurs, as it most invariably does, to seek, in the rich armamentarium of our great Anti-Psorics, the powerful auxiliary therein found, to our Scientific Food adjustment. Never, I believe, in the history of the human family, has the "beginning of Life," received so much study as is being bestowed upon it at this time. Proper mating of men and women is engaging the attention of scientists. Sterilization of the "Unfit" is a topic for legislation; all healthy, moving, vital schemes for the betterment of the race. Homœopathic prescribers have long been urged to carefully follow the pregnant mother, and with painstaking effort, meet every symptom of the abnormal which she may present. In-

deed, the fathers of the school, were wont to enlarge on the rich opportunity which pregnancy offers, for getting at the latent dyscrasia hidden in the woman's organism. Then when the infant comes, the visible, adorable mechanism lies ready to our hand. Nowhere, I contend, in the whole realm of our conscious efforts to mitigate the miseries of mankind, do we encounter such an opportunity as is found here. The student of Eugenics waves his warning at us, and we do know, that our little patient's physical well being, does receive powerful impulses from that land of lurking shadows, named heredity. However, in the great God plan, we doctors at least, see frequent manifestations of Nature's tendency to give each new expression of her divine energy, a wonderfully clean page. Environment, ignorance, prejudice begin at once to smirch the marvellous work, which for nine months she has so carefully conducted, free from our physical meddling any way; but at this point, the doctor who is also a teacher, may get in his advice, and by patient persistent effort set up a standard of normal healthy infancy.

This is the field for the Homœopathic Pediatrist. In our school alone is the "Child Specialist" armed with remedies that go so deeply into the infant economy, that the course of a whole life feels the impulse.

With some physicians the food or nutrition, is deemed the great point of emphasis. Where artificial feeding is imperative, theories abound, startlingly diverse in their makeup, for the preparation of cow's milk to fit the baby. The wisdom of one man concerns itself with the reduction of the proteids to the vanishing point. Another sees untold ills ahead for the man whose hand deals heavily in fats: Still another jumps merrily in, and gives the baby a bottle of real milk, containing everything they put in milk, save the "stick", and the chances are, that fair results attend the adoption of any one of these prescriptions.

A very prominent member of our school, who brought many babies into this world, and attended them subsequently, would have been found entirely inadequate where the preparation of an orthodox milk formula is concerned, but I am very confi-

dent, that in many instances, his wise and true selection of medicine, started his baby so definitely along the highway of health and physical harmony, that its system accepted and appropriated nourishment utterly innocent of any "Science" in its preparation. In other words, the milk laboratory, in spite of the scope of its resources, and the knowledge of its workers, fails utterly, when the baby it seeks to nourish, is suffering, we will say, for a dose of *Cal. carb.* or *Lyc.*

Ultra clean milk, with the finest gradations of percentage values, may be poured into the small stomach, unavailingly. In such cases, the laboratory gathers and arranges the food elements which *should* nourish the human infant, but at this point, Science, or arranged facts, and Nature, or the vital principle of the child, part company. The latter slips away from our detaining hand, and sometimes takes the baby with it. I would not have it inferred, that I depreciate the wisdom of carefully preparing an infant's food. We cannot be too clean, nor know too much of the physiology of the child's digestion, the needs of the stomach, as to exercise and proper development, all apart from any special infant; but possessed of this knowledge, the next step is, individualization of this knowledge to suit the particular needs of each and every case under consideration.

Two years ago, a very interesting case came to me from the other school. A girl of twelve was brought to me suffering from enormously enlarged glands of the neck. Her parents had visited specialists everywhere; heroic measures had been taken, but the final verdict was that the knife alone could remove the lumps. This did not meet with the parents approval, so the child was brought to me, because they had heard that I treated such cases with medicine. The difficulty in prescribing was that apparently the child was normal save for her neck. Finally much questioning, elicited a perfect picture of a Cal. carb. baby, and this remedy, in the C. M. potency was administered. I may mention, that for a period of some seven or eight years, the glands had been swollen with more or less persistence, but at no time had there ever been any sign of softening or breaking down. The size and chronicity, however,

made me skeptical of absorption, and this I told the mother. Four days from the time of my first prescription, I got a telephone message saying that the neck was discharging copiously. This continued for about four months, pints, I should say being evacuated. Then a gradual softening took place, and today, save for a small scar, the neck is perfect. The child immediately gained in weight, menstruated normally at thirteen, and is splendidly well. I firmly believe that my prescription was eight years late, in other words, Cal. carb. in babyhood, would entirely have averted the subsequent trouble.

Preventive medicine is the war cry of the hour. Our colleagues of the old school are preaching it with increasing enthusiasm. It is not satisfactory to deal with the grandparents but by concentrating our batteries on the babies of today, there will be more and healthier grandparents in the future. The co-operation of an intelligent mother is of great assistance to the doctor, and here is where we need to educate. Many mothers become but indifferent aids, because they have no clear comprehension of what a normal child should be. There is no standard. One mother's fetish is *fat accumulation.* If her child gains in weight, her dearest desire is realized. The normal child should gain steadily, but the putting on of fat by itself, may be at the expense of some other vital process. The child's energies spurt out in some one line of expression, and other important points are left poorly garrisoned. This accounts for the well known fact, that very fat babies often succomb to disease much more quickly than the thinner child.

To conclude then, the baby's food is of great importance. Homoeopathy should secure Nature's true and ideal nourishment the mother's milk, failing this, it should be our earnest endeavor to calmly and dispassionately gather the facts of food values, assorting and feeling our ways cautiously with each new baby brought to us to care for. We are apt to recognize as we proceed, that the child was born with the power of conducting its own development, under ordinary circumstances. We should be wise enough to appreciate when a hindrance intervenes, and by clearing the track so to speak, Nature will not drop her task. It is only when we twist and warp

and seek to make her "grow the baby" to suit our plan, that danger dawns.

But for all our mistakes as teachers, for the mother's errors thro' lack of education, let us not forget that there still remains to the child, the Homœopathic remedy.

DISCUSSION.

President: I can read into this paper some things that the author has not written out. I think I know the identity of that child without being told. I happen to know the family. The whole family has been made enthusiastic homoeopaths from that prescription and treatment. The father likes nothing better than to talk about the cure made upon his daughter. I said some things in my presidential address that this paper emphasizes: that the best way to help the cause of Homoeopathy is to make homoeopathic cures and this proves it, for that family can talk about hardly anything else but Homœopathy and homœopathic treatment. The father is chairman of the board of trustees of a large old-school hospital. When his cook was taken sick he called the nearest homoeopathic physician and asked where the best homœopathic hospital was. The cook was sent there and remained for three weeks. The mistress called upon her at the hospital and found that some of the medicine given looked suspiciously allopathic. Such administration was revolting to these people who had learned the value of genuine homoeopathy. Good homoeopathic cures make the best propaganda.

President: As this closes the Bureau the next business is the election of Officers. The nominations were made from the floor and elections were by ballot. The result was as follows:

President, J. B. S. King, M. D., Chicago, Ill.

Vice-President, Julia Minerva Green, M. D., Washington, D. C.

Treasurer, William R. Powel, M. D., Philadelphia, Pa.

Secretary, Frank W. Patch, M. D., Framingham, Mass.

Corresponding Secretary, Philip E. Krichbaum, M. D., Montclair, N. J.

Board of Censors: C. M. Boger, Chairman; M. F. Taft, M. W. Turner, E. E. Case, L. M. Stanton,

Board of Publication: John Hutchinson to take place of L. A. L. Day.

Place of next meeting, Chicago, Ill.

J. B. S. King: I have here a resignation sent in before leaving Chicago to the International Hahnemannian Association.

To the Secretary of the International Hahnemannian Association:—

DEAR SIR:

I wish to withdraw from the association and therefore offer my resignation. The Association has done good work in the past and is helpful today. My best wishes go with it.

(Signed) T. G. ROBERTS, 814 E. 42nd St., Chicago, Ill.

Resignation accepted.

BUREAU OF SURGERY

HENRY L. HOUGHTON, M. D., CHAIRMAN.

While it is true that the provings of the drugs made by Hahnemann, his followers, friends and patients one hundred years ago are even more valuable today than they were then because of clinical verification and confirmation it is also true that the use of these drugs has been contracted along some lines and expanded along other lines in accordance with the progress which has been made in diagnosis and with the changes in the manifestation of disease which may perhaps be a result or accompaniment of the progress of the human family during this hundred years. Clean surgery has added greatly to the knowledge of diseased and mechanically wrong conditions in the human body, has increased ability and promptness in diagnosing conditions and has demanded as a result modifications and changes in treatment. Surgery has been developing to care for conditions which had heretofore been classed as medical because of limited knowledge and of inexact and delayed diagnosis and of the fact that up to thirty years ago surgery was not developed to take up the work. With the first successes that followed surgical treatment in cases that would have speedily or remotely proved fatal it would be a cause for wonder if the surgeon in his deserved consciousness of work well done and in his enthusiasm did not extend his activity into territory that even today is better looked after by the physician. Surgery has a distinct field in the treatment of diseased organs, vessels, nerves and tissues; medicine also has its defined field of usefulness and every year is defining and making each more clear. Treatment that was entirely justifiable twenty years ago cannot be approved today—the mistake that always menaces the careful homœopathic prescriber is in devoting his entire thought and study to getting his record, to getting a careful statement of the symptoms and then finding the cor-

responding remedy, administering it and repeating this process over and over. To illustrate: with the knowledge possessed twenty years ago one may have been justified in prescribing year after year for a so-called case of chronic dyspepsia or indigestion which gave no marked or permanent response to treatment. Today if one is dealing with such a case and the cause of the symptoms is an appendix bound down by adhesions resulting from one or more attacks of acute inflammation, it should be recognized and the organ which can no longer be of service to the system and is of distinct injury should be removed. Given a good homœopathic prescriber a patient failing to respond in any marked degree to years of treatment usually means one of two things; you are dealing with a mechanical condition or an incurable one. Hahnemann gives the various causa occasionalis in his note to paragraph seven of the Organon. This is a point that is constantly forgotten or neglected, for one reason or another, by our very best prescribers. It can do Homœopathy no good whatever to have a patient, after five, ten, fifteen or even twenty years of prescribing for practically one set of symptoms with no improvment, consult a surgeon and after having adhesions broken up somewhere in the abdominal or pelvic cavity, be restored within six months or a year to a practically normal condition. Some men may argue that gall-stones have been dissolved and their accompanying symptoms have disappeared, that stones in the bladder have crumbled and been discharged, that adhesions have been absorbed under the action of properly selected remedies; well and good if you have done any of these things or have come in contact with cases in which such things have been done, try and do it, but shouldn't there be a limit to the length of time that a patient should be permitted to endure a condition that you know can be immediately remedied by mechanical measures? To put the question specifically on cases that the writer has operated; is it good Homœopathy or justiable practice to prescribe for a patient persistently for twenty years with the intestines and stomach gradually dilating, the liver enlarging and the veins dilating, when there is sufficient data to locate the seat of the

trouble in and about the appendix, and when the removal of the same causes the disappearance of all symptoms within twelve months; or to watch a fibroid or multiple fibroids gradually increase in size year after year, until a woman is invalided from the mechanical disturbances due to size or from repeated and perhaps dangerous hemorrhages; to recognize the presence of an ovarian cyst, to have it remain the same size or gradually enlarge until it twists on its pedicle and strangulation occurs, requiring an emergency operation; gall-stones allowed to remain for years, causing a varying degree of disturbance most of the time, until a gangrenous gall bladder is opened or one containing pus is drained; enlarged and enlarging prostates, hernias, ulcers and malignant growths of the stomach. If a surgeon lays too much emphasis on what I believe to be a fact, that when carefully selected remedies fail to cause marked and permanent improvement a surgical condition may be present, physicians too often forget or pay too little heed to this same fact. I have had too many cases in desperate condition after operations restored to practically normal lives of happiness and usefulness from the action of carefully selected remedies not to realize the great dependence of the surgeon upon the skilled materia medicist; the surgeon who has been trained in Hahnemann's teachings is of equal value to the materia medicist.

The changes accomplished by the indicated remedy are often incomprehensible to one who has been using them for many years, but there is a limit to what they can do and it is far better for all concerned to place the welfare of the patient first. Instead of saying to the patient or the patient's family, as is so often done in a chronic case, "The trouble is not with Homœopathy, but with me; if I can only find the right remedy this condition will be cured,"—why not get an entirely different point of view on the case and look it over or have it looked over from the mechanical standpoint.

THE SURGEON AND THE HOMŒOPATHICIAN.

The surgeon is pre-eminently a mechanic in therapeutics. The homœopathician is pre-eminently a dynamist in therapeutics. Can these two men become reconciled? This question must be answered in the negative unless we can find some common ground for them to stand on. On superficial examination this would seem impossible. But we think that is can be found by a careful dissection of the third paragraph of the Organon, which is so comprehensive that it will bear repetition, viz.: "The physician should distinctly understand the following conditions: what is curable in diseases in general, and in each individual case in particular; that is the recognition of disease. He should clearly comprehend what is curative in drugs in general, and in each drug in particular, that is—he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons in order to insure recovery by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient; that is to say, he should adapt it so that the case is met by a remedy well matched with regard to its kind of action, its preparation and quantity, and the proper time of its repetition. Finally when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly and to the purpose as a true master of the act of healing." Now if there is any pivoted word around which this most comprehensive statement of the equipment of the physician revolves it is the word curative. About the significance of this word both the surgeon and the dynamist are likely to entertain widely different conceptions. Both of them, we believe, will concur in the statement that the physician should know what is curable in disease in general, and each individual case in particular, what is curative in drugs in general and each drug in particular, and that he should be governed by distinct reasons in applying one to the other. But they will not be so likely to concur in what are the obstacles in the way of recovery. We believe that Hahnemann included in those obstacles to recovery all causes, whether

germs or otherwise, which we include in the etiology of disease. And if we may be pardoned for the digression, we would suggest that some part of the time of a future meeting of this Association be devoted to a consideration of his conspicuous position in his day and generation in regard to this important branch of medicine. But inasmuch as we have no record that he disparaged surgery, we cannot doubt that among those obstacles to recovery he included all those organic changes or new growths, the adjustment or removal of which furnish the subject of the surgeons' activities.

We have said that the surgeon is pre-eminently a mechanic in therapeutics. He can only apply mechanics when he can reduce vital phenomena to mechanical terms, and as far as his knowledge of the laws of mechanics extend. But the question arises, are not the laws of mechanics secondary to some higher laws as applied to therapeutics? We believe that some surgeons, at least, are disposed to answer this question in the affirmative, by a recent utterance of an eminent surgeon of our own school. Before one of our medical societies he said that "No startling departures in surgery have occurred in the recent past. In fact we must contemplate that in years since the discovery of anæsthesia and asepsis the field of surgery has been worked about to exhaustion, and therefore no epoch-making discoveries are likely in the future to be forthcoming at all comparable to the great achievements of the past, which made famous the names of McDowell, Lyons, Bigelow, Morton, Spencer-Wells, Billroth, Martin, Kocher, and a host of others. Signs of the times point unmistakably to the fact that there will be a lessening of the volume of surgery in the future." This, you will realize, is not the utterance of a neophyte in surgery, who fears that his professional future will be imperilled if he minimizes the value of his specialty, but of a master, who has reached that ripeness of experience by which he dared to say exactly what he thought.

It "the signs of the times point unmistakably to the fact that there will be a lessening of the volume of surgery in the future" the logical inference is that there will be an increase in the volume of non-surgical therapeutics. But what of the

future of non-surgical therapeutics besides its volume? Theories, of course, based on an imperfect knowledge of disease, will multiply as in the past, and be relegated to the dust heap of oblivion with a rapidity commensurate with this increase in the volume of non-surgical cases. New drugs will be discovered as in the past, but with an alacrity which did not characterize the past they will be repudiated because of their clinical failures. The medical mind, confused by the multiplication of disease theories and drugs, will look for some magic wand by which to charm into order all its miscellaneous knowledge and deduce therefrom a law of cure. The surgical mind will appreciate the fact that organic changes and new growths do not thrive in the dead body, nor when extirpated from the live body; which facts furnish conclusive proof that for their fruition they are dependent upon life itself. When both the medical and surgical mind take the ground that every cell that enters into the human organism contributes its quota of energy towards life, and that the mystery of disease will never be solved until the essential character of life is revealed, then both will see in its true perspective the fact that those deviations from the standard that we call health and which appear as sympoms is all that we can know of disease, and that their obliteration throughout the full extent is the mark towards which we should direct our therapeutic endeavors. When they reach this conclusion the homœopathician will have his innings; for he will be conscious that he has not only found the law of cure for which both the mechanic and dynamist in therapeutics has been seeking, but will congratulate himself on possessing that implicit confidence in the curative powers of drugs which he has acquired by one hundred years of its application. Nor will he minimize the therapeutic power of that faith. For hardly one of us has failed some time or other to see the patient contract as by contagion that faith which the homœopathician possesses in the curative power of his drugs. The surgeon will be influenced by this, for he will see that from the time in which he may have applied mechanical treatment until absolute recovery, there is a totality of symptoms which may vary at short intervals during that time,

and which may call, as they vary, for the exhibition of several widely different remedies accordingly as they are suggested by defective repair, or by the inordinate nervous phenomena which frequently supervene on surgical operations.

The dynamist will less and less resort to surgery, except for those benign growths whose benignity is attested by the absence of other than local symptoms; or which by their position produce pressure, and for solutions of continuity as fractured bones and lacerated cervices or perineums, the extirpation of foreign bodies, etc. And manifestly he will choose for a surgeon one who entertains like convictions of the limitations of surgery. Both will make mutual concessions as they stand together before the mystery of life, and will renounce ethical considerations as they are possessed by a common aim to correct its disturbances. And this Association will fall far short of its privileges if it fails to hasten the time when this harmony shall exist.

DISCUSSION.

C. M. Boger: Dr. Houghton's paper is very pleasing to me; I cannot criticize it from any standpoint, but I am glad to speak a word of approval. Two general principles should govern in the examination of every case: the diagnosis and the symptoms that indicate the remedy. A woman came to me for examination only, not for treatment. I found a multilocular cyst attached to the right ovary, not quite as large as an orange. I told her that there was nothing to do except to have it out. She said that she was going to try Dr. So and So of Chicago, who dissipates such tumors by manipulation. Two years later I saw her and she said that she had been in perfect health ever since the treatments in Chicago. I made an examination and there was the cyst there that now filled the whole pelvis, about the size of a small watermelon. I again said, "There is only one thing to do and that is to have it removed." The manipulation had caused it to increase; anyone who knows the least thing about such cases knows that manipulation causes increase of the fluid in each cell cavity.

"WHY THE HOMŒOPATHIC SURGEON IS SUPERIOR."

DANIEL E. S. COLEMAN, PH. B. M. D., NEW YORK, N. Y.

The superiority of the homœopathic surgeon is obvious to all members of this society. The use of arnica, calendula, rhus tox., ruta, staphisagria, hamamelis, hepar sulph., cantharis, symphytum, calcarea phos., ledum, finds no parallel in the "old school" surgical treatment.

The homœopathic surgeon by the administration of the indicated remedy can often prevent an operation, and can always lessen suffering and danger and hasten healing.

The following cases are given as an illustration:—

Case 1. Mrs. C. age 45. Lump the size of an egg on left breast lasting some years. All "old school" treatment failed and operation advised by them. Cured in less than two months by natrum mur 30 x, given chiefly on the mental symptoms, followed by conium 3rd. The remedies were repeated several times daily until improvement was manifest, then discontinued until improvement ceased. Natrum mur caused the growth to shrink until only a small stony hard lump remained. Conium 3rd completed the cure.

Case 2. Mrs. H. age 48. Rapidly growing tumor involving the whole of right breast, characterized by stony hardness. Cured in a few weeks with conium 3rd four times daily.

Case 3. I am not a dreamer in any sense of the word, and nothing is more obnoxious to me than false or exaggerated statements, but I wish to confirm at least in part, one of the cases reported by the late Dr. Bailie Brown in "The Homœopathic Recorder," May, 1910. My reasons are first, the remarkable result obtained; second, that Dr. Brown called me in consultation and my name was mentioned in connection with it. I give his report verbatim:

"Mrs. L. aged 45, married, no children. This case was seen with me in consultation with Dr. D. E. S. Coleman and diagnosed as scirrhus and an operation for same was advised, but the patient refusing most positively to submit to the knife, I had no alternative but to try and do my best with the indicated

remedy. On the recommendation of Dr. Coleman I secured some of Swan's Schirrine uteri 1000, and medicating a tiny vial of pellets ordered a dose to be taken each night at bedtime. Amazing to relate, before the end of the week I was again sent for and the patient proudly produced two Mason jars in which were the major part of the scirrhus. This was nearly a year ago, since which time the patient has continued in fair health, and is being treated,—shall I say,—Constitutionally!"

It is true that a large hard mass which had existed some time and defied all treatment, causing much hemorrhage and emaciation was cured, as Dr. Brown reported. However, I advised him to have a microscopial examination made of a portion of this mass before any positive diagnosis could be made. If it proved malignant I considered it advisable for me to perform a hysterectomy. The family absolutely refused to consider operation and the above result was obtained. Repeatedly, I urged Dr. Brown to have a microscopial examination made, but this unfortunately was not done. The patient is perfectly well today and has regained her normal weight. In the absence of the proper examination I make no claim that the growth was malignant.

Case 4. Mrs. H. age 76. Cancer of breast of nearly ten years' duration. Diagnosis absolutely certain. The growth is about the size of a grape fruit, is purple in color, and at one time exuded a thin offensive discharge, having the characteristic cancerous odor. Profuse hemorrhages also occurred. The patient has been under homœopathic treatment all these years, and is at present strong and vigorous, has no cachexia, in fact appears absolutely well in every way. On Sept. 21, 1910, she first visited me because of pain and the offensive discharge. I prescribed phytolacca 6th four times daily, being led chiefly by the purplish color of the growth. This helped in different potencies until March 23, 1911, when some pain returned and profuse bleeding occurred. Conium 6th, followed by the 3rd, once a day, later once a week, removed all symptoms. Locally washed with H^2O^2. The homœopathic

remedy could not remove the growth but I believe that it prevented the characteristic grave symptoms.

Case 5. Girl nine years old, light hair, blue eyes, yielding disposition. Node on the left side of neck greatly enlarged. Pulsatilla, Silica and other remedies were prescribed without result. An operation was advised by others. Iodoform 3x trituration, one tablet four times daily. In a couple of days, the node became inflamed, grew rapidly soft, broke, discharged its contents and was completely healed in about two weeks. This patient is a strong, healthy young woman today eleven years after.

Case 6. On March 25, 1911, a young lady of 18 years, was brought to me for examination. She had been under treatment for enlarged nodes with X-ray and vibration by a local physician of her school town. He reduced all nodes but one, which defied his best endeavors. She was referred to a surgeon who advised thorough dissection without delay, I disagreed with him and also with two other physicians, the latter both homœopaths of skill. A third homœopath agreed with me. The enlargement was about two inches in diameter. There was an entire absence of constitutional symptoms. Again I prescribed Iodoform 3x in repeated doses. The node began to soften and push toward the surface. In about four weeks I received a telephone message saying it was so soft that the local physician wished to let out the pus. I agreed; a half ounce was drawn off and a drain inserted. In two weeks she was well. I did not discontinue the vibration while she was receiving the iodoform, applying it once a week when she came to town to see me. Her local physician also vibrated once a week. I must give most of the credit to the iodoform, because she had received vibration for a long time before.

Case 7. Mr. X. Age 17, had first, second and third toes of left foot crushed in a press, necessitating amputation. April 15, 1907, operation performed. Wound dressed with bi-chloride of mercury 1-10,000. Morphine was given at night for the pain with absolutely no result. The flaps seemed too short and no healing resulted. He was treated until July 17th with bi-chloride of mercury, creolin, balsam

of Peru, ichthyol ointment (ichthyol, boracic acid, balsam of Peru and vaselin), aristol, calendula, aluminium acetate and arnica locally; hepar sulph., nux vom., silica and calendula internally. All had failed absolutely, and a re-amputation was decided upon.

The case came under my care at this time. Characteristic indications were as follows: Sore, bruised pain in the foot, would draw away if one or anyone approached the bed, he was so fearful of being hurt; extreme suffering when foot was dressed, would pull it away from slightest touch. I prescribed Arnica 30th every two hours, and Arnica 1-100 locally. He slept all that night, and complained of no pain next day. Previously he suffered greatly, would often cry out and obtained very little sleep during the months of his illness. The dressing of Arnica was not removed for four days but kept wet with the solution. At the end of this time healthy granulations had formed, and no pain was experienced. July 25th, almost well. Arnica cerate locally instead of solution. July 29th, ulcers on first two toes completely healed. August 1st, Arnica discontinued. August 5th, last ulcer entirely healed.

Case 8. Girl, aged 10 months. November 1, 1906, urine very scanty, flatulence; yellowish-green stool; pain and swelling over-right mastoid; head sweat; cutting teeth, temperature 99.2. ℞ Capsicum 30th, every hour. November 3rd. Trouble over mastoid bone disappeared. ℞ Calc. carb. 30th, four times daily. November 15, large, red swelling behind and above ear. Physician called in haste, and advised immediate operation, predicting grave consequences if neglected. I prescribed Belladonna 30th every hour. November 16th, swelling increased. Hepar sulph. 30th every hour. November 17th, slightly better; November 18th, decidedly better. November 26, swelling better over mastoid. New swelling above ear and about eye; eye partly closed. ℞ Silica 30th one dose. December 3rd, swelling had grown smaller, but now returned, head sweat. ℞ Silica 30th every two hours. This caused the swelling over ear to soften and gradually lessen. Later the swelling broke and discharged pus, resulting in a cure of both constitutional and local trouble.

Personally, I did not think it mastoiditis, but glandular. Others however considered it such and wished to operate. Homœopathy saved an operation. The patient is a strong, healthy child today.

Case 9. Miss M. age 40, suppurative otitis and mastoiditis. Great pain followed by discharge of thick offensive pus from the ear, great tenderness over mastoid bone, delirium. Hepar sulph. 2x every hour. This caused the pus to flow in great quantities, resulting in cure. The hearing was almost lost. I prescribed Kali-mur 6x trit. four times daily. Her hearing has now completely returned. Of course I know that as healing progresses the hearing returns, but I think Kali-mur. helped matters along.

Case 10. Sub-acute pleurisy with absolutely no tendency of fluid to disappear. Another doctor advised an operation. I prescribed sulphur 30th in repeated doses. Results could be observed in twenty-four hours, and a rapid cure was accomplished.

Many more examples could be given but time does not permit.

Arnica, Calendula, Rhus tox, etc. have won me many good patients, and almost daily the superiority of the homœopathic surgeon is brought to my notice.

THE CURE OF AN INCURABLE KNEE JOINT.

BY DUDLEY A. WILLIAMS, M. D., PROVIDENCE, R. I.

In reporting this case my object is two fold, first:—the case is unique in that it recovered without loss of function, a fact we are told by authorities to be rare in tubercular joint troubles, for almost invariably there is a stiffening of the joint remaining even if nature be kind and overcome the infective process.

In the second place:—I left no diagnostic stone unturned to substantiate the fact that the patient did have tubercular arthritis and in this respect I want to emphasize this point:—

Many times have I read and heard of cures of supposedly incurable conditions by the indicated remedy that sounded like patent medicine testimonials. "I suffered with this or that condition for years, tried all sorts of Doctors, but since taking a few powders of CURE-EM-QUICK in the C. M. potency, I am entirely recovered." Many times in reports of such cases the methods used and spoken of are rarely an attempt at a scientific diagnosis. It is what Dr. Blank called it not what was discovered at first hand. Not that I wish to disparage the reports of presumably incurable cases cured because I know that often the reports are true, only the writer of the case could have made the report much more scientific and positive had the diagnosis along the lines of modern medicine been made. Then too the making of a loose diagnosis in reporting cases is confusing and disheartening to the recent graduate who is more thoroughly grounded, perhaps, than his elder brother and when he finds, for instance, that he doesn't cure his Diabetes Mellitus cases, but only the cases of Glycosurea, he is apt to be sceptical of all such reports.

I will admit that for the purposes of prescribing a diagnosis is not always necessary, still if we expect to convince others of the authenticity of our cures, we must speak the language they understand. My knowing this case to be tubercular was of little use to me in prescribing, as you will see.

Miss D. Age 30. School teacher. Parents both dead and nothing much known of their history.

About three years before coming to me, she began to have trouble in the right knee. She found it ached on exertion and on standing. The pain in it grew in intensity and extended upward to the hip. It was worse when the leg hung down and better when supported. The condition grew worse and worse till she was unable to attend to her school duties and was obliged to take a vacation. Her physician at this time, an old school man, baked the knee and used the Leucodescent Lamp on it with good effect. The swelling which she had about the joint, when obliged to give up school, entirely disappeared and she resumed her work. In a short time

however the swelling returned and the pain grew so intense at times as to require opiates to relieve it.

At about this time, or a year before I came into the case, she went to Boston and consulted a well known orthopedist who told her the joint was undoubtedly tubercular and must be immobilized.

This was done and she once more improved and was able to go back to her school work. The summer was spent at the shore practically on her back. Her health improved much under this treatment and the knee gave less trouble but in the fall on resuming her duties she found herself unable to stand on the leg without much distress and increase of the swelling. The fixation splint caused much pain and was removed. At times when the pain and swelling were much increased, a few applications of the Lamp seemed to relieve the tension greatly. During the winter of 1906 her physician died and she called me into the case.

I found on examination an enlarged, boggy joint, much pain on pressure or motion which spread upward to the hip. Her physical condition was poor. She weighed about 85 pounds. She was having an evening temperature elevation of 1°. She felt weak all over, tired easily and had occasional night sweats.

I took a radiograph of the knee and found the ends of the tibia and femur much softened and the cartilages much swollen.

Finding an amount of fluid in the joint, I aspirated and sent the fluid to one of our best pathologists for examination.

He reported as follows:—

April 16, 1906.

Dear Doctor Williams:—

The sample of fluid (2 dr.) you sent me marked Miss D., I find to be serum with some small shreds of fibrous tissue floating in it.

The bacteriological examination shows large quantities of T.B.C. baccili and some Streptococci.

Yours truly,

H. G. PALMER.

Here then at least we could feel sure that we knew what we had to deal with, a tubercular arthritis.

She had been repeatedly told by her physician that she would have to have the joint opened before she would get well and that she would undoubtedly have a stiff joint if she recovered. So much for the probable prognosis and the diagnosis.

The patient gave the following history and symptoms:— Had eczema as a baby. Had malaria in 1902 for which she received massive doses of quinine. This treatment did not seem to benefit the chills much because they kept returning. They came every day, started about 2 P. M. and anticipated a half hour each day. Chills started in finger tips and toes, then extended up legs and arms accompanied by aching and cold perspiration. Fever and burning headache with bilious vomiting followed. No sweat. So much for the malaria. The Quinine at last got the best of it and suppressed it. After much questioning she thinks a few months elapsed before the knee trouble started in.

The knee is worse walking, standing, letting it hang.

Better from heat and when supported on a chair. Is covered at times with a cold clammy sweat.

Suffers with much headache which starts over right ear and down back of neck. Eyes tearful from headache.

Odors of any kind are disagreeable. Menses regular but scanty. Cramps deep in pelvis during first day with cold sweat and complete loss of strength. Headache worse at this time and cramps better by heat inside and out.

The above history was actually dug out of the patient whose mind was centered on the knee and could not see why I wanted to know about the previous illnesses.

My first prescription was Calc. carb. 200, five powders on April 6, 1906. On this she steadily improved until May 19 when she announced she had much less pain in the knee and less extension of it upward. She had no elevation of temperature at night and the swelling of the knee seemed smaller. Headache was still a constant factor but somewhat changed, the pain was throbbing in character and more in the temples.

The cold sweat had also ceased. The headache together with the history of malaria suppressed and a decided improvement at the seashore, led me to Nat. mur. This I gave in the 200th, and it acted until September 4.

During this time she went to the shore and steadily improved in every way and on examination at this date I found the knee entirely without swelling, no tenderness except on hard pressure, but she complained of a grating sensation on motion and pain if she used it much. The headache and menstrual difficulty, both of which had improved, had begun to return, so I repeated the Nat. mur. in the 1000th. This carried her along till March 9, during which time her improvement was very rapid. She started to resume her work and was able to do most of it all winter. She gradually used the leg more and more in walking and discarded her crutch altogether in February. The grating sensation on motion became less noticeable and she began to put on flesh, weighing in March 107 pounds. On account of a slight setback at this time, I gave her a dose of Nat. mur. 51M. and this proved to be all the medicine she required. The headaches finally came only at menstruation and as the menses became freer they disappeared entirely.

In June, 1907, before she went away for the summer, I radiographed the knee and was surprised to find the continuity of the ends of the bone almost perfect. The cartilages also were fairly distinct, showing the inflammatory process gone and repair far advanced. She walked about on the leg all summer without any inconvenience, except a little aching at night, and the following December decided to go to North China as a missionary. She left for her station in February, 1908, in better health than she ever enjoyed during her whole life, weight 123 pounds and able to walk five miles without the least ache or pain. Since then I have heard from her and she continues in good health.

This ends the recital of what was to me a very remarkable case, an undoubted cure of joint tuberculosis. It may have been a spontaneous cure as one of my old school friends told me, but somehow I cannot seem to get out of my head the

thought that those eight doses of medicine had something to do with the final result.

DISCUSSION.

President: Were there any obviously good results from the baking?

D. A. Williams: No; my recollection is that the baking did not do as much good as the Leucodescent Lamp did.

President: Baking has lost a good deal of its vogue in New York.

W. H. Freeman: It may seem platitudinous to say that this paper exhibits the ideal way of reporting a case: I recognize the fact that not every case can be reported in this way, but when a positive diagnosis can be made by modern methods it fortifies the report and makes it of greater scientific value. We do not have to convince each other because we have already been convinced, but we do want our papers to stand as scientific evidence. Is our object in life to tell each other of the beautiful work we can do with the indicated remedy? Should we not rather so write our reports that they will convince and convert other men who have not yet reached the certitude that we have.

President: But the essayist says this report has not convinced them.

G. B. Stearns: It would not take many such cases to convince them.

D. A. Williams: I want to say that an old school friend who has seen some of my work has enough faith in evidence to put his child in my care.

C. M. Boger: I have had the same experience.

W. H. Freeman: We should discriminate; there are some who are willing to be convinced and there are others who are unwilling. It is our duty to convince the first if we can.

C. M. Boger: This question of converting others to our mode of therapeutics presents many difficulties. If you go to a lot of allopathic students you will find two grades: one who have no interest in their work and then a few who devote

their whole life and soul to it. The latter are the only ones worth converting.

President: I would like to ask your experience with radiographs. The radiograph man will read things into the picture that you cannot see. I am not always satisfied with his interpretation.

T. G. Sloan: One who has not spent the time to know about it must take the interpretations of the operator himself.

R. Blackmore: The diagnosis is not always certain because it is a radiograph, nor do they all agree with each other. One case of hip trouble in which I became interested was given a doubtful or negative report at one hospital, but at the homœopathic hospital in Pittsburgh was plainly seen to be positive.

E. A. Taylor: We have been in the habit of decrying diagnosis for therapeutic purposes and justly so. But we must remember that diagnosis is necessary in our art in order to know what is curable with remedies and what is not. If we try to cure a case of stone in the bladder with remedies, we are making a mistake for such a case does not belong to therapeutics but to surgery. When we make a correct diagnosis we know what to do and how to go about it.

Some years ago there lived in Clinton, Iowa, a Mr. Young who had been a patient of Hahnemann's. On two occasions he visited Chicago during the meetings of this Association. He was born in the north of Scotland; while still a child he contracted tuberculosis. He kept growing worse and there was apparently no hope for him. Some wealthy person, a lady in his neighborhood, took him to Paris to see Hahnemann. He was so far reduced that they travelled by easy stages. At London she had the little boy examined by Sir Andrew Clark who said that it was useless to take him farther, as it was doubtful whether he would reach Paris alive and certain that he would not live after he got there. Hahnemann took his case and according to Mr. Young's account he thumped and knocked and listened all over his chest. What was he doing? Making a diagnosis. He was trying to discover the nature of the case and how far gone the patient was and also to see if anything else was the matter with him.

Finally he said, "I can cure you," and he did. He could not have said that without knowing what was the matter with the patient. We too should make diagnoses, but always be careful not to base our prescription upon it.

President: Thank you, Dr. Taylor, you have stated the matter beautifully. We do not care to accept conclusions based on bacteriology alone. We should accept conclusions based upon all clinical evidence that is known to exist. We cannot accept from any medical body the dictum that perfectly well people are a menace because the microscope shows them to be carrying germs.

C. M. Boger: Another phase is the great aid which we obtain toward forming an accurate diagnosis and especially a wise prognosis by the examination which we make in looking for the remedy. In other words the symptoms that indicate the remedy invariably help you in the diagnosis.

T. G. Winans: Would you please illustrate that.

C. M. Boger: For instance, if you get a case with sticking pains, you know that such pains affect certain tissues and are not apt to be found in most other tissues. That information helps in the diagnosis. We know also that certain positions of the body affect certain organs; lying on the left side will or will not produce certain pains and so of the right side; this may indicate the organ affected. By bearing that in mind you will often be led to a correct understanding of the condition that you cannot get so accurately in any other way.

R. Blackmore: That the result of a remedy has a bearing on prognosis has been taught me with the force of a sledge hammer. I had a hard case which I took to Dr. Keith of Newton. His choice of remedy was Conium. After a time I saw him and we chatted about the case. After he had heard the results of the remedy he said to me, "Doctor, that patient is going to die," and so it proved in the near future.

C. M. Boger: The view of sickness from the vantage point of the remedy throws light in every direction.

Mary F. Taft: I do not claim any skill as a diagnotician, but I have observed many interesting cases of cause and effect. One such case comes to my mind. A young man, seventeen

years of age, whom I have had under my care since he was born. There is a very psoric family history. His only brother was born blind and feeble minded. Under homœopathic treatment this patient had always enjoyed good general health. His only trouble was adenoids, which had given him no bother, but his teachers and school physicians were constantly urging his parents to have them removed. The father being a member of the Board of Health had ample opportunity to have their advice confirmed. I had always urged against an operation, and when the parents would grow faint-hearted would have Dr. Houghton and Dr. Keith consulted and their advice was always to let him alone surgically.

Finally the outside pressure grew so sharp the father had the boy operated on. Three months later the boy began to have swelling, sensitiveness and pain in right knee. This was examined by means of a radiograph and found to be tuberculous. The tuberosities were necrosed—all gone. The left knee was sound. A plaster cast was applied and the boy put under Silica.

In about a year another radiograph was taken and showed entire healing. Without the two radiographs it would be impossible to prove the necrosis and its later cure.

During this time the dentist was trying unsuccessfully to cure a dental fistula of the right lower jaw.

A radiograph showed necrosis of the jaw and Dr. Houghton operated.

Of course the boy was at the bone making period of his life, and that was a help in restoring the parts.

G. B. Stearns: We cannot be too careful about this sort of thing; we should never make a favorable prognosis on the symptoms alone because they agree with a remedy. The prognosis should be made upon the diagnosis and our knowledge of pathology. We should always remember that there is danger, in every case of tumor, of the growth undergoing cancerous degeneration and if we are doubtful about it we should give the patient the benefit of the doubt and not take the responsibility upon our shoulders without even knowing what we have to treat. Within the year I had a case present-

ing symptoms for Sepia plainly enough, and she seemed to grow better under its influence for a time. But she did not become by any means well. Pulsatilla symptoms followed, and it was given with apparent relief. But still she did not get well; she was losing flesh. The next visit, I examined her and found two tumors, one on each side of the pelvis. I advised operation. She submitted to operation. Both ovaries were affected, one of them had already undergone cancerous degeneration and had studded the peritoneum with cancerous nodules. She is still alive. It is a most virulent form of cancer. I have no doubt that if this woman had been treated homœopathically early in life, she would never have arrived at this stage. There was something wrong with her as a child that should have been corrected.

Carolyn E. Putnam: In regard to the Hahnemannian being a good diagnostician, I will relate a little incident about a relative of mine who went to consult Dr. Biegler of Rochester, after going the rounds of a number of physicians. He was the victim of severe attacks of colic which were so serious and affected him so profoundly that every physician who saw him in one of them, thought that he was going to die. Morphine had generally been given to relieve the pain, and the next day after an attack he was surprisingly well and would go to his business. He had called in some twenty physicians, mostly old school, all of whom failed to diagnose the case, although agreeing that he was liable to die in an attack. Some one persuaded him to go to Dr. Biegler. He laid him upon the table, examined him carefully, and very promptly told him that he had a partial hernia which became strangulated at times and that an operation was necessary.

D. A. Williams: I have never questioned the ability of the homœopathic physician to diagnose. In reading the old journals like the "Homœopathic Physician," I have been surprised at the vast numbers of times in which the diagnosis depended simply upon the say so of the patient. I know that some of the worst diagnoses that I have ever seen were made by homœopathic physicians. I have now in mind a case of a man who swallowed a fish bone. He was allowed to die by

the bone ulcerating through his throat. His physician tried to remove that fish bone by the action of a potency; there has been too much trying to remove fish bones with potencies. It comes from trying to prescribe on symptoms alone, without trying to make a diagnosis. I am glad to see that the importance of making a correct diagnosis is emphasized this year at this meeting, more than it has been in previous meetings.

NATURE'S HANDICAP, MEDICAL AND SURGICAL.

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

It is a curious fact, but to reach any definite point of achievement in this world, you have got to get a certain number of people to energetically oppose you. When everybody accepts what I say, I will know that I haven't said anything. Therefore I am quite prepared for, and will welcome any contrary views of the subject which I want to discuss in this paper. I don't think the American mind ever takes kindly to any suggestion of hindrance, opposition, interference, handicap, and kindred expressions, but in our work with disease, the majority of us often find ourselves cornered by just such conditions as these terms describe.

The chief checkmate which our enthusiasm as prescribers, so often meets, I have named nature's handicap, and this is what I hope to show up as a factor, in those cases that seem to give surgery such a boost every now and then. I expect that it is pretty generally accepted among the followers of Hahnemann, that surgery only deals with the *effects* of disease; that there is no such thing as a *surgical disease;* that surgical cases, first, last and always, stand either for a poor prescriber's blunder in therapeutics, or as a fitting conclusion to some poor devil's misfortune, in never having encountered the possibility of getting a square deal, therapeutically. It is well fixed in my mind just what marvelous stunts the indicated remedy *can* and *will* do, when we really get down to working the combination. Here I know we are all together.

But, I have come to realize that on occasion, we may expect too much of even the similimum. This is my controversial platform. In nailing my conclusions together, I hate to remind you, that ideal methods of practicing pure homœopathy, are just as subject to jolts, and jars, and interruptions, as anything else on this most imperfect planet of ours. Cases come to us all, in rapid succession, so tied up, coated over, and twisted inside out, by the energetic handling of a scientific predecessor, that we do well, if we are able to take off the first layer of disguise in a lifetime. Certainly we merit no reproach, if in our endeavor to work out these puzzles, we call in surgery to our aid, and thereby clear away, a stiff bit of underbrush blocking the track. Take an instance where some devitalized and useless organ, an irritant beyond repair, disturbs the internal peace of our patient. This is one of nature's handicaps, and to persist in administering a remedy, under such conditions, isn't giving homœopathy a square deal. I assure you my friends, we of the household faith, are often cruel to this same faith of the fathers, in that we permit homœopathy too often, to enter a race *too heavily handicapped.* Let the surgeon remove the *mechanical obstruction,* whether this be an occluded fallopian tube in salpingitis, a fulminating and gangrenous appendix, a stone in the kidney too big for passage, an incarcerated hernia, or a choking mass of adenoidal tissue in a child's throat; the patient overtaken by any of these disasters, will be left to our ministrations, after our surgeon assistant has left with his kit. I for one, in these volcanic storms, would far rather seek this partnership and seek it *promptly* too, than bring the undertaker into the affair. We *must measure the handicap.* Let me at this point, hasten to state that many disorders of the class just named, *can* and *should be* treated therapeutically alone, *if our weather eye is far seeing enough.* Every case of appendicitis should not go on the table, or need not. The response to your remedy in the treatment of this vicious disease of many disguises, must be prompt and unquestioned, however. Every case of appendicitis must be reckoned as grave, till it is found to be otherwise. The amputation of an appendix, in no degree

affects the constitutional integrity of your patient, so, in advocating a quick hail to your surgical colleague, I contend, that you do well to surrender the chance of marring this pretty picture of a disordered economy, in a pain ridden man, and get down to actual business for his relief. In appendicitis them, the surgeon has a good, firm stand on my platform of Surgery versus Medicine, when the handicap is too pronounced.

Man's alimentary tract is coming prominently into the limelight these days. The witchery of the X-Ray brings points of obstructive stenosis, and growths clearly before us. Even the most conservative of our school, must see that the odds against a dynamic action of the prescriber's art is too great in these *culminative effects* of disease. Again 'tis sadly true, that the surgeon has his innings because the materia medica man got lost back in the dimness of the beginning of the disease. But there is still balm in Gilead. The surgeon may resect a gut, or add to his collection of gall stones, and still leave us with work to do for the patient. With the successful termination of his mechanics, we see the departure of our handicap. Gall stone colic and obstructions of the intestines are operative cases then at times. Another condition, that with some of us raises a question of what shall be done, is when pus accumulates beyond hope of absorption. It is surgery I suppose, to let it out, but let it out I will, rather than abort my own efforts to cure my patient. If this same pus collects superficially, or on the exterior we will say, its removal is simple. A pus ridden fallopian tube, however, calls for a nicer balancing of judgment, for here we enter the sphere of operative gynaecology, and I confess that I step gingerly. Reasonable confidence in our remedies often rewards, even in cases given up as medically incurable. *A ruptured fallopian tube demands immediate surgery.* Indeed the surgeon beats the prescriber nine times out of ten, when prompt action is called for. His services are spectacular, *something is being done,* while a human life hangs in the balance. I appreciate, that startlingly rapid response frequently follows the administration of the indicated homœ-

opathic remedy, in the direst extremity, but no fanatical adherence to therapeutics, to me, is justifiable, if my patient is caught in the vortex of a devastating pathological storm. I will not race to the finish here, with a medical handicap too heavy for my endeavors. Many operations on the rectum we discountenance. This particular part of the human anatomy holds no brief for the surgeon alone. If I can't permanently relieve a patient, suffering with hemorrhoids, I am at least as smart, as my brother with his knife. Sinuses and fistulas in this region, I have always associated with latent tuberculosis, and have looked upon their presence as a sort of necessary evil. One of the phases of unfinished business, which, as prescribers, we are at times called upon to bear with, because we are better satisfied with "the ills we have, than (by operating) fly to those we know not of." But recently, my equanimity along this line, received a blow. A case of rectal sinuses in an old man routed my theories in fine shape. The patient and his family are earnest and devoted believers in homœopathy, but the old man has a brother, who is an allopathic physician, and who of course advised the knife. The floor of Mr. C——'s pelvis was a literal mass of sinuses. These discharged freely, a bad brownish feacal matter. The old man was very weak and anaemic. I had labored with him long, and with but indifferent success, but I had been congratulating myself that my efforts in his behalf had averted any immediate danger of his passing away. I was against the proposed operation, and explained my honest reasons to the family, but my opinion was overruled, and he was operated upon. The sinuses were drained and cleaned up, and no tubercular bag-a-boo has appeared yet to disturb him. He received no medical treatment from his surgeon-doctor. This gentleman bore off the handicap in the case. I am certain, however, that my remedies would hit the spot *now,* were I given an opportunity to prescribe for him, for of course, while he is decidedly more comfortable, he is by no means cured.

These leaking, foul, unyielding sinuses were but a by-product in the disease, the *effects* only of a profound disorder in the old man's system. Nature, even with the stimulation and

assistance of the best selected remedy, was too sorely pressed down to heal them. They were a handicap. One swallow don't make a summer, however, and one rebuttal of a fine spun theory, has not convinced me of the wisdom of tinkering surgically with these conditions. I do not, therefore, indorse radical interference with sinuses of fissures in my platform of tolerated surgery.

Tumors, benign, if conveniently located, and of a size so extensive, as to be a point of great physical discomfort, I would remove. My prescription in these instances, since I must prescribe for the patient and not the tumor, to be brilliantly effective, should have been made before the tumor appeared, manifestly beyond my powers. So, while I do violence to the tumor *"as is,"* I pat myself on the back, and dream of the tumor which because of true homœopathy in some other individual, *will not be."*

Enlarged glands and adenoids, bulging tonsils, etc., I have mentioned. Certainly, I would not allow a child in one of my families to grow a facial deformity, while I serenely awaited the curative action of my remedy. I know scraping out the throat is palliation, but in these severe cases, justifiable palliation. In directing my constitutional treatment of the child I agree with the most ardent of therapeutists, that I must consider the child *in toto,* but that hampered breathing, and poor blood oxidization, is too serious a *handicap* in my way. The child grows too rapidly for me to delay for the scientific verfication of my faith in homœopathy. I will put my pictures together later, when the child can shut its mouth, and breathe. If a bit here and there, because of my onslaught on the throat, be lacking, I will allow for the loss, and believe that I have done what was best for the child.

These few brief points of attempted justification for resorting to surgery in chronic diseases, pretty nearly cover the range of my concessions, and gives me, in thus parading them, some sort of ground to stand on.

But over and against this apparent admission of some weak spots in our armor, I am prepared, after considerable experience, to affirm that there exists a serious handicap to surgery

also. Since the dawn of history I suppose, the human race has grappled with a destroying force, which generally comes off the victor. It has been the business of medical doctors to *arrange* and *name* the various disorders that afflict us. Above a sizable pigeon hole in this inventory, we read the one dread word *Malignancy*. A number of latter day scientists, laboratory experts, college professors, and even practising physicians, are moving heaven and earth in their endeavors to decrease the contents of this pigeon hole. Every day or two, we read, that some one, wiser than the rest, has slipped a disease *out* of this dread compartment into the list of curable maladies. Occasionally, we find a man who teaches, and believes, that the very *earliest* or *smallest* of *beginnings* of the troubles kept here, may be *scientifically annihilated* by the knife.

Personally, I would never send a surgeon to *that* pigeon hole where human ills so designated, are kept. If nothing else of value has come to us, from the preaching of Hahnemann's true followers, *we know* that this *pigeon hole* but flanks and connects with another, holding even greater horrors, and the name over the annex is,—METASTASIS.

WHEN SURGERY WAS NECESSARY IN A MEDICAL CASE.

S. A. KIMBALL, M. D.

Nov. 4, 1911. Mrs. L. now 88 years old, had a cerebral hemorrhage in July, 1908, with paralysis of the right arm and leg. She recovered from it well and has had fairly good use of the affected limbs.

This afternoon, Nov. 4, she could not swallow or speak distinctly for a short time and in the evening a dull pain came on in the lower part of the right thigh, above the knee, with numbness and burning in the right foot, and a desire to move the leg often. Pulse 72. *1 Rhus 200L.*

Nov. 5. Vomited twice in the night with a sudden stool and frequent urination. Right foot cold, numb, purple; it

still burns and the sole is not sensitive to tickling. Dull pain in the hollow of the knee and now says the pain began there. Tongue coated white. *1 Secale 200L.*

Nov. 6. Better night. Foot numb below ankle, but warmer to touch and not as purple. The burning comes in spells. Restless, wishes to sit up and to keep the foot cool. Pulse 96, intermittent. There was no question as to the cause of the trouble, an embolus plugging an artery somewhere above the ankle, but no pulsation could be felt in the leg. Pulse 96, intermittent. *Sac. lac.*

Nov. 7. Pain in foot during night, better by allowing it to hang down out of the bed, it then becomes purple and cold. This morning sole of foot sensitive to tickling, aching in whole leg and foot with occasional burning and twitching in foot, very restless. Pulse 84, intermittent. *1 Secale 200L.*

Nov. 8. Restless night with pain in leg and foot which is more purple and almost black on sitting up, not sensitive to tickling on the sole. Leg above ankle sore to touch. No thirst, wants air, not chilly. Urine scanty, thick. Lies on right side or back. Pulse 90, irregular. *Sac. lac.*

Nov. 9. Restless to one o'clock; less pain than last night. Slept well, four to six and from seven to half-past nine. Foot more sensitive to touch, says it feels better. *Sac. lac.*

Nov. 10. Wakened in night several times by pressure on chest, making her very nervous. Slept fairly well. Foot darker, very sensitive to touch. Blood returns more slowly after pressure with finger. *1 Lach. 200L.*

Nov. 11. Fair night with considerable pain. Foot about the same, still very sensitive to touch. *Sac. lac.*

Nov. 12. Uncomfortable night. Can keep quiet three-quarters of an hour, then must be moved, which is painful, but relieves. Foot still sensitive to touch with stinging and burning, jerking of muscles in the other leg with sharp shooting pains and stinging. Pulse 84. Feels very tired. *Sac. lac.*

Nov. 13. Slept in short naps. Wakened frequently by burning and stinging in the foot which was swollen and dark. Sitting up in a chair would relieve for a while, then she must

return to bed. Wakened cold this morning. Pulse good. *1 Ars. 200L.*

Nov. 14. Good night with much less pain, but the foot was black on top and on the toes, and red streaks were appearing on the sides of the leg near the knee. Dr. Houghton saw the case with me. While she had a much better night, the condition of the foot and leg was worse and the gangrene was advancing up the leg as shown by the red streaks. The remedies had been faithfully tried without avail, and amputation was advised.

Nov. 15. Dr. Houghton amputated the thigh at the lower third, and a clot three-quarters of an inch long was found in the femoral artery at the point of incision. The operation was all over in forty-five minutes. She took ether well and there was no nausea or vomiting. A drainage wick was left in one corner of the flap.

She began to sit up in bed the 18th, as it is not well to allow such old people to lie on their backs any longer than can be helped. Sat up on the side of the bed for fifteen minutes the 19th and on the 22nd was up in a chair for twenty-five minutes. She had no remedy until the 22nd, when she received a dose of Hypericum 200 for twitching in the stump, and burning and stinging in the amputated foot. There was good drainage from the wick and the stump was dressed daily. Every third stitch was taken out Nov. 23, and all were out by the 28th. On Dec. 1 there was some odor to the discharge and she was given a dose of Silica 200. The odor decreased, but a profuse discharge continued and on Dec. 15 she received a dose of Calc. sulph c m Swan, one of Calc. sulph. 1 m Fincke, Dec. 24, and another of the same potency Jan. 7. The drainage sinuse was some time in filling up, but by Jan. 30 it was healed over, six weeks and four days from the date of operation. She now sits up in a wheel chair several hours daily, is very well, and seems to be enjoying life.

DISCUSSION.

C. M. Boger: That is a good paper. During the St. Louis Exposition I was requested to go there and see Dr. Furnell, who had an embolus in the left femoral vein during the course of an attack of typhoid fever. He had taken care of several cases of this kind himself and some had died. There were several similar cases in the neighborhood and they all died. The temperature was only a little above normal, but there was prostration, shortness of breath and the pulse was slow. I gave him Vipera in the 6th potency under which he made a perfect recovery. His age was about thirty-three and he was affected with a mitral incompetency of many years standing and was a thin, frail looking man. I believe that Vipera offers the best chance for removing an embolus if it has not become too firmly organized.

President: Did you state the modality as to position?

C. M. Boger: I do not remember about that.

S. A. Kimball: Do you think that it would have the same effect in an artery?

C. M. Boger: Yes, I think so; his leg felt too heavy to him.

E. Rushmore: There are two preparations of the Viper; which of them did you use?

C. M. Boger: It was the torva; you will find a good account of it in Allen's handbook. It was one of the best verifications that I ever saw.

ADJOURNED.

NINTH SESSION.

JUNE 26TH, 8 P. M.

BUSINESS SESSION.

President: The meeting will please come to order. The Bureau of Surgery will now be resumed.

Chairman: This concludes the Bureau of Surgery.

President: This also concludes all the work and business of this convention, except a vote of thanks to the hotel management for their excellent treatment of us, which I hereby offer and declare the 33rd annual meeting of the International Association hereby brought to a successful finish.

ADJOURNED SINE DIE.

LIST OF MEMBERS

*Associate Members. *Italics,* Honorable Seniors.

*1905 Aldrich, Henry C., Donaldson Block, Minneapolis, Minn.
1889 Alliaume, Chas. E., 219 Genesee St., Utica, N. Y.
*1908 Almfelt, Gustavus A., 5333 N. Clark St., Chicago, Ill.
*1908 Anderson, Annie A., 4635 Magnolia Ave., Chicago, Ill.
1905 Augur, Geo J., 431 Beretania Ave., Honolulu, H. I.
1903 Austin, Alonzo E., 8 E. 58th St., New York City.
1906 Baer, Elizabeth M., 1324 Spruce St., Philadelphia, Pa.
1910 Baker, Harry B., 1 E. Grace St., Richmond, Va.
1910 Baker, Wm. H., 255 E. 5th St., Terre Haute, Ind.
1908 Baldwin, Clarence A., Peru, Ind.
*1911 Baldwin, Jr., Wm. M., Newark, N. J.
1905 Barnes, F. L., 6102 Woodlawn Ave., Chicago, Ill.
1907 Bassett, Alice H., 803 Boylston St., Boston, Mass.
1887 *Baylies, Bradford Le Barron, 418 Putnam Avenue, Brooklyn, N. Y.*
1909 Beals, Herbert, 188 Franklin St., Buffalo, N. Y.
1907 Becker, Henry, 1330 King St., West, Toronto.
*1909 Beckwith, Edwin B., 1502 State St., Chicago, Ill.
1881 *Bell, Jas. B., 178 Commonwealth Ave., Boston, Mass.*
1880 *Berridge, Edw. W., 193 Gloucester Terrace, Hyde Park, London, England.*
* Birdsall, G. C., Washington, D. C.
1901 Bishop, Minnie R., Chicago Beach Hotel, Chicago, Ill.
1908 Blackmore, Richard, Farmington, Conn.
1905 Bloomingston, Francis E. D., 6132 Monroe Avenue, Chicago, Ill.
1905 Boger, Cyrus M., 227 7th St., Parkersburg, W. Va.
1909 Boggess, Wm. B., 4919 Center Ave., Pittsburg, Pa.

1905 Bowie, Alonzo P., 87 W. Main St., Uniontown, Pa.
1906 Burgess-Webster, Margaret, 1703 Chestnut Street, Philadelphia, Pa.
*1907 Buttman, Winthrop C., Wyoming Bldg., Denver, Col.
*1911 Byle, A. S., 3203 Harrison St., Chicago, Ill.
*1909 Calhoun, John C., 3126 Perryville Ave., Allegheny, Pa.
1906 Carleton, Spencer, 28 Covert Pl., Flushing, N. Y.
1890 Case, Erastus E., 902 Main St., Hartford, Conn.
1907 Cash, Nathan, Urichsville, Ohio.
1904 Campbell, John B., 2309 7th Ave., Brooklyn, N. Y.
1909 Campbell, M. Annette, 1411 Le Claire St., Davenport, Ia.
1911 Cheney, Edwin N., 914 E. Colorado St., Pasadena, 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., 1626 Massachusetts Avenue, Cambridge, Mass.*
1910 Coffeen, Eugene, 159 N. State St., Chicago, Ill.
*1909 Coffin, Mary E., 3829 California Ave., Allegheny, Pa.
1904 Coleman, Daniel E. S., 101 W. 78th St., New York City.
1909 Cowley, Wm., 6007 Center Ave., Pittsburg, Pa.
1881 *Custis, J. B. G., 912 15th St., Washington, D. C.*
1892 Day, L. A. L., 92 E. Madison St., Chicago, Ill.
*1910 Dean, Horace B, Audubon, N. J.
*1903 Decker-Holcomb, Amy A., Mt. Pleasant, Mich.
*1912 Diemar, Lena Hess, 62 Welles Ave., Dorchester, Mass.
1885 *Drake, Olin M., 1767 Commonwealth Ave., Boston, Mass.*
1906 Dunlevy, Rita E., 328 W. 57th St., New York City.
1887 *Eaton, Samuel L., 340 Lake Ave., Newton Highlands, Mass.*
1902 Edgar, John F., 15 Morehouse, El Paso, Texas.
*1912 Ellison, A. O., 2019 Milwaukee Ave., Chicago, Ill.
*1910 Emmerson, Geo. E., Marshall, Mo.
*1910 Enos, Edward W., Jerseyville, Ill.

*1911 Fancher, M. J., 233 S. D. St., Tulare, Cal. (Tulare Co.)
*1912 Farmer, L. I., Poplarville, Kentucky.
1908 Farrington, Harvey, 1235 E. 53rd St., Chicago, Ill.
1902 *Fellows, Antoinette K., 4958 Washington Avenue, Chicago, Ill.*
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*1899 Fitz-Mattews, J., West Sound, San Juan Co., Wash.
1908 Frasch, Jos. E., Metamora, Ohio.
1905 Freeman, Wm. H., 263 Arlington Avenue, Brooklyn, N. Y.
*1910 Gardner, Chas. A., Bee Bldg., Omaha, Neb.
*1911 Gillespie, W. B., Schoharie, N. Y.
*1910 Givens, Jessie L., Bowie, Texas.
1904 Gladwin, Frederica E., 2204 N. 17th St., Philadelphia, Pa.
1881 *Goodrich, L. A., Ren Dell, 93 Lake Place, New Haven, Conn.*
1904 Graybill, Jacob D., 1317 Napoleon Ave., New Orleans, La.
1907 Green, Julia M., 1738 N St., Washington, D. C.
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*1907 Hallman, Victor H., National Bank Bldg., Hot Springs, Ark.
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1904 Hautiere, Rosalie de la, 238 W. 47th St., Los Angeles, Cal.
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1908 Hoehne, Evelyn, 481 Washington St., Milwaukee, Wis.
1908 Holcomb, Awbray E., 323 N. Main St., Kokomo, Ind.

1905 Hotchin, Benj. L., 5522 Kenmore Ave., Chicago, Ill.
1898 Houghton, Henry L., 419 Boylston St., Boston, Mass.
1901 Howland, Josephine, 35 Darien St., Rochester, N. Y.
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1882 *Hussey, Elisha P., 493 Porter Ave., Buffalo, N. Y.*
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1881 *James, Walter M., 1231 Locust St., Philadelphia, Pa.*
*1906 Johnson, Maria N., Monterey, Cal.
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1905 Kent, Jas T., 108 N. State St., Chicago, Ill.
1906 Kimball, Samuel A., 229 Newbury St., Boston, Mass.
1899 King, John B. S., 1402 Masonic Temple, Chicago, Ill.
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1910 Lehman, S. W., Dixon, Ill.
*1908 Leipold, Wm. C. A., 1104 E. 47th St., Chicago, Ill.
1905 *Leverson, Montague R., 927 Grant Ave., Bronx, New York, N. Y.*
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1906 Lewis, Margaret C., 4027 Spring Garden St., Philadelphia, Pa.
1907 Llewellyn, H. S., La Grange, Ill.
1905 Loos, Julia C., 30 N. 2nd St., Harrisburg, Pa.
1906 Luff, Jos., 121 Electric St., Independence, Mo.
*1910 MacAdam, E. Wallace, 17 E. 184th St., New York City.
1909 Madden, Alvin C., Cherokee, Oklahoma.
*1907 Matthews, Mary Q., 7258 Cottage Grove Ave., Chicago, Ill.
1889 McIntosh, F. L., 284 Washington St., Newton, Mass.
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1904 Morgan, Wm. L., 202 Franklin St., Baltimore, Md.
1904 Morris, Frances M., 803 Boylston St., Boston, Mass.
1907 Mullin, John W., 918 West St., Wilmington, Del.
*1912 Mulliner, Mary R., 803 Boylston St., Boston, Mass.
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1907 Norman, Lee, 451 S. 3rd St., Louisville, Ky.
1890 *Oakes, Chas. H., Livermore Falls, Me.*
*1912 Parker, Mary, Framingham, Mass.
1892 Patch, Frank W., Woodside Cottages, Framingham, Mass.
1913 Patrick, H. H., 7 Belmont St., Glasgow, Scotland.
*1908 Peterson, C. A., 366 Garden St., Hoboken, N. J.
*1908 Peterson, J. D., Philadelphia, Tenn.
*1909 Phelps, Edith M., 306 North St., Milford, Del.
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1895 Powel, Milton, 163 W. 76th St., New York City.
1909 Powel, Wm. R., Roger Williams Bldg., Philadelphia, Pa.
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1905 Putnam, Carolyn E., 525 E. 10th St., Kansas City, Mo.
1904 Rabe, Rudolph F., 616 Madison Ave., New York City.
1904 Rice, Philip, 209 Post St., San Francisco, Cal.
*1910 Richberg, Eloise O., Odd Fellows Bldg., Springfield, Ill.
1910 Roberts, Herbert A., Shelton, Conn.
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*1909 Sawers, Frank C., 5130 2nd Ave., Pittsburg, Pa.
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*1910 Schmidt, Hilmar C., 1037 Christiana St., Chicago, Ill.
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1880 *Smith, Thos. Franklin, 264 Lenox Ave., New York City.*
1881 *Stambach, Henry L., 15 W. Victoria Street, Santa Barbara, Cal.*

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*1910 Starcke, Andrew H., 1115 Grand Ave., Kansas City, Mo.
*1910 Starcke, Bernhard, 2511 Bales Ave., Kansas City, Mo.
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*1912 Starkey, G. G., 5442 Madison Ave., New York City.
*1903 Stauffer, Alvin P., Hagerstown, Md.
1904 Stearns, Guy B., 180 W. 59th St., New York City.
*1912 Stevanski, Joseph A., 8408 Superior Ave., Chicago, Ill.
1904 Stevens, Grace, 32 Bedford Terrace, Northampton, Mass.
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1910 Stowell, F. Austin, 110 Butler St., Lawrence, Mass.
*1909 Sullivan, John B., 7030 Spencer Ave., Pittsburg, Pa.
1886 *Sutfin, John H., 604 K. C. L. Bldg., Kansas City, Mo.*
1890 Taft, Mary F., 303 Walnut St., Newtonville, Mass.
1900 Taylor, Edwin A., 7 W. Madison St., Chicago, Ill.
*1908 Thomas, Harvey C., 323 N. Main St., Kokomo, Ind.
1908 Thornhill, Gabriel F., Paris, Texas.
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1908 Wallace, Edwin P., McGowan Blk., Pomona, Cal.
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*1912 Wheat, Dora, 1152 2nd St., Louisville, Ky.
*1901 Wickens, A. E., 136 James St., Hamilton, Ont.
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1910 Williams, Clara H., 822 Wood St., Wilkensburg, Pa.
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1880 Ballard, E. A., Chicago, Ill.
1889 Banerjee, B. N., Calcutta, India.
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1887 Carr, G. H., Galesburg, Ill.
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1882 Ehrmann, Frederick, Cincinnati.
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1881 Gregg, Rollin R., Buffalo.
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1907 Hewitt, Myra, Wisconsin.
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1882 Lawton, C. H., Wilmington, Del.
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1880 Lippe, Adolph, Philadelphia.
1881 Lippe, Constantine, New York City.
1884 Lowe, J. N., Milford, N. J.
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1883 McNeil, A., San Francisco, Cal.
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1892 Payne, F. W., Boston, Mass.
1892 Payne, J. H., Boston, Mass.

1880 Pearson, Clement, Washington.
1883 Pease, G. M., San Francisco.
1888 Pierce, W. A. D., Philadelphia.
1882 Poulson, P. W., San Francisco.
1882 Preston, Mahlon, Norristown, Pa.
1885 Reed, W. L., St. Louis, Mo.
1881 Robert, J. C., New Utrecht, N. Y.
1908 Roberts, Josephine, Chicago, Ill.
1881 Schmitt, Julius, Rochester.
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1887 Thurston, Rufus L., Boston.
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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.

Hahnemannian Directory
1912

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California.

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†Hayes, R. E. S., Waterbury.

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†Mullen, J. W., 918 West St., Wilmington.
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*Birdsall, G. C., Washington.
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†Speiden, Edgar, 3523 14th St. N. W., Washington.

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Illinois.

*Almfelt, S. A., 5333 N. Park St., Chicago.
*Anderson, Annie A., 4635 Magnolia St., Chicago.
†Barnes, F. L., 6102 Woodlawn Ave., Chicago.
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†Bishop, Minnie R., Chicago Beach Hotel, Chicago.
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†Coffeen, Eugene, 4430 Sheridon Road, Chicago.
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†Farrington, Harvey, 5 S. Wabash St., Chicago.
†Fellows, Antoinette K., 4958 Washington Ave., Chicago.

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†Hotchkin, B. L., 5522 Kenmore Ave., Chicago.
†Kent, J. T., 108 N. State St., Chicago.
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†Kuznik, Martha, 118 E. Oak St., Chicago.
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†Llewellyn, H. S., La Grange.
*Mathews, Mary Q., 7258 Cottage Grove Ave., Chicago.
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*Sherwood, W. W., Pana.
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†Taylor, E. A., 7 West Madison St., Chicago.
*Wilcox, Helen B., 1153 E. 63rd St., Chicago.
†Yorks, W. K., Norwood Park, Chicago.

Indiana.

†Baker, Wm. H., Terre Haute.
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Bowers, Isaac H., 211 Jefferson St., Indianapolis.
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Hitchcock, G. P., Gary.
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Reusser, Amos, Berne.
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Smith, A. C., Evansville.
Stewart, W. B., Indianapolis.
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Boyer, Howard C., New Albin.
†Campbell, M. Annette, 1411 Le Claire St., Davenport.
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Johnston, B. R., 323 Masonic Temple, Cedar Rapids.
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Linn, Alex M., 314 Utica Bldg., Des Moines.
Royal, Geo., Des Moines.

Kansas.

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Barr, U. S., 119 S. Lawrence St., Wichita.
Gaunt, P. D., Kechi.
Harding, Eva, 710 Kansas Ave., Topeka.
Kendall, Addison H., Great Bend.
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†Norman, Lee, 561 3rd Ave., Louisville.
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Vertes, Alex, 415 W. Chestnut St., Louisville.

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*Stauffer, Alvin P., Hagerstown.

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†Bell, J. B., 178 Commonwealth Ave., Boston.
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†Cobb, Harriet H., 1626 Massachusetts Ave., Boston.
Davis, F. S., Quincy.
*Diemar, Lena H., 62 Welles Ave., Dorchester.
Dike, John, Melrose.
†Drake, O. M., 1767 Commonwealth Ave., Boston.
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Harvey, W. E., 10 Magazine St., Cambridge.
†Houghton, H. L., 419 Boylston St., Boston.
Keith, F. S., Newton Highlands.
†Kimball, S. A., 229 Newbury St., Boston.
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†Morris, Frances S., 803 Boylston St., Boston.
*Mulliner, Mary R., 803 Boylston St., Boston.
*Parker, Mary, Framingham.
Parmenter, K. R., Framingham.
†Patch, Frank W., Framingham.
†Stevens, Grace, 32 Bedford Terrace, Northampton.
†Stowell, F. A., Lawrence.
†Taft, Mary F., 303 Walnut St., Newtonville.
†True, R. S., 419 Boylston St., Boston.
†Turner, M. W., 127 Harvard St., Brookline.
†Walker, F. C., Nantucket.

Maine.

Clark, Geo. A., Portland.
Cushman, Mary F., Farmington.
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†Oakes, Chas. H., Livermore Falls.

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Baker, Harley, 412 The Gilbert, Grand Rapids.
Carpenter, A. H., 904 Capital Ave., N. Lansing.
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*Hinsdale, W. B., Ann Arbor.
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Munger, L. P., Hart.
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Ruffe, A. L., Gilbert Bldg., Grand Rapids.

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*Aldrich, H. C., Donaldson Block, Minneapolis.
Clark, Geo. E., Stillwater.
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Missouri.

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†Luff, Joseph, Independence.
†Putnam, Carolyn E., 525 E. 10th St., Kansas City.
*Putnam, Arthur C., Marshall.
*Starcke, A. H., 1115 Grand Ave., Kansas City.
*Starcke, Bernard C., 2511 Bales Ave., Kansas City.
†Sutfin, John H., 604 K. C. L. Bldg., Kansas City.
†Winans, T. H., Mexico.

Nebraska.

Clark, Martha E., 324 Bee Bldg., Omaha.
*Verges, Carl, Norfolk.

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Adams, C. F., Hackensack.
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Atkinson, A. W., Trenton.
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†Krichbaum, J. W., Upper Montclair.
†Krichbaum, P. E., 35 Fullerton Ave., Montclair.
Long, Samuel, New Brunswick.
McGeorge, Wallace, Camden.
*Peterson, C. A., Hoboken.
†Rushmore, E., 429 Park Ave., Plainfield.
Streets, J. G., Bridgton.
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*Wilson, W. W., Montclair.
*Woodruff, M. H. C., Boonton.
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Youngman, Maurice D., Atlantic City.

New York.

†Alliaune, C. E., 219 Genesee St., Utica.
†Austin, A. E., 616 Madison Ave., New York City.
†Baylies, B. L. B., 418 Putnam Ave., Brooklyn.
→ †Beals, Herbert, 188 Franklin St., Buffalo.
Beatty, J. H., Dobbs Ferry.
Bresee, C. H., Auburn.
†Campbell, J. B., 435 Putnam Ave., Brooklyn.
†Carleton, Spencer, 28 Covert Pl., Flushing.
Clapp, W. F., Fairport.
†Clark, B. G., 251 W. 75th St., New York City.

†Close, Stuart, 248 Hancock St., Brooklyn.
†Colemann, D. E. S., 101 W. 78th St., New York City.
Coles, H. L., Tarrytown.
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†Dunlevy, Rita, 328 W. 57th St., New York City.
Fitch, John H., New Scotland.
†Freeman, W. H., 263 Arlington Ave., Brooklyn.
Green, A. R., Troy.
Hasbrook, Dobbs Ferry.
Hitchcock, C. F., Sodus.
†Hoard, V. A., 691 W. Main St., Rochester.
†Howland, Josephine, 543 Court St., Rochester.
Hoyt, Gordon W., Syracuse.
†Hussey, E. B., 483 Porter Ave., Buffalo.
†Hutchinson, John, 78 E. 55th St., New York City.
Jepson, Mary B., Olean.
Jones, Walter, Mt. Vernon.
Kellogg, Fanny H., New Rochelle.
Lane, Irving J., Ossining.
†Leggett, S. L. G., 352 Onondaga St., Syracuse.
Lehman, T. A., Tenth St., Astoria, L. I. City.
†Lutze, F. H., 403 Jefferson Ave., Brooklyn.
*MacAdam, E. W., 17 E. 184th St., New York City.
†Martin, Leslie, Baldwinsville.
†Nash, E. B., Port Dickinson.
Phillips, R. O., Yonkers.
†Powel, Milton, 163 W. 76th St., New York City.
†Rabe, R. F., 616 Madison Ave., New York City.
†Smith, T. F., 264 Lenox Ave., New York City.
†Stanton, L. M., 207 W. 56th St., New York City.
†Stearns, G. B., 180 W. 59th St., New York City.
†Wilcox, Emma D., 307 W. 98th St., New York City.

Ohio.

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†Ehrman, G. B., 30 E. 70th St., Cincinnati.
Fahnestock, I. C., Piqua.

†Fenneman, Prudence, 328 S. D. St., Hamilton.
†Frasch, J. E., Metmore.
Hatfield, W. S., 30 E. 7th St., Cincinnati.
Hoyt, Charles, Chillicothe.
†Hoyt, Wm., Hillsboro.
Rosenberger, A. S., Covington.
Schulze, C. A., Columbus.
†Stover, W. H., Tiffin.

OREGON.

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Mackenzie, P. L., 200 Oregonian Bldg., Portland.
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Vincent, A. W., St. Johns.

PENNSYLVANIA.

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